

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at <u>www.bccancer.bc.ca</u> and according to acceptable standards of care

## PROTOCOL CODE: BRAVPTRAD

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DOCTOR'S ORDERS	Ht	cm Wt	kg BSA	m²	
REMINDER: Please ensure drug all	ergies and previous bl	eomycin are docu	mented on the Allerg	y & Alert Form	
DATE:					
Date of Previous Cycle:					
<ul> <li>Delay treatment week(s)</li> <li>CBC &amp; Diff, platelets day of treatment</li> <li>Cycles 1 to 8: May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10<sup>9</sup>/L,</li> <li>Platelets greater than or equal to 100 x 10<sup>9</sup>/L</li> <li>Dose modification for: Hematology Other Toxicity</li> <li>Proceed with treatment based on blood work from</li> </ul>					
PREMEDICATIONS: Patient to take ov	vn supply. RN/Pharmacist	to confirm	·		
<ul> <li>dexamethasone 8 mg PO bid for 3 days, starting one day prior to DOCEtaxel treatment; patient must receive 3 doses prior to treatment</li> <li>Optional: Frozen gloves starting 15 minutes before DOCEtaxel infusion until 15 minutes after end of DOCEtaxel infusion; gloves should be changed after 45 minutes of wearing.</li> <li>Other:</li> </ul>					
**Have H	ypersensitivity Reaction	Tray and Protocol A	/ailable**		
<ul> <li>CHEMOTHERAPY: (Note – continued over 3 pages)</li> <li>□ CYCLE # 1</li> <li>DAY 1</li> <li>PERTuzumab 840 mg IV in 250 mL NS over 1 hour. Observe for 1 hour post-infusion</li> <li>DAY 2</li> <li>trastuzumab 8 mg/kg x kg = mg IV in 250 mL NS over 1 hour 30 minutes</li> <li>Observe for 1 hour post infusion.</li> <li>Pharmacy to select trastuzumab brand as per Provincial Systemic Therapy Policy III-190</li> </ul>					
Drug Brand (Pharmacist	to complete. Please prin	t.) Pharmae	Pharmacist Initial and Date		
trastuzumab					
DOCEtaxel 75 mg/m² x BSA = mg         Dose Modification:% = mg/m² x BSA = mg         IV in 250 to 500 mL NS (use non-DEHP bag) over 1 hour (use non-DEHP tubing)         *** SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 2 to 8***					
DOCTOR SIGNATURE:			UC SIGNATI	URE:	



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DOCTOR'S ORDERS							
DATE:							
CHEMOTHERAPY: (Continued)							
*** SEE PAGE 1 FOR CHEMOTHERAPY CYCLE 1 ***							
<u>0R</u>	<u>OR</u>						
	CYCLE # 2						
PERTuzumab 420 mg IV in 250 mL NS over 1 hour. Observe for 30 minutes to 1 hour post infusion.							
trastuzumab 6 mg/kg x kg =mg IV in NS 250 mL over NS over 1 hour.							
Observe for 30 minutes post infusion.							
Phar	macy to select t	rastuzumab brand as per Provincial Systemic Therapy Polic	y III-190				
	Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and I	Date			
t	trastuzumab						
	Etaxol 75 mg						
		$/m^2 \times BSA = mg$					
		cation:% = mg/m <sup>2</sup> x BSA =					
IV	' in 250 to 500	mL NS (use non-DEHP bag) over 1 hour. (Use non-D	EHP tubing)				
<u> 0</u>							
	CYCLE #	(Cycle 3 to 8)					
PER	Tuzumab 420	mg IV in 250 mL NS over 30 minutes. Observe for 30	) minutes to 1 hour post	infusion.*			
trac	tuzumah 6 ma	<b>g/kg</b> x kg = mg IV in 250 mL NS	over 20 minutes				
		ninutes post infusion*.	over 50 minutes.				
Phar	macy to select ti	rastuzumab brand as per Provincial Systemic Therapy Polic					
	Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and D	Date			
t	trastuzumab						
DOC	Etaxel 75 mg	/ <b>m</b> <sup>2</sup> x BSA = mg					
Dose Modification:% =mg/m² x BSA =mg IV in 250 to 500 mL NS (use non-DEHP bag) over 1 hour. (Use non-DEHP tubing)							
IV III 250 to 500 HIL INS (USE HOII-DETIF DAY) OVEL THOUL (USE HOII-DETIF tubility)							
*Observation period not required after 3 treatments with no reaction.							
*** SEE PAGE 3 FOR CHEMOTHERAPY CYCLES 9 onwards***							
DOCTOR SIGNATURE:			UC				
				SIGNATURE:			



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DOCTOR'S ORDERS						
DATE:	DATE:					
CHEMOTHERAPY: (Continued)						
<u>OR</u>	*** SEE PAGES 1 AND 2 FOR CHEMOTHERAPY CYCLES 1 to 8 *** OR					
CYCLE # (PERTuzumab and trastuzumab only) every 🗌 three or 🗌 four weeks (select one)						
PERTuzumab 420	PERTuzumab 420 mg IV in 250 mL NS over 30 minutes.					
trastuzumab 6 m	trastuzumab 6 mg/kg x kg =mg IV in 250 mL NS over 30 minutes.					
Pharmacy to select	trastuzumab brand as per Provincial Systemic Therapy Po	licy III-190				
Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Da	ate			
trastuzumab						
acetaminophen 325 to 650 mg PO PRN for headache and rigors						
	RETURN APPOINTMEN	r orders				
Return in thre	Return in three or four weeks (circle one) weeks for Doctor and Cycle					
Return in weeks for Doctor and Cycle(s)		·				
Last Cycle. Return inweeks.						
Prior to cycles containing DOCEtaxel (i.e., cycles 1 to 9 only): CBC & Diff, Platelets		biff, Platelets				
Prior to Cycle 4: Bilirubin, ALT, GGT, Alk Phos						
CBC & Diff, platelets						
If clinically indicated: Tot. Prot Albumin Bilirubin GGT Alk Phos. LDH ALT BUN Creatinine Echocardiogram MUGA Scan						
□ Other tests: □ ECG						
<ul> <li>Consults:</li> <li>See general orders sheet for additional requests.</li> </ul>						
DOCTOR SIGNATURE:			UC			
DOCTOR SIGN			SIGNATURE:			