

## Regimen Reference Order – BRST – DCH

ARIA: BRST – [DCH]

**Planned Course:** Every 21 days for 18 cycles (DOCEtaxel and CARBOplatin for first 6 cycles only)

**Indication for Use:** Breast Cancer Adjuvant

**CVAD:** Preferred

**Proceed with treatment if:**

**ANC equal to or greater than  $1 \times 10^9/L$  AND Platelets equal to or greater than  $100 \times 10^9/L$**

❖ **Contact Physician if parameters not met**

### SEQUENCE OF MEDICATION ADMINISTRATION

#### Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
dexamethasone	8 mg	Orally twice daily the day before treatment and one dose the morning of DOCEtaxel treatment <b>(self-administered at home)</b>

#### Treatment Regimen – BRST - DCH

Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
<b>Cycles 1 to 6</b>		
granisetron	1 mg	Orally 30 minutes pre-chemotherapy
DOCEtaxel	$75 \text{ mg/m}^2$	IV in normal saline 250 mL over 1 hour For 250 mL bags: Infuse 25 mL over 15 minutes and remainder of bag over 45 minutes For 500 mL bags: Infuse 50 mL over 15 minutes and remainder of bag over 45 minutes <i>Use non-DEHP bags and non-DEHP administration sets</i> <b>*Nursing Alert:</b> Pump programming should reflect actual volume in the bag
CARBOplatin	AUC 6 mg/mL.min	IV in normal saline 250 mL over 1 hour
<b>Cycle 1</b>		
trastuzumab	8 mg/kg	IV in normal saline 250 mL over 90 minutes
<b>Cycles 2 to 18</b>		
trastuzumab	6 mg/kg	IV in normal saline 250 mL over 30 minutes

Flush after each medication:

- 100 mL over 12 minutes (500 mL/hr)

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

## REQUIRED MONITORING

### Prior to Cycles 1 to 6

- CBC, biochemistry as per physician order

### DOCEtaxel

#### Cycle 1 Only

- Full vital signs (temperature, heart rate, respiration, blood pressure and O<sub>2</sub> saturation) at baseline and as clinically indicated
- Monitor heart rate and blood pressure every 15 minutes during infusion
- Observe patient for 30 minutes after administration, before starting CARBOplatin
- Full vital signs after observation

#### Cycle 2 Onwards

- Full vital signs at baseline and as clinically indicated
- Monitor as needed

### Trastuzumab

#### All Cycles

- CBC, biochemistry as per physician order (Not routinely required for Cycles 7 to 18)
- Left Ventricular Ejection Fraction (LVEF) at baseline and every 4 cycles

#### Cycle 1 Only

- Full vital signs at baseline and as clinically indicated
- Observe for 1 hour post infusion
- Full vital signs prior to discharge

#### Cycles 2 and 3

- Full vital signs at baseline and as clinically indicated
- Observe for 30 minutes post-infusion
- Full vital signs prior to discharge

#### Cycle 4 Onwards

- Full vital signs at baseline and as clinically indicated
- Monitor as needed

## Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
ondansetron	8 mg	Orally 12 hours post chemotherapy

## 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**

<b>CARBOplatin Dosing Calculations</b> <i>Calculation of carboplatin dose: (max. 400mg/m<sup>2</sup>)</i>						
Dose (mg) <sup>***</sup> = target AUC (GFR + 25)						
$\text{GFR} = \frac{N \times (140 - \text{age in years}) \times \text{IBW(kg)}}{\text{serum creatinine in } \mu\text{mol/L}^{\text{***}}} = \text{_____ mL/min}$						
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**Use measured creatinine clearance if available instead of calculated GFR**

Ideal Body Weight (IBW) kg

Female = 45.5 kg + [ (Ht in cm - 152 cm) x 0.91]

Female = N = 1.04

Male = 50 kg + [ (Ht in cm - 152 cm) x 0.91]

Male = N = 1.23

*The estimated creatinine clearance is based on limited evidence. Sound clinical judgment and interpretation of the estimation are required, because the equations above may not be appropriate for some patient populations (for example, acute renal failure).*