National Comprehensive Cancer Network®

Chemotherapy Order Template™

Breast Cancer

AC (DOXOrubicin/Cyclophosphamide) Every 21 Days →DOCEtaxel Every 21 Days + Trastuzumab

AC (DOXOrubicin/Cyclophosphamide) Every 21 Days Course

INDICATION:
Adjuvant

REFERENCES:

1. NCCN Clinical Practice Guidelines in Oncology™ Breast Cancer. V.1.2010.
2. Robert N, et al. *J Clin Oncol*. 2007; 25(18S):19647.[b]

NCCN SUPPORTIVE CARE:
1. *Emetic Risk:* Day 1 High
2. *Fever Neutropenia Risk:* Intermediate

CHEMOTHERAPY REGIMEN

21-day cycle for 4 cycles

- **DOXOrubicin** 60 mg/m^2 IV Push on Day 1
- See *Safety Parameters and Special Instructions* for information on slow IV Push administration.
- **Cyclophosphamide** 600 mg/m^2 IV over 30 minutes on Day 1
- Oral hydration is strongly encouraged with cyclophosphamide; poorly hydrated patients may need supplemental IV hydration. Patients should attain combined oral and IV hydration of 2 – 3 L/day on day of chemotherapy.
  See *Other Supportive Therapy* for example of recommended hydration.

This course is 4 cycles of AC (DOXOrubicin and cyclophosphamide) Every 21 Days.
DOCEtaxel Every 21 Days and trastuzumab course is initiated following completion of this course.
Please see Order Template BRS27b for DOCEtaxel Every 21 Days and trastuzumab course.

SUPPORTIVE CARE

Antiemetic therapy (See www.nccn.org/professionals/physician_gls/PDF/antiemesis.pdf)

Days 1 – 4

- 5-HT3 antagonist:
  Dolasetron 100 mg PO or 1.8 mg/kg IV or 100 mg IV Day 1
  OR
  Granisetron 2 mg PO daily or 1 mg PO BID or 0.01 mg/kg (maximum 1 mg) IV daily Day 1 or transdermal patch containing 34.3 mg granisetron applied 24 – 48 hours prior to first dose of chemotherapy; maximum duration of patch is 7 days
  OR
  Ondansetron 16 – 24 mg PO or 8 – 12 mg (maximum 32 mg/day) IV Day 1
  OR
  Palonosetron 0.25 mg IV Day 1
  AND
- Dexamethasone 12 mg PO/IV Day 1, then 8 mg PO/IV Days 2 – 4
  AND
- Aprepitant 125 mg PO or fosaprepitant 115 IV Day 1, aprepitant 80 mg PO Days 2 – 3
- Lorazepam 0.5 – 2 mg PO/IV or sublingual every 4 or every 6 hours as needed Days 1 – 4
- ± H_2 blocker or proton pump inhibitor

Template continued on page 2

PRN for breakthrough: Patients should be given at least one medication in a different category than that given above to have as needed for breakthrough. Please consult the NCCN Clinical Practice Guidelines in Oncology™ Antiemesis for appropriate antiemetic therapy.

Myeloid growth factor therapy (See www.nccn.org/professionals/physician_gls/PDF/myeloid_growth.pdf)

CSFs not generally recommended as primary prophylaxis based on FN risk of chemotherapy regimen. For more information on prophylaxis of FN, refer to NCCN Clinical Practice Guidelines in Oncology™ Myeloid Growth Factors and Appendix C to the NCCN Chemotherapy Order Templates.

Other Supportive Therapy

- For cyclophosphamide: *Example of recommended hydration*: Sodium chloride 0.9% infused IV at a rate of 1.5 – 3 mL/kg/hour for a total of 500 mL on day of chemotherapy.

MONITORING AND HOLD PARAMETERS

- CBC with differential should be assessed routinely for potential dose evaluation.
- For DOXOrubicin:
  - DOXOrubicin is an anthracycline. Cumulative anthracycline dosage should be monitored.
  - Ejection fraction should be assessed prior to initiation of treatment and as clinically indicated.
  - Liver function should be assessed prior to each cycle for potential dose evaluation.
- For cyclophosphamide: Renal function should be assessed prior to each cycle for potential dose evaluation.

SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS

- For DOXOrubicin:
  - **DOXOrubicin is a vesicant.**
  - This agent is administered IV Push. The preferred IV Push method for a vesicant is administration through the side port of a freely flowing IV; alternatively, the drug can be administered via direct IV push.
- For aprepitant and fosaprepitant: Refer to Appendix D for specific information regarding associated drug interactions.