

**PROTOCOL CODE: GIGAVTT**

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm    Wt _____ kg    BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>		
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff</b> day of treatment		
May proceed with doses as written if within 96 hours of <b>Day 1: ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, platelets greater than or equal to 75 x 10<sup>9</sup>/L, and if ordered, previous cycle Day 15 ANC greater than or equal to 0.5 x 10<sup>9</sup>/L, platelets greater than or equal to 25 x 10<sup>9</sup>/L</b>		
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ Proceed with treatment based on blood work from _____		
<b>TREATMENT:</b> <input type="checkbox"/> Repeat in 4 weeks <b>trifluridine-tipiracil 35 mg/m<sup>2</sup> x BSA = _____ mg PO (Maximum dose = 80 mg/dose; based on trifluridine component) <i>twice</i> daily on Days 1-5 and 8-12 of each 28 days cycle.</b> Round dose to nearest 5 mg. <b>Dose modification:</b> (Maximum dose = 80 mg/dose; based on trifluridine component, Round dose to nearest 5 mg)		
<input type="checkbox"/> <b>trifluridine-tipiracil 30 mg/m<sup>2</sup> x BSA = _____ mg PO <i>twice</i> daily on Days 1-5 and 8-12 of each 28 days cycle</b> (dose level -1)        Supply for: _____ days. <input type="checkbox"/> <b>trifluridine-tipiracil 25 mg/m<sup>2</sup> x BSA = _____ mg PO <i>twice</i> daily on Days 1-5 and 8-12 of each 28 days cycle</b> (dose level -2)        Supply for: _____ days. <input type="checkbox"/> <b>trifluridine-tipiracil 20 mg/m<sup>2</sup> x BSA = _____ mg PO <i>twice</i> daily on Days 1-5 and 8-12 of each 28 days cycle</b> (dose level -3)        Supply for: _____ days. <input type="checkbox"/> <b>trifluridine-tipiracil _____ mg/m<sup>2</sup> x BSA = _____ mg PO <i>twice</i> daily on Days 1-5 and 8-12 of each 28 days cycle</b> Supply for: _____ days.		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle _____. <input type="checkbox"/> Return in <b>eight</b> weeks for Doctor and Cycle _____. <input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____. <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
<b>CBC &amp; Diff, creatinine, total bilirubin, ALT prior to each cycle</b> <b>CBC &amp; Diff on Day 15 of Cycle 1</b> If clinically indicated: <input type="checkbox"/> <b>CBC &amp; Diff on Day 15 (for Cycle 2 onwards)</b> <input type="checkbox"/> <b>CEA</b> <input type="checkbox"/> <b>CA 19-9</b> <input type="checkbox"/> <b>ECG</b> <input type="checkbox"/> <b>alkaline phosphatase</b> <input type="checkbox"/> <b>albumin</b> <input type="checkbox"/> <b>GGT</b> <input type="checkbox"/> <b>sodium</b> <input type="checkbox"/> <b>potassium</b> <input type="checkbox"/> <b>dipstick urine OR laboratory urinalysis for protein</b> prior to each cycle (If results are 2+ or 3+ or greater than or equal to 1 g/L laboratory urinalysis for protein then: <input type="checkbox"/> <b>24 hr urine for total protein</b> must be done 3 days prior to next cycle) <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>
		<b>UC:</b>