



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: LYCLLACALV
Cycles 1 to 2 (acalabrutinib only)

(Page 1 of 1)

DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE:

- ☐ Delay treatment _____ week(s)
☐ **CBC & Diff** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to $1.0 \times 10^9/L$, platelets greater than or equal to $50 \times 10^9/L$**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity:** _____

Proceed with treatment based on blood work from _____

TREATMENT:

acalabrutinib 100 mg PO twice daily

Dose modification, if required:
☐ **100 mg** PO once daily

Dispense: 28 days

RETURN APPOINTMENT ORDERS

☐ Return in **four** weeks for Doctor and Cycle # _____

Prior to Cycle 2: **CBC & Diff, total bilirubin, ALT**

Prior to Cycle 3: **CBC & Diff, total bilirubin, ALT, creatinine, potassium, calcium, magnesium, phosphate, uric acid, urea, LDH, albumin**

If clinically indicated:

- ☐ **creatinine** ☐ **PTT** ☐ **INR** ☐ **HBV viral load**
☐ **ECG**
☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: