BCCA Protocol Summary for Palliative Therapy for Metastatic Breast Cancer using DOXOrubicin and Cyclophosphamide

Protocol Code: *BRAVAC*

Tumour Group: *Breast*

Contact Physician: *Dr. Karen Gelmon*

ELIGIBILITY:
- Palliative treatment for patients with advanced breast cancer.

TESTS:
- Baseline: CBC & diff, bilirubin
- Before each treatment: CBC & diff
- If clinically indicated: bilirubin, creatinine

PREMEDICATIONS:
- Antiemetic protocol for highly emetogenic chemotherapy (see protocol SCNAUSEA)

TREATMENT:

Drug	*Dose*	BCCA Administration Guideline
DOXOrubicin (ADRIAMYCIN®)	60 mg/m^2	IV push
cyclophosphamide	600 mg/m^2	IV in NS or D5W 100 to 250 mL over 20 min to 1 hour

- Repeat every 21 days x 6 cycles.
- If radiation therapy is required, it is given following completion of chemotherapy (BCCA Cancer Management Manual).

DOSE MODIFICATIONS:

1. Hematological:

ANC (x 10^9/L)	Platelets (x 10^9/L)	Dose (both drugs)
greater than or equal to 1.5	greater than or equal to 90	100%
1 to 1.49	70 to 89	75%
less than 1	less than 70	delay

2. Hepatic dysfunction:

Bilirubin (micromol/L)	Dose
25 to 50	50% DOXOrubicin 100% cyclophosphamide
51 to 85	25% DOXOrubicin 100% cyclophosphamide
greater than 85	delay

3. **Renal dysfunction:** Dose modification may be required for cyclophosphamide (see BCCA Cancer Drug Manual).

PRECAUTIONS:

1. **Cardiac Toxicity**: DOXOrubicin is cardiotoxic and must be used with caution, if at all, in patients with severe hypertension or cardiac dysfunction. Cardiac assessment recommended if lifelong dose of 400 mg/m^2 to be exceeded (see BCCA Cancer Drug Manual).
2. **Extravasation:** DOXOrubicin causes pain and tissue necrosis if extravasated. Refer to BCCA Extravasation Guidelines.
3. **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated aggressively.

Call Dr. Karen Gelmon or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

Date revised: 1 Feb 2014 (Emetogenicity reclassified)