

Regimen Reference Order – BRST – FEC-50

ARIA: BRST – [FEC-50]

Planned Course: Every 21 days until disease progression or unacceptable toxicity

Indication for Use: Breast Cancer Metastatic

CVAD: Preferred (VESICANT INVOLVED)

Proceed with treatment if:

ANC equal to or greater than $1 \times 10^9/L$ AND Platelets equal to or greater than $75 \times 10^9/L$

❖ **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
Instruct patient to start vigorous oral pre-hydration (600 – 900 mL) the morning of cyclophosphamide treatment (Self-administered at home)		

Treatment Regimen – BRST – FEC-50

Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
epiRUBicin	50 mg/m ²	IV Push over 10 to 15 minutes
fluorouracil	500 mg/m ²	IV Push over 3 to 5 minutes
cyclophosphamide	500 mg/m ²	IV in normal saline 250 mL over 1 hour

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)

Cardiac monitoring

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

All Cycles

- CBC, biochemistry, and liver enzymes as per Physician Orders

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
aprepitant	80 mg	Orally once daily on Days 2 and 3
dexamethasone	8 mg	Orally once daily on Days 2 and 3
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
- Instruct patient to:
 - Maintain oral intake of 2000 mL (8 glasses) of fluid daily at home
 - Empty bladder every 2 hours while awake and at bedtime for 24 hours
 - Obtain immediate assistance as per your clinic's contact instructions if:
 - Symptoms of hemorrhagic cystitis (e.g. dysuria, hematuria)
 - Unable to drink recommended amount of fluid
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- Cumulative anthracycline dose (e.g. epiRUBicin, DOXOrubicin) dose should be calculated. If exceeding recommended lifetime anthracycline dose thresholds and patient is benefiting from ongoing anthracycline therapy, adding dexrazoxane should be considered (see SUPP – dexrazoxane)
- 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