BC CANCER
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: GIGAVTRFT

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:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff, Platelets** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.5 x 10^9/L, Platelets greater than or equal to 75 x 10^9/L**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** _____

Proceed with treatment based on blood work from _____

CHEMOTHERAPY: ☐ **Repeat in 4 weeks**

trifluridine-tipiracil 35 mg/m^2 x BSA = _____ mg PO (**Maximum dose = 80 mg/dose; based on trifluridine component)** *twice* daily on days 1-5 and 8-12 of each 28 days cycle.
Round dose to nearest 5 mg.

Dose modification: (Maximum dose = 80 mg/dose; based on trifluridine component, Round dose to nearest 5 mg)

☐ **trifluridine-tipiracil 30 mg/m^2** x BSA = _____ mg PO *twice* daily on days 1-5 and 8-12 of each 28 days cycle (dose level -1) Supply for:_____ days.

☐ **trifluridine-tipiracil 25 mg/m^2** x BSA = _____ mg PO *twice* daily on days 1-5 and 8-12 of each 28 days cycle (dose level -2) Supply for:_____ days.

☐ **trifluridine-tipiracil 20 mg/m^2** x BSA = _____ mg PO *twice* daily on days 1-5 and 8-12 of each 28 days cycle (dose level -3) Supply for:_____ days.

☐ **trifluridine-tipiracil _____mg/m^2** x BSA = _____mg PO *twice* daily on days 1-5 and 8-12 of each 28 days cycle Supply for:_____ days.

RETURN APPOINTMENT ORDERS

☐ Return in _____ weeks for Doctor and Cycle _____.

☐ Last Cycle. Return in _____ week(s).

CBC & diff, platelets, creatinine, sodium, potassium, urea, bilirubin, ALT, alkaline phosphatase, LDH prior to each cycle

CBC & diff, platelets prior to day 15

☐ **dipstick urine protein** ☐ **CEA** ☐ **CA 19-9**

☐ **ECG (if clinically indicated)**

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: