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 for 30 days

☐ Dose modification: daBRAFenib ☐ 100 mg, ☐ 75 mg or ☐ 50 mg (select one) PO twice daily for 30 days

☐ trametinib 2 mg PO daily for 30 days (available in 30 tablet containers only: dispense in original container)

☐ Dose modification: trametinib ☐ 1.5 mg or ☐ 1 mg (select one) PO daily for 30 days

RETURN APPOINTMENT ORDERS

☐ **Cycle 1 only:** Return in 2 weeks for Doctor and skin toxicity assessment
☐ Return in 30 days for Doctor and Cycle # ______
☐ Last Treatment. Return in ______ week(s)

Baseline (prior to cycle #1): CBC and diff, platelets, creatinine, sodium, potassium, calcium, magnesium, alkaline phosphatase, ALT, albumin, ECG, MUGA scan or echocardiogram (if not performed within a year)

Prior to each cycle: 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
Dermatology Consults: at baseline (if not performed within a year) and at 8 weeks
Other Tests: ☐ ECG ☐ CT scan ☐ MRI ☐ echocardiogram
☐ glucose

☐ **Consults:**
☐ Dermatology Consult ☐ Ophthalmology Consult
☐ Pap smear in women
☐ Other Consults:
____

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: