

Doctor's Order Sheet

**pembrolizumab 4 mg/kg -
Kanjinti (trastuzumab) 4/6 mg/kg -
OXALiplatin 85 - leucovorin 400
- fluorouracil 400 - fluorouracil
2400 Regimen Cycle 1 (Part I)**

Name: _____

HCN: _____

Date of Birth: _____

ARIA Protocol Name: pembrolizumab Kanjinti (trastuzumab) FOLFOX 85
Adult Chemotherapy - Medical Oncology

Metastatic or inoperable locally advanced gastric, gastroesophageal junction or esophageal adenocarcinoma



CC7080 0528 12 2024

Allergies:

No Known

Date: DD/MONTH/YYYY

Planned Administration Date: DD/MONTH/YYYY

Cycle _____ of _____

Cycle Duration: 42 days

Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** $1.2 \times 10^9/L$ and platelets **greater than or equal to** $75 \times 10^9/L$, otherwise notify Medical Oncologist
- Creatinine clearance assessed.
- LFTs and Bilirubin assessed
- Thyroid function assessed

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

ondansetron 8 mg PO on day 1, 15 and 29

dexamethasone 8 mg PO on day 1, 15 and 29

Other: _____

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.

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**pembrolizumab 4 mg/kg -
 Kanjinti (trastuzumab) 6/4 mg/kg -
 OXALIplatin 85 - leucovorin 400
 - fluorouracil 400 - fluorouracil
 2400 Regimen Cycle 1 (Part II)**

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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

- pembrolizumab 4 mg/kg** X weight (kg) = _____ **mg** (Cap dose at 400mg)
 IV in 50 mL normal saline over 30 minutes on day 1
- Kanjinti® (trastuzumab) 6 mg/kg** X weight (kg) = _____ **mg**
 IV in 250 mL normal saline over 90 minutes on day 1
- Kanjinti® (trastuzumab) 4 mg/kg** X weight (kg) = _____ **mg**
 IV in 250 mL normal saline over 60 minutes on day 15 and over 30 minutes on day 29
- OXALIplatin 85 mg/m²** X BSA = _____ **mg**
 Dose modification: **OXALIplatin 85 mg/m²** X BSA - _____ % = _____ **mg**
 IV in 500 mL D5W over 120 minutes on day 1, 15 and 29
- leucovorin 400 mg/m²** X BSA= _____ **mg**
 IV in 250 mL D5W over 120 minutes on day 1, 15 and 29
- fluorouracil 400 mg/m²** X BSA= _____ **mg**
 Dose modification: **fluorouracil 400 mg/m²** X BSA - _____ % = _____ **mg**
 IV push on day 1, 15 and 29
- fluorouracil 2400 mg/m²** X BSA= _____ **mg**
 Dose modification: **fluorouracil 2400 mg/m²** X BSA - _____ % = _____ **mg**
 IV in D5W continuously over 46 hours on day 1, 15 and 29

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