



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

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

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

Doctor's Order Sheet

**Perjeta®(PERTuzumab) 420 mg**  
**- Kanjinti®(trastuzumab) 6 mg/kg**  
**- Abraxane®(nab-PACLitaxel) 100**

Regimen: Post Cycle 1 (Part II)

**ARIA Protocol Name: PERT/Kanjinti(trastuzumab)21 ABRAX100**

Adult Chemotherapy - Medical Oncology

Metastatic Breast Cancer Therapy



CC3950 0206 06 2022

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

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

**Perjeta® (PERTuzumab) 420 mg**

**IV** in 250 mL normal saline over 60 minutes on day 1

Cycle 3 and beyond can be administered over 30 minutes if no previous adverse reaction

**Kanjinti® (trastuzumab) 6 mg/kg X Weight (kg) = \_\_\_\_\_ mg**

**IV** in 250 mL normal saline over 60 minutes on day 1

Cycle 3 and beyond can be administered over 30 minutes if no previous adverse reaction

**Abraxane® (nab-PACLitaxel) 100 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg**

Dose modification: **Abraxane® (nab-PACLitaxel) 100 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg**

**IV** in empty Viaflex bag over 30 minutes on days 1 and 8

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.