



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: BRAJACTTG (Page 1 of 3)

**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 \_\_\_\_\_ m<sup>2</sup>

**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

For Cycle 1-4, May proceed with doses as written if within 24 hours **ANC greater than or equal to 1 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L**

For Cycle 5-8, May proceed with doses as written if within 24 hours **ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than 90 x 10<sup>9</sup>/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: (Note - continued over 2 pages)

**CYCLE # \_\_\_\_\_ (Cycle 1-4)**

**Doxorubicin 60 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV push

**Cyclophosphamide 600 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 100 to 250 mL NS over 20 minutes to 1 hour

**\*\*\* SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 5 TO 8 \*\*\***

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

SIGNATURE: \_\_\_\_\_

UC: \_\_\_\_\_



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DOCTOR'S ORDERS (Page 2 of 3)

DATE:

To be given:

Cycle #:

CHEMOTHERAPY: (Continued)

\*\*\* SEE PAGE 1 FOR CHEMOTHERAPY CYCLES 1 TO 4 \*\*\*

**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/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ mg/m<sup>2</sup> 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/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ mg/m<sup>2</sup> 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/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ mg/m<sup>2</sup> 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'S SIGNATURE:

SIGNATURE:

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DOCTOR'S ORDERS (Page 3 of 3)

RETURN APPOINTMENT ORDERS

Return in **two** weeks for Doctor if cycles 1,2, 3, or 4

Return in  **two** weeks or  **three** weeks for Doctor and Cycle 5 **Day 1 and 2** (physician discretion)

Return in **three** weeks for Doctor and cycle 6,7, or 8

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

**CBC & Diff, Platelets** prior to each cycle

**Muga Scan or Echo** prior to Cycle 5 and every 12 weeks after to completion of treatment

Prior to **Cycle 5: AST, Bilirubin**

If clinically indicated :  **Creatinine**     **Muga Scan**     **Echocardiogram**  
 **AST**     **Bilirubin**

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: