National Comprehensive Cancer Network®

NCCN Templates®

Breast Cancer

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

PACLItaxel Weekly Course

INDICATION:	REFERENCES:	NCCN SUPPORTIVE CARE:
Adjuvant	1. NCCN Clinical Practice Guidelines in Oncology™ Breast Cancer. V.2.2012. 2. Romond EH, et al. *N Engl J Med.* 2005;353(16):1673-84.[b]	1. *Emetic Risk:* Day 1 Low 2. *Fever Neutropenia Risk:* Refer to NCCN Clinical Practice Guidelines in Oncology™ Myeloid Growth Factors. V.1.2012.

CHEMOTHERAPY REGIMEN

Weekly for 12 weeks

- **PACLItaxel** 80 mg/m^2 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:
  - **H_2 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
  - **H_1 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
- ± H_2 blocker or proton pump inhibitor

Template continued on page 2

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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 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.