

**PROTOCOL CODE: BRAVPTRAT**

<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 24 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, platelets greater than or equal to 90 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 _____. 45 Minutes Prior to PACLitaxel: <b>dexamethasone 20 mg IV</b> in NS 50 mL over 15 minutes 30 Minutes Prior to PACLitaxel: <b>diphenhydrAMINE 50 mg IV</b> in 50 mL NS over 15 minutes and <b>famotidine 20 mg IV</b> in 100 mL NS over 15 minutes (Y-site compatible) <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.</b> <b>Complete table below (please print)</b>				
<b>Drug</b>	<b>Brand</b>	<b>Dose Band (mg)</b>	<b>Pharmacist Initial and Date</b>	
trastuzumab				
<b>PACLitaxel</b> <input type="checkbox"/> <b>175 mg/m<sup>2</sup></b> OR <input type="checkbox"/> <b>150 mg/m<sup>2</sup></b> (select one) x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter.)				
<b>*** SEE PAGE 2 FOR TREATMENT CYCLES 2 to 8***</b>				
<b>DOCTOR'S SIGNATURE:</b>			<b>SIGNATURE:</b>	
			<b>UC:</b>	

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**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			

**PACLitaxel**  **175 mg/m<sup>2</sup>** OR  **150 mg/m<sup>2</sup>** (select one) x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter.)

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			

**PACLitaxel**  **175 mg/m<sup>2</sup>** OR  **150 mg/m<sup>2</sup>** (select one) x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter.)

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

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

**DOCTOR SIGNATURE:**

**SIGNATURE:**

**UC:**

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<b>DATE:</b>			
<b>TREATMENT:</b> (Continued)			
*** SEE PAGES 1 and 2 FOR <b>TREATMENT</b> CYCLES 1 to 8 ***			
<u>OR</u>			
<input type="checkbox"/> <b>CYCLE #</b> _____ (PERTuzumab and trastuzumab only) every <input type="checkbox"/> <b>three</b> or <input type="checkbox"/> <b>four</b> 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 <b>brand</b> per Provincial Systemic Therapy Policy III-190 and <b>dose band</b> per last page of PPO. Complete table below (please print)			
<b>Drug</b>	<b>Brand</b>	<b>Dose Band (mg)</b>	<b>Pharmacist Initial and Date</b>
trastuzumab			
acetaminophen 325 to 650 mg PO PRN for headache and rigors			
<b>RETURN APPOINTMENT ORDERS</b>			
<input type="checkbox"/> Return in <b>three</b> or <b>four</b> weeks (circle one) for Doctor and Cycle _____. <input type="checkbox"/> Return in _____ weeks for Doctor and Cycle(s) _____. <input type="checkbox"/> Last Cycle. Return in _____ week(s).			
Prior to cycles containing PACLitaxel (i.e., <b>cycles 1 to 9 only</b> ): CBC & Diff Prior to <b>Cycle 4</b> : <b>total bilirubin</b> , ALT, GGT, alkaline phosphatase <input type="checkbox"/> <b>CBC &amp; Diff</b> If clinically indicated: <input type="checkbox"/> <b>total protein</b> <input type="checkbox"/> <b>albumin</b> <input type="checkbox"/> <b>total bilirubin</b> <input type="checkbox"/> <b>GGT</b> <input type="checkbox"/> <b>alkaline phosphatase</b> <input type="checkbox"/> <b>LDH</b> <input type="checkbox"/> <b>ALT</b> <input type="checkbox"/> <b>urea</b> <input type="checkbox"/> <b>creatinine</b> <input type="checkbox"/> <b>echocardiogram</b> <input type="checkbox"/> <b>MUGA scan</b> <input type="checkbox"/> <b>ECG</b> <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>			
<b>DOCTOR 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	<b>63</b>
68.5	76.49	<b>71.4</b>
76.5	84.49	<b>79.8</b>
84.5	94.49	<b>88.2</b>
94.5	104.49	<b>100.8</b>
104.5	117.49	<b>109.2</b>
117.5	127.49	<b>117.6</b>
127.5	144.49	<b>130.67</b>
144.5	162.49	<b>147</b>
162.5	185.49	<b>168</b>
185.5	208.49	<b>189</b>
208.5	230.49	<b>210</b>
230.5	251.49	<b>231</b>
251.5	276.49	<b>252</b>
276.5	323.49	<b>294</b>
323.5	369.49	<b>336</b>
369.5	415.49	<b>378</b>
415.5	463.49	<b>420</b>
463.5	550.49	<b>504</b>
550.5	647.49	<b>588</b>
647.5	740.49	<b>672</b>
740.5	822.49	<b>756</b>
822.5	928.49	<b>840</b>
928.5	1046.49	<b>966</b>
1046.5	1150.49	<b>1050</b>
1150.5	1258.49	<b>1176</b>
1258.5	1390.5	<b>1260</b>
More than 1390.5		Pharmacy prepares specific dose