



National
Comprehensive
Cancer
Network®

NCCN Templates®

Breast Cancer

AC (DOXOrubicin/Cyclophosphamide) Every 21 Days
followed by PACLitaxel Weekly

BRS6b

PACLitaxel Weekly Course

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INDICATION:	REFERENCES:	NCCN SUPPORTIVE CARE:
Adjuvant	<ol style="list-style-type: none">1. NCCN Clinical Practice Guidelines in Oncology™ Breast Cancer. V.2.2012.2. Romond EH, et al. <i>N Engl J Med.</i> 2005;353(16):1673-84.^b	<ol style="list-style-type: none">1. <i>Emetic Risk: Day 1 Low</i>2. <i>Fever Neutropenia Risk: Refer to NCCN Clinical Practice Guidelines in Oncology™ Myeloid Growth Factors. V.1.2012.</i>

CHEMOTHERAPY REGIMEN

Weekly for 12 weeks

- **PACLitaxel** 80 mg/m² IV over 60 minutes on Day 1

This course is 12 weeks of weekly PACLitaxel.

This course is initiated following completion of the AC (DOXOrubicin/cyclophosphamide) Every 21 Days course.

Please see Order Template BRS6a for the AC (DOXOrubicin/cyclophosphamide) Every 21 Days course.

SUPPORTIVE CARE

Premedications

- PACLitaxel requires premedication for hypersensitivity:
 - **H₂ antagonist:**
Famotidine 20 mg IV/PO 30 – 60 minutes pre-PACLitaxel
OR
Ranitidine 50 mg IV or 150 mg PO 30 – 60 minutes pre-PACLitaxel
OR
Cimetidine 300 mg IV/PO 30 – 60 minutes pre-PACLitaxel
AND
 - **H₁ antagonist:**
Diphenhydramine 12.5 – 50 mg IV/PO 30 – 60 minutes pre-PACLitaxel
AND
 - **Dexamethasone:**
Dexamethasone 10 mg IV 30 minutes pre-PACLitaxel
In the absence of infusion reactions for Doses 1 – 3, may consider
Dexamethasone 4 mg IV 30 minutes pre-PACLitaxel starting with Dose 4

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

Day 1

No additional dexamethasone needed on Day 1 if dexamethasone already given for hypersensitivity.

- Dexamethasone 12 mg PO/IV Day 1
OR
- Metoclopramide 10 – 40 mg PO/IV before dose and then as needed every 4 or every 6 hours Day 1
OR
- Prochlorperazine 10 mg PO/IV before dose and then as needed every 4 or every 6 hours Day 1
- ± Lorazepam 0.5 – 2 mg PO/IV every 4 or every 6 hours as needed Day 1
- ± H₂ blocker or proton pump inhibitor

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PRN for breakthrough: All patients should be provided with at least one medication for breakthrough emesis. Choose a medication in a different category (or drug class) than scheduled antiemetics. Please consult the NCCN Clinical Practice Guidelines in Oncology™ Antiemesis for appropriate antiemetic therapy.

MONITORING AND HOLD PARAMETERS

- CBC with differential should be assessed as clinically indicated for potential dose modification.
- For PACItaxel:
 - Liver function should be assessed prior to first dose and as clinically indicated for potential dose modification.
 - Hypersensitivity reaction may occur with infusion. Monitor for and treat hypersensitivity reactions per institutional standard.
 - Signs and symptoms of neurotoxicity should be assessed as clinically indicated. Modifications of chemotherapy may be warranted.

SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS

- For PACItaxel:
 - PACItaxel is an irritant.
 - PACItaxel should be prepared either in glass or non-PVC containers and administered through non-PVC tubing and an in-line filter of not greater than 0.22 microns.

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