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: SMAVVC

DOCTOR'S ORDERS

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

DATE: **To be given:** **Cycle #:** (One cycle = 4 weeks)

☐ Delay treatment _____ week(s)

Dose Modification/Delay for _____

Proceed with treatment based on blood work/ECG from_____

TREATMENT:

vemURAFenib 960 mg or _____mg PO twice daily

cobimetinib 60 mg or _____mg PO daily on days 1 to 21 and off for 7 days

Supply for 4 weeks or for _____weeks.

(Dispense 1 cycle at a time for first 3 months of therapy; may dispense 3 cycles after 3 months)

RETURN APPOINTMENT ORDERS

☐ Return in 4 weeks for Doctor and Cycle # _____

☐ Return in 8 weeks for Doctor and Cycle # _____

☐ Return in 12 weeks for Doctor and Cycle # _____

☐ Last Treatment. Return in _____ week(s)

First 3 months of treatment prior to each cycle: CBC and diff, platelets, creatinine, creatine kinase (CK), sodium, potassium, calcium, magnesium, alkaline phosphatase, ALT, GGT, albumin, LDH

After 3 months of treatment prior to each physician visit: CBC and diff, platelets, creatinine, creatine kinase (CK), sodium, potassium, calcium, magnesium, alkaline phosphatase, ALT, GGT, albumin, LDH

ECG: every 4 weeks (prior to each cycle) for the first 3 cycles, then every 12 weeks

MUGA scan or echocardiogram: at week 4, then every 12 weeks

Other Tests: ☐ ECG ☐ CT scan ☐ MRI ☐ MUGA ☐ echocardiogram ☐ glucose

Consults:

☐ Dermatology Consult ☐ Ophthalmology Consult

☐ Pap smear in women

☐ Other Consults: _____

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: