

PROTOCOL CODE: ULKAMLGIL

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A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment

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: _____		
<input type="checkbox"/> Delay treatment _____ week(s) Dose modification for: <input type="checkbox"/> Non-response <input type="checkbox"/> QTc prolongation <input type="checkbox"/> Other Toxicity: _____		
TREATMENT: gilteritinib 120 mg PO once daily Dose modification if required: <input type="checkbox"/> gilteritinib 80 mg PO once daily <input type="checkbox"/> gilteritinib 200 mg PO once daily Mitte: _____ days Repeat x _____		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in _____ weeks for Doctor and cycle _____		
Cycle 1: Weekly on days 8, 15, 22: CBC and diff, sodium, potassium, calcium, magnesium, phosphate, urea, creatinine, bilirubin (total and direct), GGT, alkaline phosphatase, LDH, ALT, albumin, creatine kinase ECG at baseline and on days 8 and 15 Cycle 2: Prior to cycle and on day 15: CBC and diff, sodium, potassium, calcium, magnesium, phosphate, urea, creatinine, bilirubin (total and direct), GGT, alkaline phosphatase, LDH, ALT, albumin, creatine kinase Cycles 3 onwards: CBC and diff, platelet, sodium, potassium, calcium, magnesium, phosphate, urea, creatinine, bilirubin (total and direct), GGT, alkaline phosphatase, LDH, ALT, albumin, creatine kinase prior to each cycle ECG prior to cycles 2 and 3 Recommend Bone marrow aspirate and biopsy following Day 1 of Cycle 2 and then every 1-2 months until remission as well as if there is suspicion of relapse or disease progression. If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> lipase <input type="checkbox"/> HBV viral load <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE: UC: