PROTOCOL CODE: GIAVTTB

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** day of treatment

If within 96 hours of Day 1: **ANC greater than or equal to 1.5 x 10^9/L, platelets greater than or equal to 75 x 10^9/L, BP less than or equal to 160/100 mmHg. For patients on warfarin, hold bevacizumab if INR greater than 3.** And if ordered, previous cycle Day 15 **ANC greater than or equal to 0.5 x 10^9/L, platelets greater than or equal to 25 x 10^9/L**

May proceed with doses as written if on Day 15: **BP less than or equal to 160/100 mmHg. For patients on warfarin, hold bevacizumab if INR greater than 3.**

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

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

Antiemetics per protocol

☐ **Other:**

TREATMENT: ☐ **Repeat in 4 weeks**

bevacizumab 5 mg/kg x _____ kg = _____ mg on **Days 1 and 15.**

IV in 100 mL NS over 15 minutes.

(Blood pressure measurement pre and post dose for first 3 doses and prior to bevacizumab for subsequent cycles.)

Pharmacy to select bevacizumab brand as per Provincial Systemic Therapy Policy III-190

Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date
bevacizumab		

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.

DOCTOR'S SIGNATURE: **SIGNATURE:**

UC:

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Date:

RETURN APPOINTMENT ORDERS

☐ Return in **four** weeks for Doctor and Cycle _____. Book chemo on Days 1 and 15

☐ Return in **eight** weeks for Doctor and Cycle _____. Book chemo x 2 cycles on Days 1 and 15.

☐ Return in _____ weeks for Doctor and Cycle _____.

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

CBC & Diff, creatinine, total bilirubin, ALT, dipstick urine OR laboratory urinalysis for protein prior to each cycle

CBC & Diff on Day 15 of Cycle 1

If clinically indicated:

☐ **CBC & Diff** on Day 15 (for Cycle 2 onwards)

☐ **CEA** ☐ **CA 19-9** ☐ **ECG**

☐ **alkaline phosphatase** ☐ **albumin** ☐ **GGT** ☐ **sodium** ☐ **potassium**

☐ **24 hr urine for total protein** (must be done 3 days prior to next cycle, if urine protein 2+ or 3+ or greater than or equal to 1 g/L laboratory urinalysis for protein)

☐ **INR** weekly ☐ **INR** prior to each cycle

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: