



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: GIGAVTR

Class II Drug:

Metastatic or inoperable locally advanced gastric or gastroesophageal junction adenocarcinoma responding to UGIGAVCFT or UGIGAVCCT

A BCCA "Compassionate Access Program" request form with appropriate clinical information re ongoing response must be completed and approved prior to the fourth cycle of maintenance treatment

DOCTOR'S ORDERS			Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form					
DATE:	To be given:	Cycle #:			
Date of Previous Cycle:					
CHEMOTHERAPY: Patients to have received previous cycles of treatment with Trastuzumab					
Trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 30 minutes. Observe for 60 minutes post-infusion*					
*Observation period not required after 3 consecutive treatments with no reaction.					
RETURN APPOINTMENT ORDERS					
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____					
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____					
<input type="checkbox"/> Last Cycle. Return in _____ week(s).					
If clinically Indicated: <input type="checkbox"/> MUGA scan or <input type="checkbox"/> Echocardiogram <input type="checkbox"/> LFTs <input type="checkbox"/> Creatinine <input type="checkbox"/> Tumour Markers					
<input type="checkbox"/> Other tests:					
<input type="checkbox"/> Consults:					
<input type="checkbox"/> See general orders sheet for additional requests.					
DOCTOR'S SIGNATURE:				SIGNATURE:	
				UC:	