

**PROTOCOL CODE: BRAJPNT**

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| <b>DOCTOR'S ORDERS</b>  |                     | Ht _____ cm                 | Wt _____ kg                 | BSA _____ m <sup>2</sup>    |             |  |  |  |  |  |  |  |
|---|---------------------|-----------------------------|-----------------------------|-----------------------------|-------------|--|--|--|--|--|--|--|
| <b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form   |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
| <b>DATE:</b>  | <b>To be given:</b> | <b>Cycle #:</b>             |                             |                             |             |  |  |  |  |  |  |  |
| Date of Previous Cycle: _____   |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
| Number of PACLitaxel or DOCEtaxel doses completed to date: _____  |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
| Number of trastuzumab doses completed to date: _____  |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
| <input type="checkbox"/> Delay Treatment _____ week(s)<br><input type="checkbox"/> CBC & Diff day of treatment  |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
| May proceed with doses as written if within 96 hours <b>ANC greater than or equal to <math>1.5 \times 10^9/L</math>, platelets greater than or equal to <math>100 \times 10^9/L</math>, total bilirubin less than or equal to 1.5 times the upper limit of normal, AST or ALT less than or equal to 10 times the upper limit of normal</b>                      |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
| Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____  |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
| Proceed with treatment based on blood work from _____   |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
| <b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____<br><input type="checkbox"/> Other: _____  |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
| <b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>   |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
| <b>TREATMENT:</b>   |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
| <input type="checkbox"/> Patients who have received only ONE cycle of trastuzumab previously  |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
| 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)   |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Drug</th> <th style="width: 20%;">Brand</th> <th style="width: 20%;">Dose Band (mg)</th> <th style="width: 40%;">Pharmacist Initial and Date</th> </tr> </thead> <tbody> <tr> <td>trastuzumab</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Drug                | Brand                       | Dose Band (mg)              | Pharmacist Initial and Date | trastuzumab |  |  |  |  |  |  |  |
| Drug  | Brand               | Dose Band (mg)              | Pharmacist Initial and Date |                             |             |  |  |  |  |  |  |  |
| trastuzumab   |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
| PACLitaxel NAB 260 mg/m <sup>2</sup> x BSA = _____ mg<br><input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg<br>IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron filter)  |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
| Pharmacist to select dose band per last page of PPO. Complete table below (please print)  |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
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| Drug  | Dose Band (mg)      | Pharmacist Initial and Date |                             |                             |             |  |  |  |  |  |  |  |
| PACLitaxel NAB  |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
| <b>*** SEE PAGE 2 FOR TREATMENT CYCLES 2 and beyond ***</b>   |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
| <b>DOCTOR'S SIGNATURE:</b>  |                     |                             |                             | <b>SIGNATURE:</b>           |             |  |  |  |  |  |  |  |
|   |                     |                             |                             |                             |             |  |  |  |  |  |  |  |
|   |                     |                             |                             | <b>UC:</b>                  |             |  |  |  |  |  |  |  |

