Regimen Reference Order – BRST – DOXOrubicin

ARIA: BRST – [DOXOrubicin (q 7 days)]

Planned Course: Every 21 days (Days 1, 8 and 15) for a total of 6 to 8 cycles
Indication for Use: Breast Cancer Metastatic

CVAD: Preferred (VESICANT INVOLVED)

Proceed with treatment if:

ANC equal to or greater than 1.5 x 10^9/L AND Platelets equal to or greater than 90 x 10^9/L

- **Contact Physician if parameters not met**

***Note:* Hepatitis B serology results must be reviewed in accordance with CCMB Policy Hepatitis B Monitoring for Oncology and Hematology Patients**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – BRST – DOXOrubicin

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
ondansetron	8 mg	Orally 30 minutes pre-chemotherapy on **Days 1, 8, 15**
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy on **Days 1, 8, 15**
DOXOrubicin	20 mg/m^2	IV Push over 10 to 15 minutes on **Days 1, 8, 15**

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

REQUIRED MONITORING

Hepatitis B serology
- Hepatitis B surface antigen and Hepatitis B core antibody (drawn within preceding 5 years)

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

All Cycles
Day 1
- CBC, LFTs and total bilirubin as per Physician Orders

Days 8 and 15
- CBC as per Physician Orders

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- 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

ADDITIONAL INFORMATION

- Cumulative DOXOrubicin dose should be calculated and should not exceed 360 mg/m^2. If exceeding 360 mg/m^2, consideration to adding dexrazoxane should be given if patient is benefiting from DOXOrubicin therapy
- Due to the risk of reactivation of Hepatitis B virus (HBV) while on this treatment regimen, prescriber must adhere to CCMB Policy ***Hepatitis B Monitoring for Oncology and Hematology Patients*** for ordering and interpreting HBV serology and prescribing antiviral prophylaxis