

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

## PROTOCOL CODE: LYACAL

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DOCTOR'S ORDERS	
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE:	
☐ Delay treatment week(s)	
☐ CBC & Differential day of treatment	
May proceed with doses as written if within 14 days <b>ANC</b> <u>greater than or equal to</u> 1.5 x 10 <sup>9</sup> /L, Platelets <u>greater than or equal to</u> 75 x 10 <sup>9</sup> /L	
Dose modification for:	
Proceed with treatment based on blood work from	
CHEMOTHERAPY: Continuous treatment	
acalabrutinib 100 mg PO twice daily  Dose modification if required:	
acalabrutinib 100 mg PO once daily	
Mitte:days (maximum 90 days)	
RETURN APPOINTMENT ORDERS	
Return in weeks (maximum 12 weeks) for Doctor	
Prior to each doctor's visit: CBC & Differential, Platelets, Bilirubin, ALT	
If clinically indicated:   Creatinine PTT INR ECG	
☐ Other tests:	
☐ Consults:	
See general orders sheet for additional requests.  DOCTOR'S SIGNATURE:	SIGNATURE:
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