

PROTOCOL CODE: BRAJTTW

(Page 2 of 4)

DATE:

TREATMENT: (Continued)

*** SEE PAGE 1 FOR TREATMENT CYCLE 1 ***

CYCLE # 2

trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over **60 minutes** once every 3 weeks. 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 **80 mg/m²** OR _____ mg/m² (select one) x BSA = _____ mg

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

IV in 100 to 500 mL (non-DEHP bag) NS over **60 minutes** once weekly x 3 weeks (use non-DEHP tubing with 0.2 micron in-line filter)

CYCLE # 3 and 4

trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 30 minutes once every 3 weeks. 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 **80 mg/m²** OR _____ mg/m² (select one) x BSA = _____ mg

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

IV in 100 to 500 mL (non-DEHP bag) NS over **60 minutes** once weekly x 3 weeks (use non-DEHP tubing with 0.2 micron in-line filter)

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



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 and according to acceptable standards of care

PROTOCOL CODE: BRAJTTW

(Page 3 of 4)

DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. (Book chemo room weekly x 3 for Cycles 1 to 4, then switch to BRAJTR). <input type="checkbox"/> Last Cycle. Return in three weeks for Doctor and BRAJTR (to continue single agent trastuzumab).	
CBC & Diff prior to each weekly dose If clinically indicated: <input type="checkbox"/> total bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> Other tests: <input type="checkbox"/> ECG <input type="checkbox"/> echocardiogram <input type="checkbox"/> MUGA scan <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:

PROTOCOL CODE: BRAJTTW

(Page 4 of 4)

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