

**PROTOCOL CODE: BRAVPTRAT**

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<b>DOCTOR'S ORDERS</b>			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>					
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>			
Date of Previous Cycle: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, platelets</b> day of treatment If ordered, may proceed with doses as written if within 24 hrs <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 90 x 10<sup>9</sup>/L</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> _____					
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. 45 Minutes Prior to PACLitaxel: <b>dexamethasone 20 mg IV</b> in NS 50 mL over 15 minutes 30 Minutes Prior to PACLitaxel: <b>diphenhydrAMINE 50 mg IV</b> in NS 50 mL over 15 minutes and <b>famotidine 20 mg IV</b> in NS 100 mL over 15 minutes (Y-site compatible) <input type="checkbox"/> <b>Other:</b> _____					
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>					
<b>CHEMOTHERAPY: (Note – continued over 2 pages)</b>					
<input type="checkbox"/> <b>CYCLE # 1</b>					
<b>DAY 1</b>					
PERTuzumab <b>840 mg IV</b> in 250 mL NS over 1 hour. Observe for 1 hour post-infusion					
<b>DAY 2</b>					
trastuzumab (HERCEPTIN) <b>8 mg/kg</b> x _____ kg = _____ mg IV in 250 mL NS over 1 hour 30 minutes Observe for 1 hour post infusion. Do not substitute HERCEPTIN with trastuzumab biosimilar.					
PACLitaxel <input type="checkbox"/> <b>175 mg/m<sup>2</sup></b> OR <input type="checkbox"/> <b>150 mg/m<sup>2</sup></b> (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in NS <b>250 to 500 mL</b> (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter.)					
<b>OR</b>					
<input type="checkbox"/> <b>CYCLE # 2</b>					
PERTuzumab <b>420 mg IV</b> in 250 mL NS over 1 hour. Observe for 30 minutes to 1 hour post infusion.					
trastuzumab (HERCEPTIN) <b>6 mg/kg</b> x _____ kg = _____ mg IV in NS 250 mL over NS over 1 hour. Observe for 30 minutes post infusion. Do not substitute HERCEPTIN with trastuzumab biosimilar.					
PACLitaxel <input type="checkbox"/> <b>175 mg/m<sup>2</sup></b> OR <input type="checkbox"/> <b>150 mg/m<sup>2</sup></b> (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in NS <b>250 to 500 mL</b> (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter.)					
<b>*** SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 3 to 8***</b>					
<b>DOCTOR SIGNATURE:</b>					<b>UC SIGNATURE:</b>



Provincial Health Services Authority

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 [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care

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**DOCTOR'S ORDERS (Page 2 of 2)**

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

**CHEMOTHERAPY: (Continued)**

**\*\*\* SEE PAGE 1 FOR CHEMOTHERAPY CYCLES 1 AND 2 \*\*\***

OR

**CYCLE # 3 (Cycle 3 to 8)**  
**PERTuzumab 420 mg IV** in 250 mL NS over 30 minutes. Observe for 30 minutes to 1 hour post infusion.\*  
**trastuzumab (HERCEPTIN) 6 mg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg IV in 250 mL NS over 30 minutes.  
 Observe for 30 minutes post infusion\*. Do not substitute HERCEPTIN with trastuzumab biosimilar.  
**PACLitaxel**  **175 mg/m<sup>2</sup>** OR  **150 mg/m<sup>2</sup>** (select one) x BSA = \_\_\_\_\_ mg  
 Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg  
 IV in NS **250 to 500 mL** (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter.)

OR

**CYCLE # \_\_\_\_\_ (PERTuzumab and trastuzumab only)**  
**PERTuzumab 420 mg IV** in 250 mL NS over 30 minutes.  
**trastuzumab (HERCEPTIN) 6 mg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg IV in 250 mL NS over 30 minutes.  
 \*Observation period not required after 3 treatments with no reaction. Do not substitute HERCEPTIN with trastuzumab biosimilar.  
**acetaminophen 325 to 650 mg PO PRN** for headache and rigors

**RETURN APPOINTMENT ORDERS**

Return in **three** weeks for Doctor and Cycle \_\_\_\_\_  
 Last Cycle. Return in \_\_\_\_\_ weeks.

Prior to cycles containing PACLitaxel (i.e., **cycles 1 to 9 only**): **CBC & Diff, 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**  
 **Consults:**  
 **See general orders sheet for additional requests.**

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

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