

Regimen Reference Order – BRST – AC + PACLitaxel (Dose Dense)

ARIA: BRST - [dose dense AC-PACL]

Planned Course: AC every 14 days for 4 cycles, followed by PACLitaxel every 14 days for 4 cycles

Indication for Use: Breast Cancer Adjuvant or Neo-Adjuvant

CVAD: Preferred (VESICANT INVOLVED)

Proceed with treatment if:

Cycles 1 to 4 (AC)

- ANC equal to or greater than $1 \times 10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$
- Creatinine clearance greater than 10 mL/minute
- Bilirubin less than upper limit of normal
- AST/ALT less than 2 times upper limit of normal

Cycles 5 to 8 (PACLitaxel)

- ANC equal to or greater than $1 \times 10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$
 - 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 (Dose Dense)

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 to 15 minutes
cyclophosphamide	600 mg/m^2	IV in normal saline 250 mL over 1 hour

Cycles 5 to 8 – PACLitaxel		
cetirizine	20 mg	Orally 1 hour prior to PACLitaxel
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes 1 hour prior to PACLitaxel <i>*Nursing Alert: PACLitaxel starts 1 hour after completion of dexamethasone infusion</i>
Wait 1 hour after completion of IV pre-medication(s) before starting PACLitaxel		
PACLitaxel	175 mg/m ²	IV in normal saline 500 mL over 3 hours, following the administration rates below: <ul style="list-style-type: none"> • Administer at 100 mL/hour for 15 minutes, then • Administer remaining volume over 2 hours and 45 minutes <i>Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter</i> <i>*Nursing Alert: Gently invert bag 8 to 10 times immediately prior to administration of PACLitaxel to evenly distribute the drug</i>

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

REQUIRED MONITORING

Cycles 1 to 4 (AC)

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

Cycle 5 to 8 (PACLitaxel)

- CBC, biochemistry and liver enzymes as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ 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		
pegfilgrastim (brand name specific) (See Filgrastim Clinical Guide)	6 mg	Subcutaneous once on Day 2 <i>*Alert: pegfilgrastim to be given as a single dose once per chemotherapy cycle no sooner than 24 hours after chemotherapy</i>
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 a maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled
Cycles 5 to 8 – PACLitaxel		
pegfilgrastim (brand name specific) (See Filgrastim Clinical Guide)	6 mg	Subcutaneous once on Day 2 <i>*Alert: pegfilgrastim to be given as a single dose once per chemotherapy cycle no sooner than 24 hours after chemotherapy</i>
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

Cycles 1 to 4 (AC)

- Ensure patient receives pegfilgrastim supply if patient is self-administering at home
- Instruct patient to:
 - Continue taking anti-emetics(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 after each dose of cyclophosphamide
 - 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

Cycles 5 to 8 (PACLitaxel)

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Ensure patient receives pegfilgrastim supply if patient is self-administering at home
- Instruct patient to 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/m². If exceeding 360 mg/m², consideration to adding dexrazoxane should be given if patient is benefiting from DOXOrubicin therapy