



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: BRAJACTT (Page 1 of 2)

Class II Drug:

Indication for use: [ ] HER-2 neu positive breast cancer

\*For other indications, an "Undesignated Indications Request" form must be approved prior to use.

DOCTOR'S ORDERS Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m²

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: \_\_\_\_\_ To be given: \_\_\_\_\_ Cycle #: \_\_\_\_\_

Date of Previous Cycle: \_\_\_\_\_

[ ] Delay treatment \_\_\_\_\_ week(s)
[ ] CBC & Diff, platelets day of treatment
May proceed with doses as written if within 24 hours ANC greater than or equal to 1.5 x 10^9/L, Platelets greater than 90 x 10^9/L
Dose modification for: [ ] Hematology [ ] Other Toxicity \_\_\_\_\_
Proceed with treatment based on blood work from \_\_\_\_\_

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm \_\_\_\_\_
Ondansetron 8 mg PO prior to AC treatment
Dexamethasone 8 mg or 12 mg (circle one) PO prior to AC treatment
OR
45 Minutes Prior to PACLitaxel: Dexamethasone 20 mg IV in 50 mL NS over 15 minutes
30 Minutes Prior to PACLitaxel: DiphenhydrAMINE 50 mg IV and Ranitidine 50 mg IV in 50 mL NS over 20 minutes (compatible up to 3 hrs when mixed in bag)
[ ] Other:

\*\*Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 5 to 8\*\*

CHEMOTHERAPY:
[ ] CYCLE # \_\_\_\_\_ (Cycle 1-4)
DOXOrubicin 60 mg/m² x BSA = \_\_\_\_\_ mg
[ ] Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m² x BSA = \_\_\_\_\_ mg
IV push
Cyclophosphamide 600 mg/m² x BSA = \_\_\_\_\_ mg
[ ] Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m² x BSA = \_\_\_\_\_ mg
IV in 100 to 250 mL NS over 20 minutes to 1 hour
OR [ ] DAY 1, CYCLE # 5 (Cycle 1 of trastuzumab/PACLitaxel)
Trastuzumab 8 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg IV in 250 mL NS over 1 hour 30 minutes. Observe for 1 hour post infusion.\*
DAY 2, CYCLE #5
PACLitaxel 175 mg/m² x BSA = \_\_\_\_\_ mg
[ ] Dose Modification: \_\_\_\_\_ mg/m² x BSA = \_\_\_\_\_ mg
IV in 250 to 500 mL (non-PVC bag) NS over 3 hours. (Use non-PVC tubing with in line filter)
OR [ ] DAY 1, CYCLE # (Cycle 6)
Trastuzumab 6 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg IV in 250 mL NS over 1 hour. Observe for 30 minutes post infusion\*, then start PACLitaxel premedications. \*Observation period not required after 3 treatments with no reaction.
PACLitaxel 175 mg/m² x BSA = \_\_\_\_\_ mg
[ ] Dose Modification: \_\_\_\_\_ mg/m² x BSA = \_\_\_\_\_ mg
IV in 250 to 500 mL (non-PVC bag) NS over 3 hours. (Use non-PVC tubing with in line filter)
OR [ ] DAY 1, CYCLE # (Cycle 7,8)
Trastuzumab 6 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg IV in 250 mL NS over 30 minutes. Observe for 30 minutes post infusion\*, then start PACLitaxel premedications. \*Observation period not required after 3 treatments with no reaction.
PACLitaxel 175 mg/m² x BSA = \_\_\_\_\_ mg
[ ] Dose Modification: \_\_\_\_\_ mg/m² x BSA = \_\_\_\_\_ mg
IV in 250 to 500 mL (non-PVC bag) NS over 3 hours. (Use non-PVC tubing with in line filter)
Acetaminophen 325 to 650 mg PO PRN for headache and rigors.

DOCTOR SIGNATURE: \_\_\_\_\_ UC SIGNATURE: \_\_\_\_\_



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DOCTOR'S ORDERS (Page 2 of 2)	
DATE:	To be given: Cycle #:
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle_____ (Book Cycle #5 as Day 1 and 2) <input type="checkbox"/> Last Cycle. Return in <b>three</b> weeks for BRAJTR (to continue single agent trastuzumab)	
<b>CBC &amp; Diff, Platelets</b> prior to each cycle  <b>Muga Scan or Echo</b> prior to Cycle 5 and every 12 weeks after to completion of treatment  Prior to <b>Cycle 5: AST, Bilirubin</b>  If clinically indicated : <input type="checkbox"/> <b>Creatinine</b> <input type="checkbox"/> <b>Muga Scan</b> <input type="checkbox"/> <b>Echocardiogram</b> <input type="checkbox"/> <b>AST</b> <input type="checkbox"/> <b>Bilirubin</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: