

Doctor's Order Sheet
 TCarboH (Kanjinti) (Cycle 1)
 Regimen **Kanjinti™ (trastuzumab)**
8mg/kg - DOCEtaxel -
CARBOplatin AUC 6 (Part I)

Name _____
 HCN _____
 Date of Birth: _____

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



CC2260 0097 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** 100 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 doses starting the day before chemotherapy, then **4 mg PO bid for 3 doses** after chemotherapy. Patient must receive a minimum of three doses prior to receiving treatment.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):
 ondansetron 16 mg PO
 fosaprepitant 150 mg IV in 150 mL normal saline over 30 minutes

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.

Doctor's Order Sheet
 TCarboH (Kanjinti) (Cycle 1)
 Regimen **Kanjinti™ (trastuzumab)**
8mg/kg - DOCEtaxel -
CARBOplatin AUC 6 (Part II)

Name: _____

HCN: _____

Date of Birth: _____

ARIA Protocol Name: TCarboH Kanjinti (trastuzumab)

Adult Chemotherapy- Medical Oncology

Adjuvant Breast Cancer Therapy



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

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

DOCEtaxel 75 mg/m² X BSA = _____ mg

Dose modification: DOCEtaxel 75 mg/m² X BSA - _____% = _____ mg

IV in 250 mL normal saline (PVC-free bag) over 60 minutes on day 1

Doses greater than 185 mg must be diluted in 500 mL normal saline (PVC-free bag)

CARBOplatin AUC 6 = _____ mg

Dose modification: CARBOplatin AUC 6 - _____% = _____ mg

IV in 250 mL normal saline over 30 minutes on day 1

POST-CHEMOTHERAPY (FOR COMMUNITY PHARMACY):

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

peg-filgrastim (Brand: _____) 6 mg subcutaneous x one dose 24-48 hours post chemotherapy

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: _____

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