

Regimen Reference Order – BRST – AC

ARIA: BRST – [AC (ADJ)]

BRST – [AC (MET)]

Planned Course: Adjuvant: Every 21 days for 4 cycles
OR
Metastatic: Every 21 days until disease progression or unacceptable toxicity

Indication for Use: Breast Cancer

CVAD: Preferred (VESICANT INVOLVED)

Proceed with treatment if:

ANC equal to or greater than $1.5 \times 10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$

❖ Contact Physician if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

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

Treatment Regimen – BRST – AC

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
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 to 15 minutes
cyclophosphamide	600 mg/m ²	IV in normal saline 250 mL over 1 hour

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

REQUIRED MONITORING

All cycles

- CBC, biochemistry and liver enzymes as per Physician Orders

Cardiac Monitoring

- Left Ventricular Ejection Fraction (LVEF) monitoring is recommended at baseline and as clinically indicated

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
aprepitant	80 mg	Orally once daily 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

DISCHARGE INSTRUCTIONS

- Instruct patient to:
 - Continue taking anti-emetic(s) at home
 - 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

ADDITIONAL INFORMATION

- Cumulative DOXOrubicin dose should be calculated and should not exceed 360 mg/m². If exceeding 360 mg/m², consideration to adding dexrazoxane should be given if patient is benefiting from DOXOrubicin therapy