



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: BRAVDCAP

Class II Drug

Indication for Use of Docetaxel and Capecitabine (Class II Drugs) (Check one):

- First line treatment of metastatic breast cancer after adjuvant anthracycline-based chemotherapy
- Second or third line treatment of metastatic breast cancer after previous combination chemotherapy with an anthracycline.
- Progressive breast cancer after failure of previous combination chemotherapy in a patient for whom anthracyclines are contraindicated.

*For other indications or for more than 6 cycles, an "Undesignated Indications Request" form must be approved prior to use.

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) <input type="checkbox"/> CBC & Diff, platelets, creatinine day of treatment May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than 90 x 10⁹/L, Creatinine Clearance greater than 50 mL/min. Dose modification for: <input type="checkbox"/> Age <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. Dexamethasone 8 mg PO BID for 3 days, starting one day prior to treatment. Patient must receive 3 doses prior to treatment. Optional: Frozen gloves starting 15 minutes before docetaxel infusion until 15 minutes after end of docetaxel infusion; gloves should be changed after 45 minutes of wearing.				
Have Hypersensitivity Reaction Tray and Protocol Available				
CHEMOTHERAPY: Docetaxel 75 mg/m² or 55 mg/m² (circle one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL NS (non-PVC bag) over 1 hour on Day 1 (Use non PVC tubing) Capecitabine 1250 mg/m² or 1000 mg/m² (circle one) x BSA x (_____ %) = _____ mg PO BID with food x 14 days on Days 1 to 14. (Round dose to nearest 150 mg)				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____				
<input type="checkbox"/> Last Cycle. RTC in _____ week(s).				
CBC & Diff, Platelets, Creatinine prior to each cycle Prior to Cycle 4: Bilirubin, AST, ALT, GGT, Alk Phos, Creatinine, BUN If Clinically Indicated: <input type="checkbox"/> Tot. Prot <input type="checkbox"/> Albumin <input type="checkbox"/> Bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> Alk Phos. <input type="checkbox"/> AST <input type="checkbox"/> LDH <input type="checkbox"/> ALT <input type="checkbox"/> BUN <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for further orders				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	