



# BC Cancer Agency

CARE & RESEARCH

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: BRAVGEMP

### Class II Drug

Indication for Use:  Progressive breast cancer after adjuvant anthracycline-based chemotherapy; metastatic breast cancer after previous chemotherapy with an anthracycline; metastatic breast cancer when anthracyclines are contraindicated

DOCTOR'S ORDERS		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>				
DATE:	To be given:	Cycle #:		
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 24 hours <b>ANC greater than or equal to 1 x 10<sup>9</sup>/L, Platelets greater than 100 x 10<sup>9</sup>/L, Creatinine Clearance greater than or equal to 60 mL/min.</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 _____.				
<b>Ondansetron 8 mg PO</b> prior to treatment <b>Dexamethasone 8 mg or 12 mg (circle one)</b> prior to treatment <b>Prochlorperazine 10 mg PO</b> prior to treatment <input type="checkbox"/> <b>Other:</b> _____				
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>				
CHEMOTHERAPY:				
<b>Gemcitabine 600 or 750 mg/m<sup>2</sup>/day</b> (circle one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____% = _____ mg/m <sup>2</sup> /day x BSA = _____ mg IV in 250 mL NS over 30 minutes on <b>Day 1 and Day 8</b>				
<b>Cisplatin 30 mg/m<sup>2</sup>/day</b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____% = _____ mg/m <sup>2</sup> /day x BSA = _____ mg IV in 500 mL NS over 45 minutes on <b>Day 1 and 8</b>				
<b>OR</b>				
<b>Carboplatin (AUC = 5) x (GFR + 25) = _____ mg</b> IV in 250 mL D5W over 30 minutes <b>Day 1 only</b>				
DOSE MODIFICATION REQUIRED ON DAY 8:				
<b>Gemcitabine 600 or 750 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____% = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 mL NS over 30 minutes on <b>Day 8</b>				
<b>Cisplatin 30 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____% = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 500 mL NS over 45 minutes on <b>Day 8</b>				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____, book chemo Day 1 & 8.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, Platelets, Creatinine, AST, ALT, Alk Phos, Bili, LDH</b> prior to each cycle <b>CBC &amp; Diff, Platelets, Creatinine</b> prior to Day 8				
<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:		