



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: USMAJDT

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

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| DOCTOR'S ORDERS | |
| REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form | |
| DATE: | To be given: |
| Cycle #: | |
| <input type="checkbox"/> Delay treatment _____ week(s) Dose Modification/Delay for _____ Proceed with treatment based on blood work/ECG from _____ | |
| TREATMENT: | |
| <input type="checkbox"/> daBRAFeNib 150 mg PO twice daily for 30 days <input type="checkbox"/> Dose modification: daBRAFeNib <input type="checkbox"/> 100 mg, <input type="checkbox"/> 75 mg or <input type="checkbox"/> 50 mg (select one) PO twice daily for 30 days <input type="checkbox"/> trametinib 2 mg PO daily for 30 days (available in 30 tablet containers only: dispense in original container) <input type="checkbox"/> Dose modification: trametinib <input type="checkbox"/> 1.5 mg or <input type="checkbox"/> 1 mg (select one) PO daily for 30 days | |
| RETURN APPOINTMENT ORDERS | |
| <input type="checkbox"/> Cycle 1 only: Return in 2 weeks for Doctor and skin toxicity assessment <input type="checkbox"/> Return in 30 days for Doctor and Cycle # _____ <input type="checkbox"/> 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: <input type="checkbox"/> ECG <input type="checkbox"/> CT scan <input type="checkbox"/> MRI <input type="checkbox"/> echocardiogram <input type="checkbox"/> glucose <input type="checkbox"/> Consults: <input type="checkbox"/> Dermatology Consult <input type="checkbox"/> Ophthalmology Consult <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: |