



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: BRAJACTTG

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: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff day of treatment		
For Cycles 1 to 4, May proceed with doses as written if within 72 hours ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L For Cycles 5 to 8, May proceed with doses as written if within 72 hours ANC greater than or equal to 1.5 x 10⁹/L, platelets greater than or equal to 90 x 10⁹/L		
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____		
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to AC treatment and select ONE of the following:		
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to AC treatment	
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to AC treatment ondansetron 8 mg PO 30 to 60 minutes prior to AC treatment	
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to AC treatment	
<u>OR</u>		
<u>45 Minutes Prior to PACLitaxel:</u> dexamethasone 20 mg IV in NS 50 mL over 15 minutes		
<u>30 Minutes Prior to PACLitaxel:</u> diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible)		
<input type="checkbox"/> Other: _____		
Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 5 to 8		
TREATMENT: (Note – continued over 2 pages)		
<input type="checkbox"/> CYCLE # _____ (Cycles 1 to 4)		
DOXOrubicin 60 mg/m² x BSA = _____ mg		
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg		
IV push		
cyclophosphamide 600 mg/m² x BSA = _____ mg		
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg		
IV in NS 100 to 250 mL over 20 to 60 minutes		
*** SEE PAGE 2 FOR TREATMENT CYCLES 5 TO 8 ***		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC:



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DATE:

OR **CYCLE #5 DAY 1 (Cycle 1 of trastuzumab and PACLitaxel)**

trastuzumab 8 mg/kg x _____ kg = _____ mg IV in NS 250 mL over 90 minutes; observe for 1 hour post infusion

Pharmacist to select brand per Provincial Systemic Therapy Policy III-190 and dose band per last page of PPO. Complete table below (please print)

Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date
trastuzumab			

CYCLE #5 DAY 2

PACLitaxel 175 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours. (Use non-DEHP tubing with 0.2 micron in-line filter)

OR **CYCLE #6 DAY 1**

trastuzumab 6 mg/kg x _____ kg = _____ mg IV in NS 250 mL over 60 minutes; observe for 30 minutes post infusion

Pharmacist to select brand per Provincial Systemic Therapy Policy III-190 and dose band per last page of PPO. Complete table below (please print)

Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date
trastuzumab			

PACLitaxel 175 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours. (Use non-DEHP tubing with 0.2 micron in-line filter)

OR **CYCLE # (Cycle 7, 8) DAY 1**

trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 30 minutes; observe for 30 minutes post infusion (not required after 3 treatments with no reaction)

Pharmacist to select brand per Provincial Systemic Therapy Policy III-190 and dose band per last page of PPO. Complete table below (please print)

Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date
trastuzumab			

PACLitaxel 175 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours. (Use non-DEHP tubing with 0.2 micron in-line filter)

acetaminophen 325 to 650 mg PO PRN for headache and rigors

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SIGNATURE:

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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in two weeks for Doctor if Cycles 1,2, 3, or 4 Post Cycle 1 only: Book filgrastim (G-CSF) SC teaching and first dose on Day _____ Return in <input type="checkbox"/> two weeks or <input type="checkbox"/> three weeks for Doctor and Cycle 5 Day 1 and 2 (physician discretion) <input type="checkbox"/> Return in three weeks for Doctor and Cycle 6,7, or 8 <input type="checkbox"/> Last Cycle. Return in three weeks for Doctor and BRAJTR (to continue single agent trastuzumab)	
CBC & Diff prior to each cycle MUGA scan or Echo prior to Cycle 5 and then every <input type="checkbox"/> 3 months or <input type="checkbox"/> 4 months until completion of treatment Prior to Cycle 5: ALT, total bilirubin If clinically indicated: <input type="checkbox"/> creatinine <input type="checkbox"/> MUGA scan <input type="checkbox"/> echocardiogram <input type="checkbox"/> ALT <input type="checkbox"/> total bilirubin <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:

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TRASTUZUMAB DOSE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 58		Pharmacy prepares specific dose
58	68.49	63
68.5	76.49	71.4
76.5	84.49	79.8
84.5	94.49	88.2
94.5	104.49	100.8
104.5	117.49	109.2
117.5	127.49	117.6
127.5	144.49	130.67
144.5	162.49	147
162.5	185.49	168
185.5	208.49	189
208.5	230.49	210
230.5	251.49	231
251.5	276.49	252
276.5	323.49	294
323.5	369.49	336
369.5	415.49	378
415.5	463.49	420
463.5	550.49	504
550.5	647.49	588
647.5	740.49	672
740.5	822.49	756
822.5	928.49	840
928.5	1046.49	966
1046.5	1150.49	1050
1150.5	1258.49	1176
1258.5	1390.5	1260
More than 1390.5		Pharmacy prepares specific dose