



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: BRLAACDT

DATE:

TREATMENT: (Continued)

***** SEE PAGE 1 FOR TREATMENT CYCLES 1 TO 4 *****

CYCLE # 5 (Cycle 1 of trastuzumab and DOCEtaxel)

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			

DOCEtaxel 100 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
IV in 250 to 500 mL (non-DEHP bag) NS over 60 minutes (Use non-DEHP tubing)

CYCLE # 6

trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL 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 100 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
IV in 250 to 500 mL (non-DEHP bag) NS over 60 minutes (Use non-DEHP tubing)

CYCLE # 7 and # 8:

trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 30 minutes; 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			

DOCEtaxel 100 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
IV in 250 to 500 mL (non-DEHP bag) NS over 60 minutes (Use non-DEHP tubing)

acetaminophen 325 to 650 mg PO PRN for headache and rigors

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____ Post Cycle 1 only: Book filgrastim (G-CSF) SC teaching and first dose on Day _____ <input type="checkbox"/> Last Cycle. Return in three weeks for BRAJTR (to continue single agent trastuzumab)	
CBC & Diff prior to each cycle Prior to Cycle 5 : total bilirubin, ALT, alkaline phosphatase <input type="checkbox"/> MUGA scan or <input type="checkbox"/> ECHO (select one): prior to Cycle 5, then every <input type="checkbox"/> 3 months or <input type="checkbox"/> 4 months until completion of treatment If clinically indicated: <input type="checkbox"/> total bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> LDH <input type="checkbox"/> ALT <input type="checkbox"/> creatinine <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S 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