



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

**PROTOCOL CODE: UMLFMOM**

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

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>		
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff</b> day of treatment				
May proceed with doses as written, if within 96 hours <b>ANC greater than or equal to <math>0.5 \times 10^9/L</math>, platelets greater than or equal to <math>50 \times 10^9/L</math>, ALT less than or equal to 5 x ULN, and total bilirubin less than or equal to 2 x ULN</b>				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____				
Proceed with treatment based on blood work from _____				
<b>TREATMENT:</b>				
mometinib 200 mg PO once daily. Mitte: 30 days				
Dose modification if required:				
<input type="checkbox"/> mometinib 150 mg PO once daily. Mitte: 30 days				
<input type="checkbox"/> mometinib 100 mg PO once daily. Mitte: 30 days				
Refill x _____				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, ALT, total bilirubin</b> every 4 weeks				
If clinically indicated:				
<input type="checkbox"/> creatinine				
<input type="checkbox"/> HBV viral load				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>