

Doctor's Order Sheet
HTCyclo Kanjinti (Cycle 1)
Kanjinti™ (trastuzumab) 8 mg/kg
- DOCEtaxel 75 -
cyclophosphamide 600 (Part I)

Name: _____
HCN: _____
Date of Birth: _____

ARIA Protocol Name: HTCyclo Kanjinti (trastuzumab)
Adult Chemotherapy - Medical Oncology
Adjuvant Breast Cancer Therapy



CC2240 0095 01 2021

Allergies: **No Known**

Date: DD/MONTH/YYYY Planned Administration Date: DD/MONTH/YYYY
Cycle _____ of _____ **Cycle Duration: 21 days** Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** 1.5 X 10⁹/L and platelets **greater than or equal to** 90 X 10⁹/L, otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS (FOR COMMUNITY PHARMACY)

dexamethasone 8 mg PO bid for 3 days starting the day before DOCEtaxel
Patient must receive a minimum of three doses prior to receiving treatment.
 Other: _____

PREMEDICATIONS (FOR HOSPITAL PHARMACY)

ondansetron 16 mg PO on day 1
 Other: _____

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.

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Weight: _____ kg Height: _____ cm Body Surface Area (BSA) = _____

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

normal saline 1000 mL IV over 60 minutes pre-cyclophosphamide on day 1

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

Kanjinti™ (trastuzumab) 8 mg/kg X Weight (kg) = _____ mg
IV in 250 mL normal saline over 90 minutes on day 1

cyclophosphamide 600 mg/m² X BSA = _____ mg
 Dose modification: **cyclophosphamide 600 mg/m²** X BSA - _____ % = _____ mg
IV in 100 to 250 mL normal saline over 60 minutes on day 1

DOCEtaxel 75 mg/m² X BSA = _____ mg
 Dose modification: **DOCEtaxel 75 mg/m²** X BSA - _____ % = _____ mg
IV in 250 to 500 mL normal saline PVC free bag over 60 minutes on day 1

POST-CHEMOTHERAPY (FOR COMMUNITY PHARMACY):

filgrastim (Brand: _____) _____ mcg **subcutaneous** daily for 7 days starting 24-48 hours post chemotherapy

pegfilgrastim (Brand: _____) **6 mg subcutaneous** for one dose 24-48 hours post chemotherapy

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Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

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