



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

# PROTOCOL CODE: BRAJTDC

## 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 1.0 x 10<sup>9</sup>/L, platelets greater than or equal to 100 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 \_\_\_\_\_.

ondansetron 8 mg PO prior to treatment

dexamethasone 8 mg PO BID for 3 days starting one day prior to DOCEtaxe; patient must receive 3 doses prior to treatment

Optional: Frozen gloves starting 15 minutes before DOCEtaxel infusion until 15 minutes after end of DOCEtaxel infusion; gloves should be changed after 45 minutes of wearing.

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

**\*\*Have Hypersensitivity Reaction Tray and Protocol Available\*\***

### TREATMENT:

CYCLE # 1

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			

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

DOCEtaxel 75 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg  
IV in 250 to 500 mL NS over 60 minutes (use non-DEHP bag and tubing)

**\*\*\* SEE PAGE 2 FOR CYCLES 2 TO 4 \*\*\***

DOCTOR'S SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

**PROTOCOL CODE: BRAJTDC**

Page 2 of 4

**DATE:**

**TREATMENT: (Continued)**

**\*\*\* SEE PAGE 1 FOR CYCLE 1 \*\*\***

**CYCLE # 2**

**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			

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

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg  
IV in NS 100 to 250 mL over 20 to **60 minutes**

**DOCEtaxel 75 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg  
IV in NS 250 to 500 mL over **60 minutes** (use non-DEHP bag and tubing)

**CYCLES # 3 to 4:**

**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 reactions)

**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			

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

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg  
IV in NS 100 to 250 mL over 20 to **60 minutes**

**DOCEtaxel 75 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg  
IV in NS 250 to 500 mL NS over **60 minutes** (use non-DEHP bag and tubing)

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

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**PROTOCOL CODE: BRAJTDC**

Page 3 of 4

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**RETURN APPOINTMENT ORDERS**

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

**CBC & Diff** prior to each cycle  
**MUGA scan or echocardiogram** every  3 months or  4 months

If clinically indicated:

- total bilirubin     creatinine     albumin     GGT     LDH     ALT
- alkaline phosphatase     urea
- Other tests:**
- Consults:**
- See general orders sheet for additional requests**

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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