

PROTOCOL CODE: BRAVPTRVIN

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DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²								
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form												
DATE:	To be given:	Cycle #:										
Date of Previous Cycle:												
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff day of treatment Cycles 1 to 8: May proceed with doses as written on Day 1 if within 96 hours ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L May proceed with doses as written on Day 8 if within 24 hours ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L												
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____												
Proceed with treatment based on blood work from _____												
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.												
<input type="checkbox"/> prochlorperazine 10 mg PO or <input type="checkbox"/> metoclopramide 10 mg PO prior to treatment <input type="checkbox"/> hydrocortisone 100 mg IV in 50 mL NS over 20 minutes pre-vinorelbine (for patients who have had phlebitis) <input type="checkbox"/> Other:												
Have Hypersensitivity Reaction Tray and Protocol Available												
TREATMENT: (Note – continued over 2 pages)												
<input type="checkbox"/> CYCLE # 1												
PERTuzumab 840 mg IV in 250 mL NS over 60 minutes on Day 1 . Observe for 60 minutes post-infusion.												
vinorelbine 25 mg/m² x BSA = _____ mg												
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg												
IV in 25 to 50 mL NS over 6 minutes on Day 1 and Day 8 . Flush vein with NS 75 to 125 mL following infusion.												
trastuzumab 8 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 90 minutes on Day 2 .												
Observe for 60 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												
SEE PAGE 2 FOR TREATMENT CYCLE 2 onwards												
DOCTOR SIGNATURE:				SIGNATURE:								
				UC:								

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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 on **Day 1**. Observe for 30 to 60 minutes post infusion.

trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 60 minutes on **Day 1**.

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			

vinorelbine **30 mg/m²** or **35 mg/m²** (select one) x BSA = _____ mg

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

IV in 25 to 50 mL NS over 6 minutes on **Day 1 and Day 8**. Flush vein with NS 75 to 125 mL following infusion.

DOSE MODIFICATION DAY 8:

vinorelbine 30 mg/m² x BSA = _____ mg

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

IV in 25 to 50 mL NS over 6 minutes on **Day 8**. Flush vein with NS 75 to 125 mL following infusion.

OR

CYCLE # _____ (Cycles 3 to 8)

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

trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 30 minutes on **Day 1**.

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			

vinorelbine **30 mg/m²** or **35 mg/m²** (select one) x BSA = _____ mg

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

IV in 25 to 50 mL NS over 6 minutes on **Day 1 and Day 8**. Flush vein with NS 75 to 125 mL following infusion.

DOSE MODIFICATION DAY 8:

vinorelbine 30 mg/m² x BSA = _____ mg

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

IV in 25 to 50 mL NS over 6 minutes on **Day 8**. Flush vein with NS 75 to 125 mL following infusion.

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

*****SEE PAGE 3 FOR TREATMENT CYCLE 9 onwards*****

DOCTOR SIGNATURE:

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UC:

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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** weeks for Doctor and Cycle _____. Book treatment Days 1 and 8 (Cycles 1 to 8 only).
- Return in **three** or **four** weeks (circle one) for Doctor and Cycle _____. Book treatment Day 1 only.
- Return in _____ week(s) for Doctor and Cycle(s) _____.
- Last Cycle. Return in _____ week(s).

Prior to each vinorelbine (i.e., **cycles 1 to 9 only**): **CBC & Diff**

If clinically indicated: **CBC & Diff** **total bilirubin** **GGT** **ALT** **LDH**
 alkaline phosphatase **creatinine** **urea** **albumin**
 CA 15-3 **echocardiogram** or **MUGA scan** **ECG**

- Other tests:**
- Consults:**
- See general orders sheet for additional requests.**

DOCTOR SIGNATURE:

SIGNATURE:

UC:

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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