

PROTOCOL CODE: UBRAVTTCAP

DATE:

TREATMENT: (Continued)

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

OR

CYCLE #2

trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 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 pages of PPO. Complete table below (please print)

Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date
trastuzumab			

tucatinib* 300 mg PO BID on Days 1 to 21 continuously.

Dose modification if required:

- tucatinib* 250 mg** PO BID on Days 1 to 21 continuously
- tucatinib* 200 mg** PO BID on Days 1 to 21 continuously
- tucatinib* 150 mg** PO BID on Days 1 to 21 continuously

* Dispense in original container

capecitabine 1000 mg/m² x BSA x (_____%) = _____ mg PO BID x 14 days on Days 1 to 14.

Pharmacist to select **dose band** per last pages of PPO. Complete table below (Please print)

Drug	Dose Band (mg)	Pharmacist Initial and Date
capecitabine		

OR

CYCLE 3 and subsequent

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

Observe for 30 minutes post infusion. Observation period not required after 3 treatments with no reaction.

Pharmacist to select **brand** per Provincial Systemic Therapy Policy III-190 and **dose band** per last pages of PPO. Complete table below (please print)

Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date
trastuzumab			

tucatinib* 300 mg PO BID on Days 1 to 21 continuously.

Dose modification if required:

- tucatinib* 250 mg** PO BID on Days 1 to 21 continuously
- tucatinib* 200 mg** PO BID on Days 1 to 21 continuously
- tucatinib* 150 mg** PO BID on Days 1 to 21 continuously

* Dispense in original container

capecitabine 1000 mg/m² x BSA x (_____%) = _____ mg PO BID x 14 days on Days 1 to 14.

Pharmacist to select **dose band** per last pages of PPO. Complete table below (Please print)

Drug	Dose Band (mg)	Pharmacist Initial and Date
capecitabine		

acetaminophen 325 mg 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 _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<p>CBC & Diff, creatinine, total bilirubin, ALT prior to each cycle Cycle 1: weekly nursing assessment for tucatinib and capecitabine toxicity</p> <p>If clinically indicated:</p> <input type="checkbox"/> ECG <input type="checkbox"/> echocardiogram <input type="checkbox"/> MUGA scan <input type="checkbox"/> total protein <input type="checkbox"/> albumin <input type="checkbox"/> GGT <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> LDH <input type="checkbox"/> urea <input type="checkbox"/> CA 15-3 <input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to each cycle <input type="checkbox"/> Other tests: <input type="checkbox"/> Weekly nursing assessment for (specify concern): _____ <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

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CAPECITABINE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg)	Number of Tablets Per Dose	
From:	To:		150 mg	500 mg
226	375	300	2	
376	475	450	3	
476	575	500		1
576	725	650	1	1
726	900	800	2	1
901	1075	1000		2
1076	1225	1150	1	2
1226	1400	1300	2	2
1401	1575	1500		3
1576	1725	1650	1	3
1726	1900	1800	2	3
1901	2075	2000		4
2076	2225	2150	1	4
2226	2400	2300	2	4
2401	2575	2500		5
2576	2725	2650	1	5
2726	2900	2800	2	5
2901	3075	3000		6
3076	3225	3150	1	6
3226	3400	3300	2	6
3401	3575	3500		7
3576	3725	3650	1	7
3726	3900	3800	2	7