





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](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: BRAVTPC

**Class II Drug:**

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HER-2 neu positive metastatic breast cancer progressing after anthracycline – based chemotherapy.  
*For other indications, a BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment.*

RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____.  <input type="checkbox"/> Last Cycle. Return in _____ weeks.	
<b>CBC &amp; Diff, Platelets, Creatinine</b> prior to each cycle  If clinically indicated: <input type="checkbox"/> <b>Total Bilirubin</b> <input type="checkbox"/> <b>AST</b>  <input type="checkbox"/> <b>Consults:</b>  <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>	
DOCTOR'S SIGNATURE:	SIGNATURE:  UC: