

Doctor's Order Sheet  
Kadcyla® Regimen:  
**ADO-trastuzumab EMTANSINE**  
**ARIA Protocol Name:** Kadcyla Adjuvant  
Adult Chemotherapy - Medical Oncology  
Adjuvant Breast Cancer

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



CC3440 0155 04 2021

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

**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**  $1 \times 10^9/L$  and platelets **greater than or equal to**  $75 \times 10^9/L$ , otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

**PREMEDICATIONS (FOR HOSPITAL PHARMACY):**

☐ metoclopramide 10 mg PO

☐ Other: \_\_\_\_\_

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

☐ **Kadcyla® (ADO-trastuzumab EMTANSINE) 3.6 mg/kg X wt (kg) = \_\_\_\_\_ mg**

☐ Dose modification: **Kadcyla® (ADO-trastuzumab EMTANSINE) 3 mg/kg X wt (kg) = \_\_\_\_\_ mg**

☐ Dose modification: **Kadcyla® (ADO-trastuzumab EMTANSINE) 2.4 mg/kg X wt (kg) = \_\_\_\_\_ mg**

**IV** in 250 mL normal saline over 90 minutes on day 1

If no reaction observed in cycle 1, subsequent cycles may be administered 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.