

## Regimen Reference Order – BRST – DOXOrubicin

ARIA: BRST – [DOXOrubicin (q 7 days)]

Planned Course: Every 21 days 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  $1.5 \times 10^9/L$  AND Platelets equal to or greater than  $90 \times 10^9/L$**

❖ Contact Physician if parameters not met

### 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 <b>Days 1, 8, 15</b>
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy on <b>Days 1, 8, 15</b>
DOXOrubicin	20 mg/m <sup>2</sup>	IV Push over 10 to 15 minutes on <b>Days 1, 8, 15</b>

Flush after each medication:

- 50 mL over 6 minutes (500 mL/hr)

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

### REQUIRED MONITORING

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

### Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
metoclopramide	10 – 20 mg	Orally every 4 – 6 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  $360 \text{ mg/m}^2$ . If exceeding  $360 \text{ mg/m}^2$ , consideration to adding dexrazoxane should be given if patient is benefiting from DOXOrubicin therapy