



National
Comprehensive
Cancer
Network®

BRS6b

NCCN Templates® Breast Cancer AC (DOXOrubicin/Cyclophosphamide) Every 21 Days followed by PACLitaxel Weekly

PACLitaxel Weekly Course

page 1 of 2

INDICATION: Adjuvant	REFERENCES: 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	NCCN SUPPORTIVE CARE: 1. <i>Emetic Risk:</i> Day 1 Low 2. <i>Fever Neutropenia Risk:</i> Refer to NCCN Clinical Practice Guidelines in Oncology™ Myeloid Growth Factors. V.1.2012.
------------------------------------	---	---

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

Template continued on page 2

NCCN Chemotherapy Order Templates (NCCN Templates®) are peer-reviewed statements of the consensus of its authors derived from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) regarding their views of currently accepted approaches to treatment. An NCCN Template does not constitute an order. Any clinician seeking to treat a patient using the NCCN Templates® is expected to use independent medical judgment in the context of individual clinical circumstances of a specific patient's care or treatment. NCCN disclaims all warranties, express or implied including, without limitation, the implied warranties of merchantability and fitness for a particular purpose. NCCN does not warrant the accuracy, currency, or completeness of the NCCN Templates or make any representation regarding the use or the results of the use of the NCCN Templates in treatment. In no event shall NCCN or its members be liable for any damages including, without limitation, incidental, indirect, special, punitive, or consequential damages arising out of or in connection with the use of the NCCN Templates including, without limitation, loss of life, loss of data, loss of income or profit, losses sustained as a result of any injury to any person, or loss or damage to property or claims of third parties.



National
Comprehensive
Cancer
Network®

BRS6b

NCCN Templates®

Breast Cancer

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

PACLitaxel Weekly Course

page 2 of 2

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 PACLitaxel:
 - 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 PACLitaxel:
 - PACLitaxel is an irritant.
 - PACLitaxel 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.

NCCN Chemotherapy Order Templates (NCCN Templates®) are peer-reviewed statements of the consensus of its authors derived from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) regarding their views of currently accepted approaches to treatment. An NCCN Template does not constitute an order. Any clinician seeking to treat a patient using the NCCN Templates® is expected to use independent medical judgment in the context of individual clinical circumstances of a specific patient's care or treatment. NCCN disclaims all warranties, express or implied including, without limitation, the implied warranties of merchantability and fitness for a particular purpose. NCCN does not warrant the accuracy, currency, or completeness of the NCCN Templates or make any representation regarding the use or the results of the use of the NCCN Templates in treatment. In no event shall NCCN or its members be liable for any damages including, without limitation, incidental, indirect, special, punitive, or consequential damages arising out of or in connection with the use of the NCCN Templates including, without limitation, loss of life, loss of data, loss of income or profit, losses sustained as a result of any injury to any person, or loss or damage to property or claims of third parties.