



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: LUAVAFAT

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 #: _____

Date of Previous Cycle: _____

TREATMENT:

AFAtinib 40 mg PO daily

Dose modification if required:

- AFAtinib 30 mg PO daily** (dose level -1)
- AFAtinib 20 mg PO daily** (dose level -2)

Mitte _____ weeks Repeat x _____

(available in packages of 7 tablets: dispense in original unopened package)

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor

Alk Phos, ALT, Bili, LDH two weeks after starting treatment

Alk Phos, ALT, Bili, LDH at each doctor's visit

Imaging (approx. every 4-8 weeks): **Chest X-ray** or **CT Scan (chest)**

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: