



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: SMAVVEM

Page 1 of 1

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| DOCTOR'S ORDERS | |
| REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form | |
| DATE: weeks) | To be given: Cycle #: (One cycle = 4 weeks) |
| <input type="checkbox"/> Delay treatment _____ week(s) Dose Modification/Delay for _____ Proceed with treatment based on blood work/ECG from _____ | |
| TREATMENT: <input type="checkbox"/> vemURAFenib 960 mg PO twice daily for 4 weeks Dose modification: <input type="checkbox"/> vemURAFenib 720 mg PO twice daily for 4 weeks <input type="checkbox"/> vemURAFenib 480 mg PO twice daily for 4 weeks | |
| RETURN APPOINTMENT ORDERS | |
| <input type="checkbox"/> Return in 4 weeks for Doctor and Cycle # _____ <input type="checkbox"/> Last Treatment. Return in _____ week(s) | |
| Baseline (prior to cycle #1): CBC and diff, platelets, sodium, potassium, calcium, magnesium, creatinine, alkaline phosphatase, ALT, bilirubin, LDH, ECG, Chest-CT (included with metastatic melanoma staging) Prior to each cycle: sodium, potassium, calcium, magnesium, creatinine, alkaline phosphatase, ALT, bilirubin, LDH ECG: every 4 weeks (prior to each cycle) for the first 3 cycles, then every 12 weeks Dermatology Consults: at baseline (if not performed within a year) and at 8 weeks Chest CT: every 6 months Other Tests: <input type="checkbox"/> ECG <input type="checkbox"/> CT scan <input type="checkbox"/> MRI <input type="checkbox"/> Consults: <input type="checkbox"/> Dermatology Consults <input type="checkbox"/> Pap smear in women <input type="checkbox"/> Other Consults: _____ <input type="checkbox"/> See general orders sheet for additional requests. | |
| DOCTOR'S SIGNATURE: | SIGNATURE: UC: |