



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: BRAJFECDT

DATE:

TREATMENT: (Continued)

*** SEE PAGE 1 FOR TREATMENT CYCLES 1 TO 3 ***

OR

CYCLE # 4 (Cycle 1 of trastuzumab and DOCEtaxel)

trastuzumab 8 mg/kg x _____ kg = _____ mg IV in 250 mL NS 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 | | | |

DOCEtaxel 100 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
IV in 250 to 500 mL (non-DEHP bag) NS over 60 minutes. (Use non-DEHP tubing)

CYCLE # 5

trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS 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 | | | |

DOCEtaxel 100 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
IV in 250 to 500 mL (non-DEHP bag) NS over 60 minutes. (Use non-DEHP tubing)

Cycle # 6:

trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over NS over 30 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 | | | |

DOCEtaxel 100 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
IV in 250 to 500 mL (non-DEHP bag) NS over 60 minutes. (Use non-DEHP tubing)

acetaminophen 325 mg to 650 mg PO PRN for headache and rigors

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



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Page 3 of 4

| | |
|--|-------------------|
| DATE: | |
| RETURN APPOINTMENT ORDERS | |
| <input type="checkbox"/> Return in three weeks for Doctor and Cycle _____ Post Cycle 1 only: Book filgrastim (G-CSF) SC teaching and first dose on Day _____ <input type="checkbox"/> Last Cycle. Return in three weeks for Doctor and BRAJTR (to continue single agent trastuzumab) | |
| CBC & Diff prior to each cycle Prior to Cycle 4: total bilirubin, ALT, alkaline phosphatase <input type="checkbox"/> MUGA scan or <input type="checkbox"/> echocardiogram (select one): prior to Cycle 4, then every <input type="checkbox"/> 3 months or <input type="checkbox"/> 4 months until completion of treatment If clinically indicated: <input type="checkbox"/> total bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> LDH <input type="checkbox"/> ALT <input type="checkbox"/> creatinine <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 |