



Doctor's Order Sheet
TCarboH (Kanjinti) (Post Cycle 1)
Regimen **Kanjinti™ (trastuzumab)**
6mg/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



CC2270 0098 01 2021

Allergies:

No Known

Date: DD/MONTH/YYYY
Cycle _____ of _____

Cycle Duration: 21 days

Planned Administration Date: DD/MONTH/YYYY
Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** $1.5 \times 10^9/L$ and platelets **greater than or equal to** $100 \times 10^9/L$, 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** on day 1
- fosaprepitant 150 mg IV** in 150 mL normal saline over 30 minutes on day 1

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) (Post Cycle 1)
Regimen **Kanjinti™ (trastuzumab)**
6mg/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



CC2270 0098 01 2021

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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

Kanjinti™ (trastuzumab) 6 mg/kg X Weight (kg) = _____ mg

IV in 250 mL normal saline over 60 minutes on day 1, **Cycles 2 to 18**

Cycles 3 - 18 can be administered over 30 minutes if no adverse reaction

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, **Cycles 2 to 6**

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, **Cycles 2 to 6**

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 for 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: _____

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