

Doctor's Order Sheet
**CISplatin 75 - PACLitaxel 175
 - Kanjinti® (trastuzumab)
 6 mg/kg Cycles 2 to 6
 Regimen (Part I)**

ARIA Protocol Name: Cisp75 Pac175 Kanjinti (trastuzumab)
 Adult Chemotherapy - Gynecologic Oncology
 Advanced Endometrial Cancer Therapy



CC3870 0198 05 2022

Name: _____

HCN: _____

Date of Birth: _____

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 X 10⁹/L and platelets **greater than or equal to** 100 X 10⁹/L, otherwise notify Gynecologic Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

- 45 minutes prior to PACLitaxel: dexamethasone 20 mg IV** in 50 mL normal saline over 15 minutes on day 1
- 30 minutes prior to PACLitaxel: diphenhydrAMINE 50 mg IV** in 50 mL normal saline over 15 minutes on day 1
 Administer concurrently with famotidine via y-site
- 30 minutes prior to PACLitaxel: famotidine 20 mg IV** in 100 mL normal saline over 15 minutes on day 1
 Administer concurrently with diphenhydrAMINE via y-site
- fosaprepitant 150 mg IV** in 150 mL normal saline over 30 minutes on day 2
- dexamethasone 8 mg PO** on day 2
- ondansetron 8 mg PO** on day 2
- Other: _____

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

- sodium chloride 0.9% 1000 mL IV** hydration over 60 minutes pre-CISplatin on day 2

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
**CISplatin 75 - PACLitaxel 175
 - Kanjinti® (trastuzumab)
 6 mg/kg Cycles 2 to 6
 Regimen (Part II)**

ARIA Protocol Name: Cisp75 Pac175 Kanjinti (trastuzumab)
 Adult Chemotherapy - Gynecologic Oncology
 Advanced Endometrial Cancer Therapy



CC3870 0198 05 2022

Name: _____

HCN: _____

Date of Birth: _____

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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

- PACLitaxel 175 mg/m² X BSA = _____ mg on day 1**
 - Dose modification: **PACLitaxel 175 mg/m² X BSA - _____ % = _____ mg**
 - IV in 500 mL normal saline PVC Free over 180 minutes on day 1**

- Kanjinti® (trastuzumab) 6 mg/kg X Weight (kg) = _____ mg**
 - IV in 250 mL normal saline over 60 minutes on day 1**
 - Cycles 3 - 6 can be administered over 30 minutes if no adverse reaction

- CISplatin 75 mg/m² X BSA = _____ mg + mannitol 25 grams**
 - Dose modification: **CISplatin 75 mg/m² X BSA - _____ % = _____ mg + mannitol 25 grams**
 - IV in 500 mL normal saline infused at 1 mg/min on day 2**

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

- magnesium sulfate 2 grams and potassium chloride 20 mEq IV in 1000 mL normal saline over 120 minutes post-CISplatin on day 2**

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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