



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

**PROTOCOL CODE: BRAJACTT**

**DOCTOR'S ORDERS** Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

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

Date of Previous Cycle: \_\_\_\_\_

Delay treatment \_\_\_\_\_ week(s)

**CBC & Diff** day of treatment \_\_\_\_\_

May proceed with doses as written if within 96 hours **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**

Dose modification for:  **Hematology**  **Other Toxicity** \_\_\_\_\_

**Proceed with treatment based on blood work from** \_\_\_\_\_

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm \_\_\_\_\_.

**dexamethasone 8 mg or 12 mg** (select one) PO 30 to 60 minutes prior to AC treatment

and **select ONE** of the following:

- ondansetron 8 mg** PO 30 to 60 minutes prior to AC treatment
- aprepitant 125 mg** PO 30 to 60 minutes prior to AC treatment  
**ondansetron 8 mg** PO 30 to 60 minutes prior to AC treatment
- netupitant-palonosetron 300 mg-0.5 mg** PO 30 to 60 minutes prior to AC treatment

**OR**

**45 Minutes Prior to PACLitaxel:** **dexamethasone 20 mg** IV in 50 mL NS over 15 minutes

**30 Minutes Prior to PACLitaxel:** **diphenhydrAMINE 50 mg** IV in 50 mL NS over 15 minutes and **famotidine 20 mg** IV in 100 mL NS over 15 minutes (Y-site compatible)

**Other:** \_\_\_\_\_

**\*\*Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 5 to 8\*\***

**TREATMENT:**

**CYCLE #** \_\_\_\_\_ (Cycles 1 to 4)

**DOXOrubicin 60 mg/m<sup>2</sup> x BSA =** \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV push

**cyclophosphamide 600 mg/m<sup>2</sup> x BSA =** \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 100 to 250 mL NS over 20 to 60 minutes

**\*\*\* SEE PAGES 2 and 3 FOR TREATMENT CYCLES 5 TO 8 \*\*\***

<b>DOCTOR SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>



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**DATE:**

**TREATMENT:** (Continued)

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

**DAY 1**

**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			

**DAY 2**

**PACLitaxel 175 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> 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/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> 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)

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**SIGNATURE:**

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**DATE:**

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

**trastuzumab 6 mg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg IV in NS 250 mL 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/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> 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

## RETURN APPOINTMENT ORDERS

- Return in **three** weeks for Doctor and Cycle \_\_\_\_\_ (Book Cycle #5 as Day 1 and 2)
- Book filgrastim (G-CSF) SC teaching and first dose on Cycle \_\_\_\_ Day \_\_\_\_
- Last Cycle. Return in **three** weeks for BRAJTR (to continue single agent trastuzumab)

**CBC & Diff** prior to each cycle

**MUGA scan or echocardiogram** prior to Cycle 5 and then every  3 months or  4 months until completion of treatment

Prior to **Cycle 5: ALT, total bilirubin**

If clinically indicated:

- creatinine**    **MUGA scan**    **echocardiogram**    **ALT**    **total bilirubin**
- Other tests:**
- Consults:**
- See general orders sheet for additional requests.**

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**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