**PROTOCOL CODE: USMAJDT**

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

<table>
<thead>
<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
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- [ ] Delay treatment ______ week(s)
- [ ] Dose Modification/Delay for ____________________________
- Proceed with treatment based on blood work/ECG from__________________________

**TREATMENT:**

- [ ] daBRAFenib 150 mg PO twice daily for 30 days
  - [ ] Dose modification: daBRAFenib [ ] 100 mg, [ ] 75 mg or [ ] 50 mg (select one) PO twice daily for 30 days
- [ ] trametinib 2 mg PO daily for 30 days (available in 30 tablet containers only: dispense in original container)
  - [ ] Dose modification: trametinib [ ] 1.5 mg or [ ] 1 mg (select one) 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, MUGA scan or echocardiogram (if not performed within a year)

**Prior to each cycle:** CBC and diff, platelets, creatinine, sodium, potassium, calcium, magnesium, alkaline phosphatase, ALT, albumin, LDH

**ECG:** every 4 weeks (prior to each cycle) for the first 3 cycles, then every 12 weeks

**MUGA scan or 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
- [ ] glucose

**Consults:**

- [ ] Dermatology Consult
- [ ] Ophthalmology Consult
- [ ] Pap smear in women
- [ ] Other Consults: ____________________________________________

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**