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| <b>DATE:</b>   |                   |                             |                             |                             |             |  |  |  |  |
|--|-------------------|-----------------------------|-----------------------------|-----------------------------|-------------|--|--|--|--|
| <b>TREATMENT: (Continued)</b>  |                   |                             |                             |                             |             |  |  |  |  |
| <b>*** SEE PAGE 1 FOR TREATMENT CYCLE 1 ***</b>  |                   |                             |                             |                             |             |  |  |  |  |
| <b>OR</b>  |                   |                             |                             |                             |             |  |  |  |  |
| <input type="checkbox"/> Patients who have received TWO cycles or more of trastuzumab previously   |                   |                             |                             |                             |             |  |  |  |  |
| 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)  |                   |                             |                             |                             |             |  |  |  |  |
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| Drug   | Brand             | Dose Band (mg)              | Pharmacist Initial and Date |                             |             |  |  |  |  |
| trastuzumab  |                   |                             |                             |                             |             |  |  |  |  |
| PACLitaxel NAB 260 mg/m <sup>2</sup> x BSA = _____ mg  |                   |                             |                             |                             |             |  |  |  |  |
| <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg   |                   |                             |                             |                             |             |  |  |  |  |
| IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron filter)  |                   |                             |                             |                             |             |  |  |  |  |
| Pharmacist to select dose band per last page of PPO. Complete table below (please print)   |                   |                             |                             |                             |             |  |  |  |  |
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| Drug   | Dose Band (mg)    | Pharmacist Initial and Date |                             |                             |             |  |  |  |  |
| PACLitaxel NAB   |                   |                             |                             |                             |             |  |  |  |  |
| acetaminophen 325 to 650 mg PO PRN for headache and rigors   |                   |                             |                             |                             |             |  |  |  |  |
| <b>RETURN APPOINTMENT ORDERS</b>   |                   |                             |                             |                             |             |  |  |  |  |
| <input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____   |                   |                             |                             |                             |             |  |  |  |  |
| <input type="checkbox"/> Last Cycle. Return in _____ week(s).  |                   |                             |                             |                             |             |  |  |  |  |
| CBC & Diff, total bilirubin, ALT, creatinine prior to each cycle   |                   |                             |                             |                             |             |  |  |  |  |
| MUGA Scan or echocardiogram every <input type="checkbox"/> 3 months or <input type="checkbox"/> 4 months from onset of trastuzumab and upon completion of treatment  |                   |                             |                             |                             |             |  |  |  |  |
| If clinically indicated: <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> GGT <input type="checkbox"/> urea  |                   |                             |                             |                             |             |  |  |  |  |
| <input type="checkbox"/> Other tests:  |                   |                             |                             |                             |             |  |  |  |  |
| <input type="checkbox"/> Consults:   |                   |                             |                             |                             |             |  |  |  |  |
| <input type="checkbox"/> See general orders sheet for additional requests.   |                   |                             |                             |                             |             |  |  |  |  |
| <b>DOCTOR'S SIGNATURE:</b>   | <b>SIGNATURE:</b> |                             |                             |                             |             |  |  |  |  |
|  | <b>UC:</b>        |                             |                             |                             |             |  |  |  |  |

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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 |

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**PACLitaxel NAB DOSE BANDING TABLE**

| Ordered Dose (mg) |        | Rounded dose (mg)                      |
|-------------------|--------|--|
| From:             | To:    |  |
| Less than 96      |        | <b>Pharmacy prepares specific dose</b> |
| 96                | 104.49 | <b>100</b>                             |
| 104.5             | 108.49 | <b>105</b>                             |
| 108.5             | 115.49 | <b>110</b>                             |
| 115.5             | 125.49 | <b>120</b>                             |
| 125.5             | 135.49 | <b>130</b>                             |
| 135.5             | 145.49 | <b>140</b>                             |
| 145.5             | 155.49 | <b>150</b>                             |
| 155.5             | 165.49 | <b>160</b>                             |
| 165.5             | 177.49 | <b>170</b>                             |
| 177.5             | 190.49 | <b>185</b>                             |
| 190.5             | 210.49 | <b>200</b>                             |
| 210.5             | 230.49 | <b>220</b>                             |
| 230.5             | 250.49 | <b>240</b>                             |
| 250.5             | 270.49 | <b>260</b>                             |
| 270.5             | 286.49 | <b>275</b>                             |
| 286.5             | 314.49 | <b>300</b>                             |
| 314.5             | 329.49 | <b>315</b>                             |
| 329.5             | 344.49 | <b>330</b>                             |
| 344.5             | 362.49 | <b>345</b>                             |
| 362.5             | 388.49 | <b>370</b>                             |
| 388.5             | 419.49 | <b>400</b>                             |
| 419.5             | 439.49 | <b>420</b>                             |
| 439.5             | 459.49 | <b>440</b>                             |
| 459.5             | 479.49 | <b>460</b>                             |
| 479.5             | 499.49 | <b>480</b>                             |
| 499.5             | 524.49 | <b>500</b>                             |
| 524.5             | 566.49 | <b>540</b>                             |
| 566.5             | 596.49 | <b>580</b>                             |
| 596.5             | 630.49 | <b>600</b>                             |
| 630.5             | 683.49 | <b>650</b>                             |
| More than 683.49  |        | <b>Pharmacy prepares specific dose</b> |