BC CANCER
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: SMAVTRA

DOCTOR'S ORDERS

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

DATE: **To be given:** **Cycle #:**

☐ Delay treatment ______ week(s)

Dose Modification/Delay for ____

Proceed with treatment based on blood work from ________________________________

TREATMENT:

☐ **trametinib 2** mg PO daily for 30 days (available in 30 tablet containers only: dispense in original container)

Dose modification:

☐ **trametinib 1.5** mg PO daily for 30 days
☐ **trametinib 1** mg PO daily for 30 days

RETURN APPOINTMENT ORDERS

☐ **Cycle 1 only:** Return in 2 weeks for Doctor and skin toxicity assessment

☐ Return in 30 days for Doctor and Cycle # ______

☐ Last Treatment. Return in ______ week(s)

Baseline (prior to cycle #1): CBC and diff, platelets, creatinine, sodium, potassium, calcium, magnesium, alkaline phosphatase, ALT, albumin, ECG, echocardiogram, blood pressure

Prior to each cycle: alkaline phosphatase, ALT, albumin, blood pressure

Echocardiogram: at week 8, then every 12 weeks
Dermatology Consults: at baseline (if not performed within a year) and at 8 weeks

Other Tests: ☐ ECG ☐ CT scan ☐ MRI ☐ echocardiogram

☐ **Consults:**
- ☐ Dermatology Consult ☐ Ophthalmology Consult
- ☐ Pap smear in women
- ☐ Other Consults: ____

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

DOCTOR'S SIGNATURE:

SIGNATURE:

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