



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: SMAVDT

DOCTOR'S ORDERS

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

DATE: _____ **To be given:** _____ **Cycle #:** _____

Delay treatment _____ week(s)

Dose Modification/Delay for _____

Proceed with treatment based on blood work/ECG from _____

TREATMENT:

daBRAFeⁿib 150 mg PO twice daily

Dose modification: **daBRAFeⁿib** 100 mg 75 mg or 50 mg (select one) PO twice daily

trametinib* 2 mg PO daily

Dose modification: **trametinib*** 1.5 mg or 1 mg (select one) PO daily

Supply for 30 days or for _____ days (*available in 30 tablet containers only: dispense in original container)
(1-month supply for first 3 months of therapy; may dispense 3-month supply after 3 months)

RETURN APPOINTMENT ORDERS

Return in 4 weeks for Doctor and Cycle # _____

Return in 8 weeks for Doctor and Cycle # _____

Return in 12 weeks for Doctor and Cycle # _____

Last Treatment. Return in _____ week(s)

First 3 months of treatment prior to each cycle: CBC and diff, platelets, creatinine, sodium, potassium, calcium, magnesium, alkaline phosphatase, ALT, albumin, LDH

After 3 months of treatment prior to each physician visit: 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

Other Tests: ECG CT scan MRI echocardiogram random glucose

Consults:

Dermatology Consult Ophthalmology Consult

Pap smear in women

Other Consults: _____

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: