BC CAN CER Provincial Health Services Authority Information on this form is a be solely responsible for ver accuracy with the correspon treatment protocols located www.bccancer.bc.ca and a standards of care	rifying its currenc nding BC Cancer at	ey and				
PROTOCOL CODE: UTAAVLAR Page 1 of 1 A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment						
DOCTOR'S ORDERS	Ht	cm	Wt		BSA	m²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form						
DATE: To be given:					Cycle(s)) #:
Date of Previous Cycle:						
 Delay treatment week(s) CBC & Diff, Platelets day of treatment May proceed with doses as written if lab work is within 28 days of larotrectinib initiation, then within 14 days of dispensing the next supply thereafter: ANC greater than or equal to 1.5 x 10⁹/L, ALT (and AST if ordered) <u>less than or equal to 3 x ULN</u> Dose modification for: Hematology Other Toxicity Proceed with treatment based on blood work from 						
TREATMENT:						
larotrectinib 100 mg PO twice daily						
Dose modification if required:						
 Iarotrectinib 75 mg PO twice daily Iarotrectinib 50 mg PO twice daily Iarotrectinib 100 mg PO once daily 	/					
Supply for days (maximum 90	days)					
RETURN APPOINTMENT ORDERS						
Return in weeks for Doctor (maximum 12	2 weeks)	for Docto	r		
Day 15 of Cycle 1 : total bilirubin, ALT, al Prior to each doctor's visit: CBC & Diff, pla phosphatase	-	-	n, ALT, al	kaline		
If clinically indicated:						
 calcium albumin sodium creatinine LDH random glue Other tests: Consults: See general orders sheet for addition 		IR	hosphor	us		
DOCTOR'S SIGNATURE:				:	SIGNAT	URE:
					UC:	