



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: BRAVPTRAD**

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<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>								
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>													
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>											
Date of Previous Cycle: _____													
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff</b> day of treatment <b>Cycles 1 to 8:</b> May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, platelets greater than or equal to 100 x 10<sup>9</sup>/L</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____													
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>dexamethasone 8 mg PO BID</b> for 3 days, starting one day prior to DOCEtaxel treatment; patient must receive 3 doses prior to treatment <b>Optional: Frozen gloves</b> starting 15 minutes before DOCEtaxel infusion until 15 minutes after end of DOCEtaxel infusion; gloves should be changed after 45 minutes of wearing. <input type="checkbox"/> <b>Other:</b> _____													
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>													
<b>TREATMENT: (Note – continued over 3 pages)</b> <input type="checkbox"/> <b>CYCLE # 1</b> <b>DAY 1</b> <b>PERTuzumab 840 mg IV</b> in 250 mL NS over <b>60 minutes</b> . Observe for 1 hour post-infusion <b>DAY 2</b> <b>trastuzumab 8 mg/kg</b> x _____ kg = _____ mg IV in 250 mL NS over <b>90 minutes</b> Observe for 1 hour post infusion. <b>Pharmacist</b> to select <b>brand</b> per Provincial Systemic Therapy Policy III-190 <b>and dose band per last page of PPO. Complete table below (please print)</b>													
<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													
<b>DOCEtaxel 75 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 to 500 mL (use non-DEHP bag) NS over <b>60 minutes</b> (use non-DEHP tubing)													
<b>*** SEE PAGE 2 FOR TREATMENT CYCLES 2 to 8***</b>													
<b>DOCTOR SIGNATURE:</b>					<b>SIGNATURE:</b>								
					<b>UC:</b>								

**PROTOCOL CODE: BRAVPTRAD**

**DATE:**

**TREATMENT: (Continued)**

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

OR

**CYCLE # 2**

**PERTuzumab 420 mg IV in 250 mL NS over 60 minutes.** Observe for 30 minutes to 1 hour post infusion.

**trastuzumab 6 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg IV in NS 250 mL over 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 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 (use non-DEHP bag) NS over 60 minutes. (Use non-DEHP tubing)

OR

**CYCLE # \_\_\_\_\_ (Cycle 3 to 8)**

**PERTuzumab 420 mg IV in 250 mL NS over 30 minutes.** Observe for 30 minutes to 1 hour post infusion.\*

**trastuzumab 6 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg IV in 250 mL 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 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 (use non-DEHP bag) NS over 60 minutes. (Use non-DEHP tubing)

\*Observation period not required after 3 treatments with no reaction.

\*\*\* SEE PAGE 3 FOR TREATMENT CYCLES 9 onwards\*\*\*

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**DATE:**

**TREATMENT: (Continued)**

\*\*\* SEE PAGES 1 AND 2 FOR TREATMENT CYCLES 1 to 8 \*\*\*

OR

**CYCLE #** \_\_\_\_\_ (PERTuzumab and trastuzumab only) every  **three** or  **four** weeks (select one)

**PERTuzumab 420 mg IV** in 250 mL NS over 30 minutes.

**trastuzumab 6 mg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg IV in 250 mL NS over 30 minutes.

**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			

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

**RETURN APPOINTMENT ORDERS**

- Return in **three** or **four** weeks (circle one) weeks for Doctor and Cycle \_\_\_\_\_.
- Return in \_\_\_\_\_ weeks for Doctor and Cycle(s) \_\_\_\_\_.
- Last Cycle. Return in \_\_\_\_\_ week(s).

Prior to cycles containing DOCEtaxel (i.e., **Cycles 1 to 9 only**): **CBC & Diff**

Prior to **Cycle 4**: **total bilirubin, ALT, GGT, alkaline phosphatase**

**CBC & Diff**

- If clinically indicated:
- total protein**    **albumin**    **total bilirubin**    **GGT**    **ALT**
  - alkaline phosphatase**    **LDH**    **urea**    **creatinine**
  - echocardiogram**    **MUGA scan**    **ECG**

- 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