



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: UBRAJDCT

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

DATE:

CHEMOTHERAPY: (Continued)

***** SEE PAGE 1 FOR CHEMOTHERAPY CYCLES 1 AND 2 *****

CYCLE 3 to 6

Trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 30 minutes. Observe for 30 minutes post infusion*, then start **DOCEtaxel**. * Observation period not required after 3 treatments with no reaction.

DOCEtaxel 75 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 100 to 500 mL (non-PVC bag) NS over 1 hour (use non-PVC tubing).

CARBOplatin AUC 6 Dose = AUC x (GFR +25) = _____ mg

Dose Modification: _____ % = _____ mg

IV in 250 mL D5W over 30 minutes.

Acetaminophen 325 mg to 650 mg PO PRN for headache and rigors.

RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle _____ (maximum 6).

Last Cycle UBRAJDCT. Return in **three** weeks for BRAJTR (for single agent trastuzumab).

CBC and Diff, Platelets, Creatinine prior to each cycle.

MUGA scan or echocardiogram prior to Cycle 1 and **Cycle 5**.

If clinically indicated on subsequent cycles: **Bilirubin** **Tot. Prot** **Albumin** **GGT**

AST **LDH** **ALT** **Alk Phos**

If clinically indicated: **Echocardiogram** **Muga Scan**

Other tests:

Consults:

See general order sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: