

**PROTOCOL CODE: ULYFACAL**

Page 1 of 1

A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment.

**DOCTOR'S ORDERS**

**REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form**

**DATE:**

Delay treatment \_\_\_\_\_ week(s)

**CBC & Differential** day of treatment

May proceed with doses as written if within 14 days **ANC greater than or equal to  $1.5 \times 10^9/L$ , Platelets greater than or equal to  $75 \times 10^9/L$**

Dose modification for:  **Hematology**  **Other Toxicity:** \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

**CHEMOTHERAPY: Continuous treatment**

**acalabrutinib 100 mg** PO twice daily

Dose modification if required:

**acalabrutinib 100 mg** PO once daily

Mitte: \_\_\_\_\_ days (maximum 90 days)

**RETURN APPOINTMENT ORDERS**

Return in \_\_\_\_\_ weeks (maximum 12 weeks) for Doctor

Prior to each doctor's visit: **CBC & Differential, Platelets, Bilirubin, ALT**

If clinically indicated:  **Creatinine**  **PTT**  **INR**  **ECG**

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**