



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: ULYWMZANU

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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 & Diff** day of treatment

May proceed with doses as written if lab work is within 7 days of zanubrutinib initiation, then within 14 days of dispensing the next supply of zanubrutinib thereafter: **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

zanubrutinib ☐ **160 mg** PO twice daily or ☐ **320 mg** PO daily (select one)

Dose modification if required:

zanubrutinib ☐ **80 mg** PO twice daily or ☐ **160 mg** PO daily or (select one)

zanubrutinib ☐ **80 mg** PO daily

Mitte: _____ days (maximum 90 days)

RETURN APPOINTMENT ORDERS

☐ Return in _____ weeks (maximum 12 weeks) for Doctor

Prior to each doctor's visit: **CBC & Diff, bilirubin, ALT, serum protein electrophoresis, serum free light chain levels, immunoglobulin panel (IgA, IgG, IgM)**

If clinically indicated:

☐ **albumin** ☐ **calcium** ☐ **uric acid** ☐ **potassium** ☐ **phosphate**

☐ **random glucose** ☐ **creatinine** ☐ **PTT** ☐ **INR** ☐ **LDH**

☐ **Echocardiogram** ☐ **MUGA Scan** ☐ **ECG**

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

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