Regimen Reference Order – BRST – AC + PACLitaxel

ARIA: BRST – [AC + q7days PACLitaxel]

Planned Course: **AC every 21 days for 4 cycles, followed by PACLitaxel every week for 12 weeks (1 cycle = 21 days)**

Indication for Use: **Breast Cancer Adjuvant or Neo-Adjuvant**

CVAD: Preferred (VESICANT INVOLVED)

Proceed with treatment if:

- ***ANC equal to or greater than 1 x 10^9/L AND Platelets equal to or greater than 100 x 10^9/L***

Cycles 1 – 4

- ***Creatinine clearance greater than 10 mL/min***
- ***Bilirubin less than upper limit of normal***
- ***AST/ALT less than 2 times upper limit of normal***

Cycles 5 – 8

- ***Bilirubin less than 1.25 times upper limit of normal***
- ***AST/ALT less than 10 times upper limit of normal***
  - ❖ **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Cycles 1 to 4 (AC)		
Instruct patient to start vigorous oral pre-hydration (600 – 900 mL) the morning of cyclophosphamide treatment **(Self-administered at home)**		

Treatment Regimen – BRST – AC + PACLitaxel

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycles 1 to 4 – AC		
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
OLANZapine	2.5 mg	Orally 30 minutes pre-chemotherapy
DOXOrubicin	60 mg/m^2	IV Push over 10 – 15 minutes

cyclophosphamide	600 mg/m^2	IV in normal saline 250 mL over 1 hour
Cycles 5 to 8 – PACLitaxel		
famotidine	40 mg	Orally 1 hour prior to PACLitaxel on Days 1, 8 and 15
cetirizine	10 mg	Orally 1 hour prior to PACLitaxel on Days 1, 8 and 15
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes on Days 1, 8 and 15
Wait 30 minutes after completion of IV pre-medications before starting PACLitaxel		
PACLitaxel	80 mg/m^2	IV in normal saline 250 mL over 1 hour on Days 1, 8 and 15 *Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter*

In the event of an infusion-related hypersensitivity reaction, refer to the '**Hypersensitivity Reaction Standing Order'**

REQUIRED MONITORING

Cycles 1 to 4 (AC)

- CBC and biochemistry as per Physician Orders
- Left Ventricular Ejection Fraction (LVEF) monitoring is recommended at baseline and as clinically indicated

Cycles 5 to 8 (PACLitaxel)

Day 1

- CBC and liver enzymes as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- No observation period required after PACLitaxel administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Days 8 and 15

- CBC as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- No observation period required after PACLitaxel administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
Cycles 1 to 4 – AC		
aprepitant	80 mg	Orally on Days 2 and 3
dexamethasone	8 mg	Orally once daily on Days 2, 3 and 4
OLANZapine	2.5 mg	Orally the evening of Day 1 then twice daily on Days 2, 3 and 4. Also use OLANZapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 1 to 4) up to maximum of 10 mg per day. Contact clinic if nausea/vomiting is not

		adequately controlled
Cycles 5 to 8 – PACLitaxel		
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

Cycles 1 to 4 (AC)

- Instruct patient to:
  - Continue taking anti-emetic(s) at home. Patients should be instructed not to use olanzapine and metoclopramide concurrently due to drug interactions
  - Maintain oral intake of 2000 mL (8 glasses) of fluid daily at home
  - Empty bladder every 2 hours while awake and at bedtime for 24 hours
  - Obtain immediate assistance as per your clinic's contact instructions if:
    - Symptoms of hemorrhagic cystitis (e.g. dysuria, hematuria)
    - Unable to drink recommended amount of fluid
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

Cycle 5 to 8 (PACLitaxel)

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Continue taking anti-emetic(s) at home
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- PACLitaxel may cause progressive, irreversible neuropathy
- Cumulative DOXOrubicin dose should be calculated and should not exceed 360 mg/m^2. If exceeding 360 mg/m^2, consideration to adding dexrazoxane should be given if patient is benefiting from DOXOrubicin therapy