



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: BRAVTRVIN

**Class II Drug:**

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HER-2 neu positive metastatic breast cancer

<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, Platelets</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC greater than 1 x 10<sup>9</sup>/L, Platelets greater than 100 x 10<sup>9</sup>/L</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
<input type="checkbox"/> <b>Prochlorperazine 10 mg</b> PO prior to treatment <input type="checkbox"/> <b>Metoclopramide 10 – 20 mg</b> PO prior to treatment <input type="checkbox"/> <b>Hydrocortisone 100 mg</b> IV in 50 mL NS over 20 minutes pre-Vinorelbine (for patients who have had phlebitis) <input type="checkbox"/> <b>Other:</b> _____				
CHEMOTHERAPY:				
<input type="checkbox"/> <b>Cycle 1 ONLY</b>				
<b>Trastuzumab 8 mg/kg</b> x _____ kg = _____ mg IV in 250 mL NS over 1 hour 30 minutes on Day 1 only. Observe for 60 minutes post infusion*, then start Vinorelbine. <b>Vinorelbine 35 mg/m<sup>2</sup>/day or 30 mg/m<sup>2</sup>/day</b> (circle one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 50 mL NS over 6 minutes <b>Day 1 and Day 8.</b> Flush vein with 75 to 125 mL NS following infusion of Vinorelbine.				
<input type="checkbox"/> <b>Cycle 2 ONLY</b>				
<b>Trastuzumab 6 mg/kg</b> x _____ kg = _____ mg IV in 250 mL NS over 1 hour on Day 1 only. Observe for 30 minutes post infusion*. *observation period not required after 3 treatments with no reaction. <b>Vinorelbine 35 mg/m<sup>2</sup>/day or 30 mg/m<sup>2</sup>/day</b> (circle one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 50 mL NS over 6 minutes <b>Day 1 and Day 8.</b> Flush vein with 75 to 125 mL NS following infusion of Vinorelbine.				
<input type="checkbox"/> <b>Cycle 3 onwards</b>				
<b>Trastuzumab 6 mg/kg</b> x _____ kg = _____ mg IV in 250 mL NS over 30 minutes on Day 1 only. Observe for 30 minutes post infusion*. *observation period not required after 3 treatments with no reaction. <b>Vinorelbine 35 mg/m<sup>2</sup>/day or 30 mg/m<sup>2</sup>/day</b> (circle one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 50 mL NS over 6 minutes <b>Day 1 and Day 8.</b> Flush vein with 75 to 125 mL NS following infusion of Vinorelbine.				
<b>Acetaminophen 325 mg to 650 mg</b> PO PRN for headache and rigors				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC:



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Date:	
DOSE MODIFICATION DAY 8: <b>Vinorelbine 30 mg/m<sup>2</sup>/day</b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 50 mL NS over 6 minutes <b>Day 8</b> . Flush vein with 75 to 125 mL NS following infusion of Vinorelbine	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____. Book chemo Day 1 and 8. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<b>CBC &amp; Diff, Platelets</b> prior to each treatment If clinically indicated: <input type="checkbox"/> <b>Creatinine</b> <input type="checkbox"/> <b>Bilirubin</b> <input type="checkbox"/> <b>AST</b> <input type="checkbox"/> <b>ALT</b> <input type="checkbox"/> <b>Alk Phos</b> <input type="checkbox"/> <b>ECG</b> <input type="checkbox"/> <b>Echocardiogram</b> <input type="checkbox"/> <b>MUGA Scan</b> <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>	
DOCTOR'S SIGNATURE:	SIGNATURE:  UC: