

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 <a href="www.bccancer.bc.ca">www.bccancer.bc.ca</a> and according to acceptable standards of care

## PROTOCOL CODE: UGIAVPANEN

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

DOCTOR'S ORDERS	Ht	cm	Wt	kg	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)						
May proceed with doses as written if within 72 hours ALT less than or equal to 3 X ULN						
Dose modification for:						
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm						
<ul><li>☐ magnesium sulfate 2 g in 50 mL NS over 30 minutes for hypomagnesemia</li><li>☐ magnesium sulfate 5 g in 100 mL NS over 3 hours for hypomagnesemia</li></ul>						
TREATMENT: Repeat in two weeks						
<b>PANitumumab 6 mg/kg</b> x kg = mg						
☐ Dose Modification: % = mg/kg x kg = mg						
IV in 100 mL NS over 1 hour. If tolerated, administer over 30 minutes in subsequent cycles. Use 0.2 micron in-line filter.						
encorafenib 300 mg PO daily continuously  Dose modification if required: encorafenib  225 mg or  150 mg (select one) PO daily continuously  Mitte: 15 days (dispense 15-day supply in original container)						
RETURN APPOINTMENT ORDERS						
Return in <u>two</u> weeks for Doctor and Return in <u>four</u> weeks for Doctor an Last cycle. Return in we	id Cycle					
CBC & Diff, platelets, creatinine, sodium, potassium, magnesium, calcium, total bilirubin, ALT, and alkaline phosphatase prior to each cycle						
If clinically indicated:  CEA ECG  Other tests:  Weekly Nursing Assessment  Dermatologic consult  Consults:  See general orders sheet for add	nthalmology (					
DOCTOR'S SIGNATURE:					SIGNATURE: UC:	