



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: SAAVGI (PO)

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DOCTOR'S ORDER

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

DATE:

- Delay treatment \_\_\_\_\_ week(s)
- CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 14 days if **ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 50 x 10<sup>9</sup>/L.**

TREATMENT:

iMAtinib  400 mg or  300 mg or  200 mg (select one) PO daily

Mitte: \_\_\_\_\_ months supply

Reminder: For patients on warfarin - Clinician to inform patient's General Practitioner re: monitoring INR more closely (during treatment initiation and at dose changes of iMAtinib)

RETURN APPOINTMENT ORDERS

- Return in \_\_\_\_\_ weeks with imaging done week before:  Mail out
- CT scan abdomen and pelvis
- Chest X-ray (at least yearly)

**Cycles 1 to 3:** CBC & differential, platelets, alkaline phosphatase, ALT, LDH, bilirubin, creatinine every 4 weeks.

**Cycles 4 and onward:** CBC & differential, platelets, alkaline phosphatase, ALT, LDH, bilirubin, creatinine every 12 weeks.

- Chest X-ray yearly
- Other Tests: \_\_\_\_\_
- Consults: \_\_\_\_\_
- See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: