

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 <a href="www.bccancer.bc.ca">www.bccancer.bc.ca</a> and according to acceptable standards of care

## PROTOCOL CODE: SAAVGRIP

(Page 1 of 1)

DOCTOR'S ORDERS	Ht	cm	Wt	kg i	BSA	m²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form						
DATE: To be	given:			Су	cle #:	
Date of Previous Cycle:						
☐ Delay treatment week(s) ☐ CBC & Diff day of treatment Proceed with doses as written if within 96 hours ANC greater than or equal to 1.0 x 109/L, Platelets greater than or equal to 50 x 109/L						
Dose modification for: Hematology		□ O <sub>1</sub>	ther Tox	cicity:	· · · · · · · · · · · · · · · · · · ·	
Proceed with treatment based on blood work from	m					
TREATMENT:						
ripretinib 150 mg PO once daily continuously						
Dose modification if required:						
ripretinib	•					
Mitte: 30 day supply						
OPTIONAL DOSE ESCALATION:						
ripretinib   150 mg PO BID continuously						
Dose modification if required:						
ripretinib	•					
Mitte: 30 day supply						
* no further dose reduction for patients previously esc	alated					
RETURN APPOINTMENT ORDERS						
<ul><li>☐ Return in <u>four</u> weeks for Doctor and Cycle _</li><li>☐ Last Cycle. Return in week(s).</li></ul>						
<u> </u>	ipase □ □ creatine	calcium		bumin H		
DOCTOR'S SIGNATURE:					SIG	NATURE:
					UC:	