

## Regimen Reference Order – BRST – FEC-D

ARIA: BRST - [FEC - D]

Planned Course: Every 21 days for 6 cycles (Cycles 1 to 3 FEC-100, Cycles 4 to 6 DOCEtaxel)

Indication for Use: Breast Cancer Adjuvant

CVAD: Preferred (VESICANT INVOLVED)

### Proceed with treatment if:

ANC equal to or greater than  $1 \times 10^9/L$  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
<b>Cycles 1 to 3 – FEC</b>		
Instruct patient to start vigorous oral pre-hydration (600-900 mL) the morning of cyclophosphamide treatment (Self-administered at home)		
<b>Cycles 4 to 6 – DOCEtaxel</b>		
dexamethasone	8 mg	Orally twice daily the day before DOCEtaxel treatment and one dose the morning of DOCEtaxel treatment (Self-administered at home) <i>*Nursing Alert: Notify physician if patient has not taken dexamethasone. dexamethasone is prescribed to prevent infusion reactions</i>

### Treatment Regimen – BRST – FEC-D

Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
<b>Cycles 1 to 3 – FEC</b>		
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
OLANzapine	2.5 mg	Orally 30 minutes pre-chemotherapy
epiRUBicin	$100 \text{ mg/m}^2$	IV Push over 10 to 15 minutes
fluorouracil	$500 \text{ mg/m}^2$	IV Push over 3 to 5 minutes
cyclophosphamide	$500 \text{ mg/m}^2$	IV in normal saline 250 mL over 1 hour

Cycles 4 to 6 – DOCEtaxel		
DOCEtaxel	100 mg/m <sup>2</sup>	<p>IV in normal saline 250 mL over 1 hour, following the administration rates below:</p> <ul style="list-style-type: none"> <li>• Administer at 100 mL/hour for 15 minutes, then</li> <li>• Administer remaining volume over 45 minutes</li> </ul> <p><i>Use non-DEHP bags and non-DEHP administration sets</i></p> <p><b>OR</b></p> <p><b>For 500 mL bags</b> (when Pharmacy must prepare DOCEtaxel in 500 mL normal saline for concentration-dependent stability):</p> <p>IV in normal saline 500 mL over 1 hour, following the administration rates below:</p> <ul style="list-style-type: none"> <li>• Administer at 200 mL/hour for 15 minutes, then</li> <li>• Administer remaining volume over 45 minutes</li> </ul> <p><i>Use non-DEHP bags and non-DEHP administration sets</i></p>
normal saline	100 mL	<p><b>ONLY</b> for patients with a PORT</p> <p>IV over 12 minutes</p> <p><i>*Nursing Alert: This volume is to be administered after standard flush</i></p>

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

## REQUIRED MONITORING

### Cardiac monitoring

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

### All Cycles

- CBC, biochemistry and liver enzymes as per Physician Orders

### Cycles 4 to 6

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O<sub>2</sub> saturation) at baseline and as clinically indicated
- No observation period required after DOCEtaxel 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
<b>Cycles 1 to 3 – FEC</b>		
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
<b>Cycles 4 to 6 – DOCEtaxel</b>		
Drug	Dose	CCMB Administration Guideline
pegfilgrastim (brand name specific) (See Filgrastim Clinical Guide)	6 mg	Subcutaneous once on Day 3 <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

### All Cycles

- 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

### Cycles 1 to 3 (FEC)

- Instruct patient to:
  - 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

### Cycles 4 to 6 (DOCEtaxel)

- 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

## ADDITIONAL INFORMATION

- Not applicable