



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: LKCMLB

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DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:	To be given:	Cycle #:		
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s) May proceed with doses as written if within 7 days of bosutinib initiation, then within 10 days of dispensing the next cycle for first 6 months of therapy; thereafter, within 28 days of dispensing the next cycle. <ul style="list-style-type: none"> • ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 50 x 10⁹/L. 				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Diarrhea <input type="checkbox"/> Other Toxicity: _____				
CHEMOTHERAPY:				
bosutinib <input type="checkbox"/> 500mg (standard dose) or <input type="checkbox"/> 400mg or <input type="checkbox"/> 300mg (select one) PO once daily.				
Mitte: _____ months (1-month supply for first 6 months of therapy; may dispense 3-month supply after 6 months)				
Refill x _____				
RETURN APPOINTMENT ORDERS				
Return in _____ weeks for Doctor and cycle _____				
CBC & Diff, Platelets weekly for the first month				
Months 1-3:				
CBC & Diff, Platelets, ALT, Bilirubin, serum creatinine, uric acid, sodium, potassium, magnesium, calcium, phosphorous, serum lipase monthly for the first 3 months				
After 3 months:				
CBC & Diff, Platelets, Serum Creatinine, Uric Acid monthly.				
ALT, Bilirubin every 3 months or as clinically indicated (in patients with transaminase elevations, perform hepatic enzyme tests more frequently)				
Sodium, potassium, magnesium, calcium, phosphorous, serum lipase every 3 months or as clinically indicated				
<input type="checkbox"/> ECG (if clinically indicated) <input type="checkbox"/> Bone Density (if clinically indicated) <input type="checkbox"/> Peripheral blood analysis for quantitative RT-PCR (for BCR/ABL transcripts) every 3 months and mutational analysis <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: