NCCN National Comprehensive Cancer Network®

www.nccn.org

NCCN Core Activities

- Clinical Practice Guidelines
- Drugs and Biologics Compendium
- Chemotherapy Orders Templates
- Information Systems Collaborations
- Patient Information
- Outcomes Project
- Oncology Research Program
- Best Practices
- Health Policy

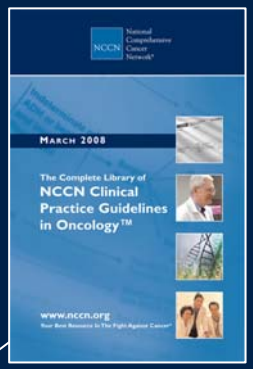
NCCN National Comprehensive Cancer Network®

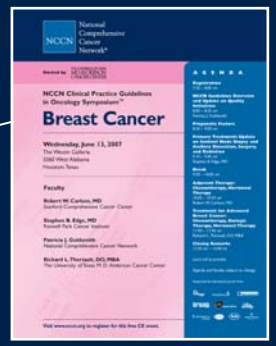
NCCN Clinical Practice Guidelines in Oncology™

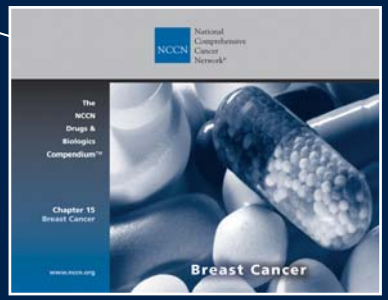
NATIONAL COMPREHENSIVE CANCER NETWORK®

GUS

GUIDELINES USER SYSTEM



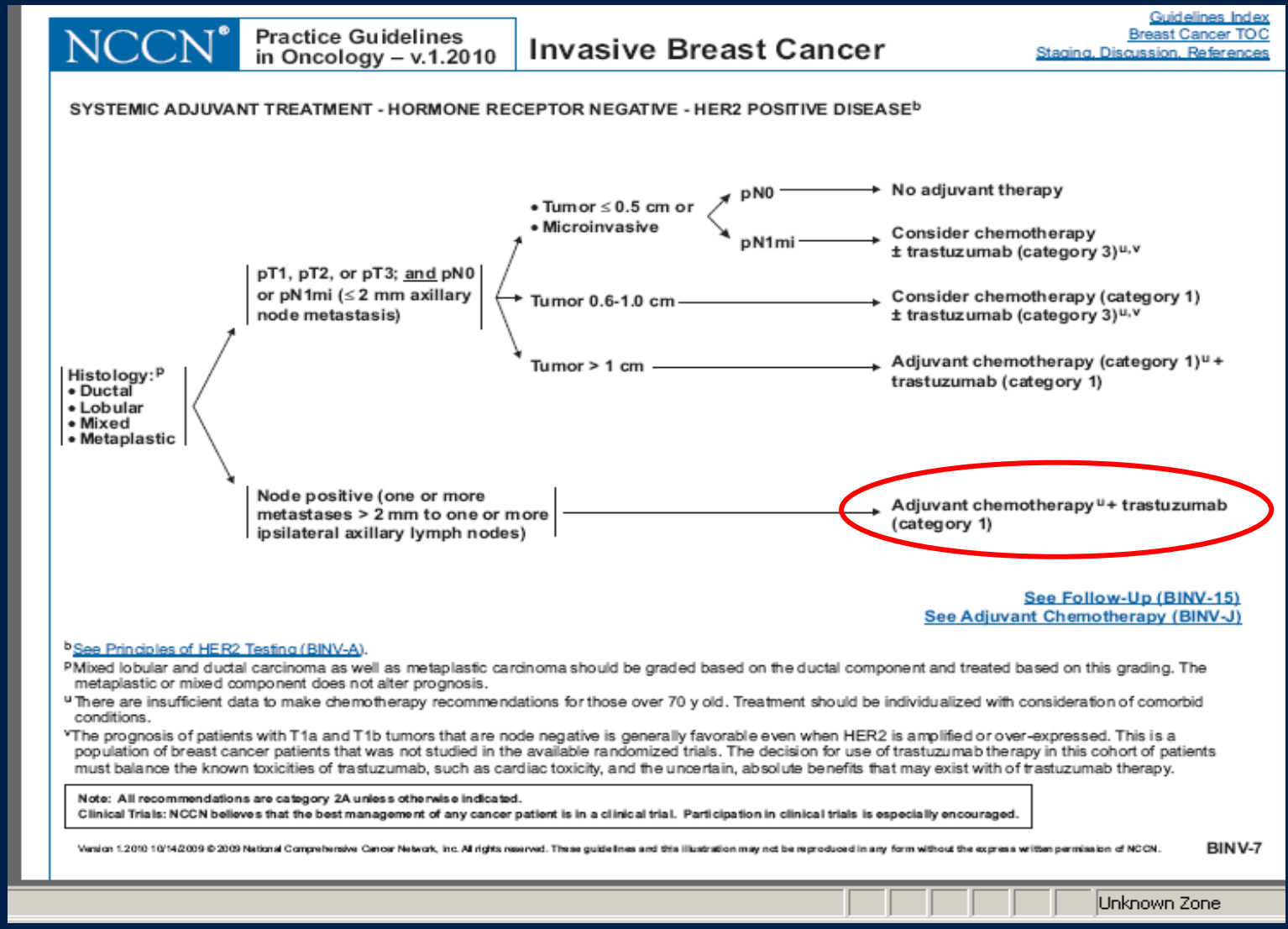




Goals of NCCN Guidelines

- Improve patient care and outcomes
- Identify evidence basis for treatment strategies
- Identify patient subsets who should receive specific treatments
- Provide range of appropriate choices
- Increase safety of oncology care

Guidelines Provide Recommendations for Treatment



NCCN® Practice Guidelines in Oncology – v.1.2010

Invasive Breast Cancer

Guidelines Index
Breast Cancer TOC
Staging, Discussion, References

SYSTEMIC ADJUVANT TREATMENT - HORMONE RECEPTOR NEGATIVE - HER2 POSITIVE DISEASE[b]

Histology:[p]
- Ductal
- Lobular
- Mixed
- Metaplastic

pT1, pT2, or pT3; and pN0 or pN1mi (≤ 2 mm axillary node metastasis)

- Tumor ≤ 0.5 cm or Microinvasive
  - pN0 → No adjuvant therapy
  - pN1mi → Consider chemotherapy ± trastuzumab (category 3)[u,v]
- Tumor 0.6-1.0 cm → Consider chemotherapy (category 1) ± trastuzumab (category 3)[u,v]
- Tumor > 1 cm → Adjuvant chemotherapy (category 1)[u] + trastuzumab (category 1)

Node positive (one or more metastases > 2 mm to one or more ipsilateral axillary lymph nodes) → Adjuvant chemotherapy[u] + trastuzumab (category 1)

See Follow-Up (BINV-15)
See Adjuvant Chemotherapy (BINV-J)

[b] See Principles of HER2 Testing (BINV-A).

[p] Mixed lobular and ductal carcinoma as well as metaplastic carcinoma should be graded based on the ductal component and treated based on this grading. The metaplastic or mixed component does not alter prognosis.

[u] There are insufficient data to make chemotherapy recommendations for those over 70 y old. Treatment should be individualized with consideration of comorbid conditions.

[v] The prognosis of patients with T1a and T1b tumors that are node negative is generally favorable even when HER2 is amplified or over-expressed. This is a population of breast cancer patients that was not studied in the available randomized trials. The decision for use of trastuzumab therapy in this cohort of patients must balance the known toxicities of trastuzumab, such as cardiac toxicity, and the uncertain, absolute benefits that may exist with of trastuzumab therapy.

Note: All recommendations are category 2A unless otherwise indicated.
Clinical Trials: NCCN believes that the best management of any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged.

Specific Chemotherapy Recommendations

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Invasive Breast Cancer

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Breast Cancer TOC
Staging, Discussion, References

ADJUVANT CHEMOTHERAPY [1,2,3,4,5]

NON-TRASTUZUMAB CONTAINING REGIMENS (all category 1)

Preferred Adjuvant Regimens:
- TAC (docetaxel/doxorubicin/cyclophosphamide)
- Dose-dense AC (doxorubicin/cyclophosphamide) followed by paclitaxel every 2 weeks
- AC (doxorubicin/cyclophosphamide) followed by weekly paclitaxel
- TC (docetaxel and cyclophosphamide)
- AC (doxorubicin/cyclophosphamide)

Other Adjuvant Regimens:
- FAC/CAF (fluorouracil/doxorubicin/cyclophosphamide)
- FEC/CEF (cyclophosphamide/epirubicin/fluorouracil)
- CMF (cyclophosphamide/methotrexate/fluorouracil)
- AC followed by docetaxel every 3 weeks
- EC (epirubicin/cyclophosphamide)
- A followed by T followed by C (doxorubicin followed by paclitaxel followed by cyclophosphamide) every 2 weekly regimen with filgrastim support
- FEC followed by T (fluorouracil/epirubicin/cyclophosphamide followed by docetaxel)
- FEC (fluorouracil/epirubicin/cyclophosphamide) followed by weekly paclitaxel

TRASTUZUMAB CONTAINING REGIMENS (all category 1)

Preferred Adjuvant Regimen:
- AC followed by T + concurrent trastuzumab (doxorubicin/cyclophosphamide followed by paclitaxel plus trastuzumab, various schedules)
- TCH (docetaxel, carboplatin, trastuzumab)

Other Adjuvant Regimens:
- Docetaxel + trastuzumab followed by FEC (fluorouracil/epirubicin/cyclophosphamide)
- Chemotherapy followed by trastuzumab sequentially
- AC followed by docetaxel + trastuzumab

Neoadjuvant:
- T + trastuzumab followed by CEF + trastuzumab (paclitaxel plus trastuzumab followed by cyclophosphamide/epirubicin/fluorouracil plus trastuzumab)

The selection, dosing, and administration of anti-cancer agents and the management of associated toxicities are complex. Modifications of drug dose and schedule and initiation of supportive care interventions are often necessary because of expected toxicities and because of individual patient variability, prior treatment, and comorbidity. The optimal delivery of anti-cancer agents therefore requires a health care delivery team experienced in the use of anti-cancer agents and the management of associated toxicities in patients with cancer.

[1] Retrospective evidence suggests that anthracycline-based chemotherapy regimens may be superior to non-anthracycline-based regimens in patients with HER2 positive tumors.

[2] In patients with HER2 positive and axillary lymph node positive breast cancer, trastuzumab should be incorporated into the adjuvant therapy. (category 1) Trastuzumab should also be considered for patients with HER2 positive lymph node negative tumors greater than or equal to 1 cm. (category 1) Trastuzumab may be given beginning either concurrent with paclitaxel as part of the AC followed by paclitaxel regimen, or alternatively after the completion of chemotherapy. Trastuzumab should not be given concurrent with an anthracycline because of cardiac toxicity, except as part of the neoadjuvant trastuzumab with paclitaxel followed by CEF regimen. Trastuzumab should be given for one year, (with the exception of the docetaxel + trastuzumab followed by FEC regimen in which trastuzumab is given for 9 weeks), with cardiac monitoring, and by either the weekly or every three weekly schedule.

[3] CMF and radiation therapy may be given concurrently, or the CMF may be given first. All other chemotherapy regimens should be given prior to radiotherapy.

[4] Chemotherapy and tamoxifen used as adjuvant therapy should be given sequentially with tamoxifen following chemotherapy.

[5] Randomized clinical trials demonstrate that the addition of a taxane to anthracycline-based chemotherapy provides an improved outcome.

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Specific Regimens

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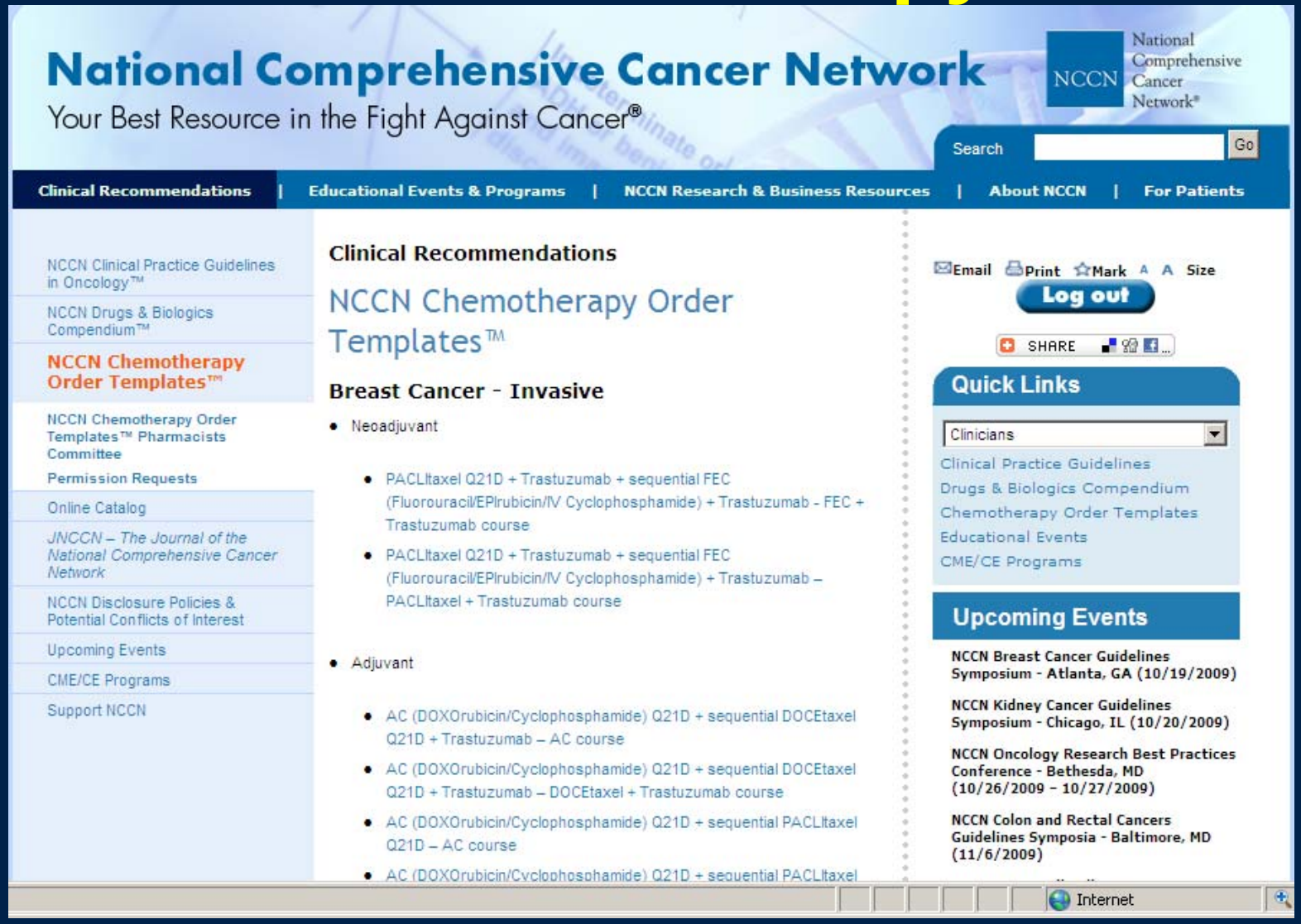
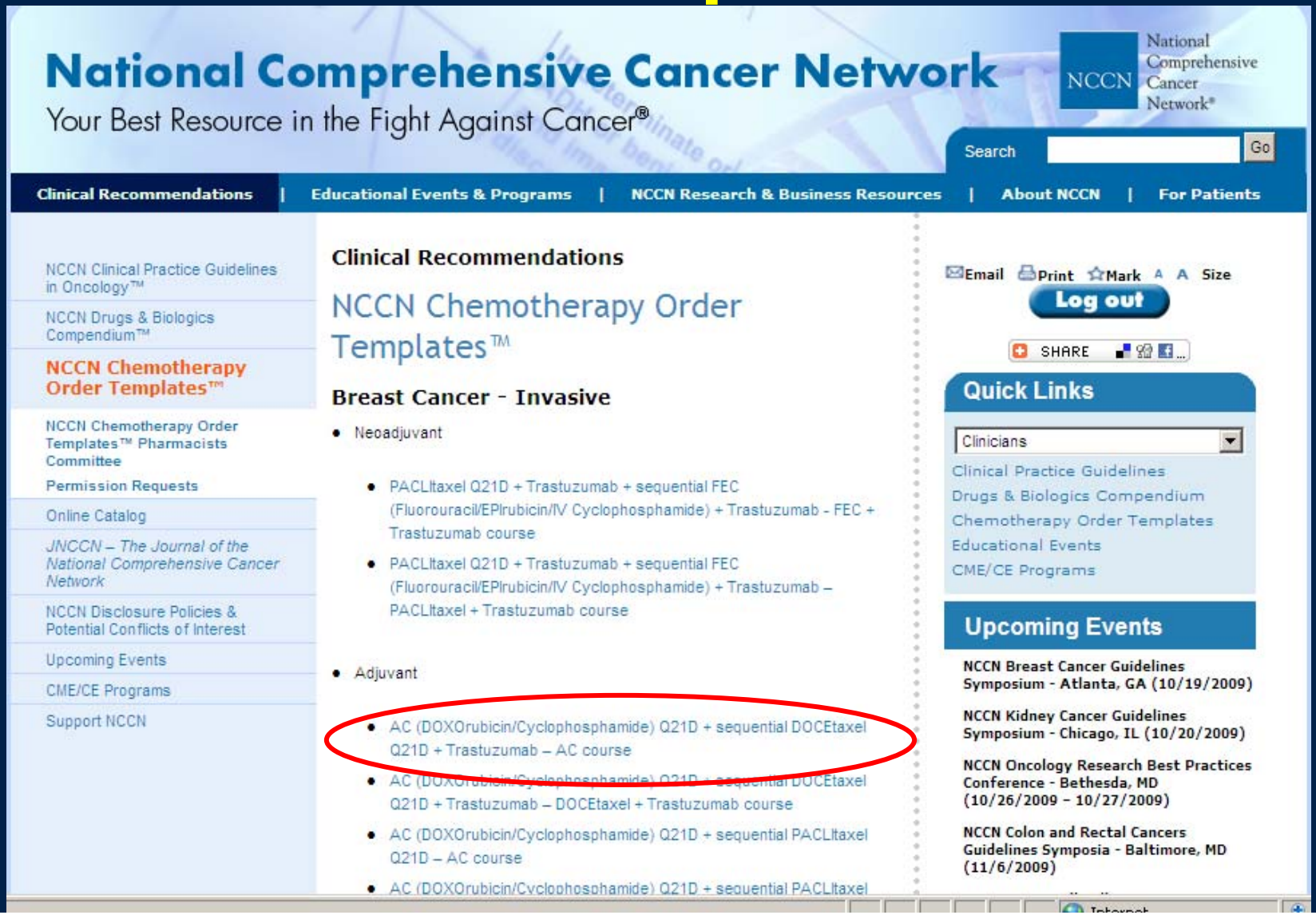
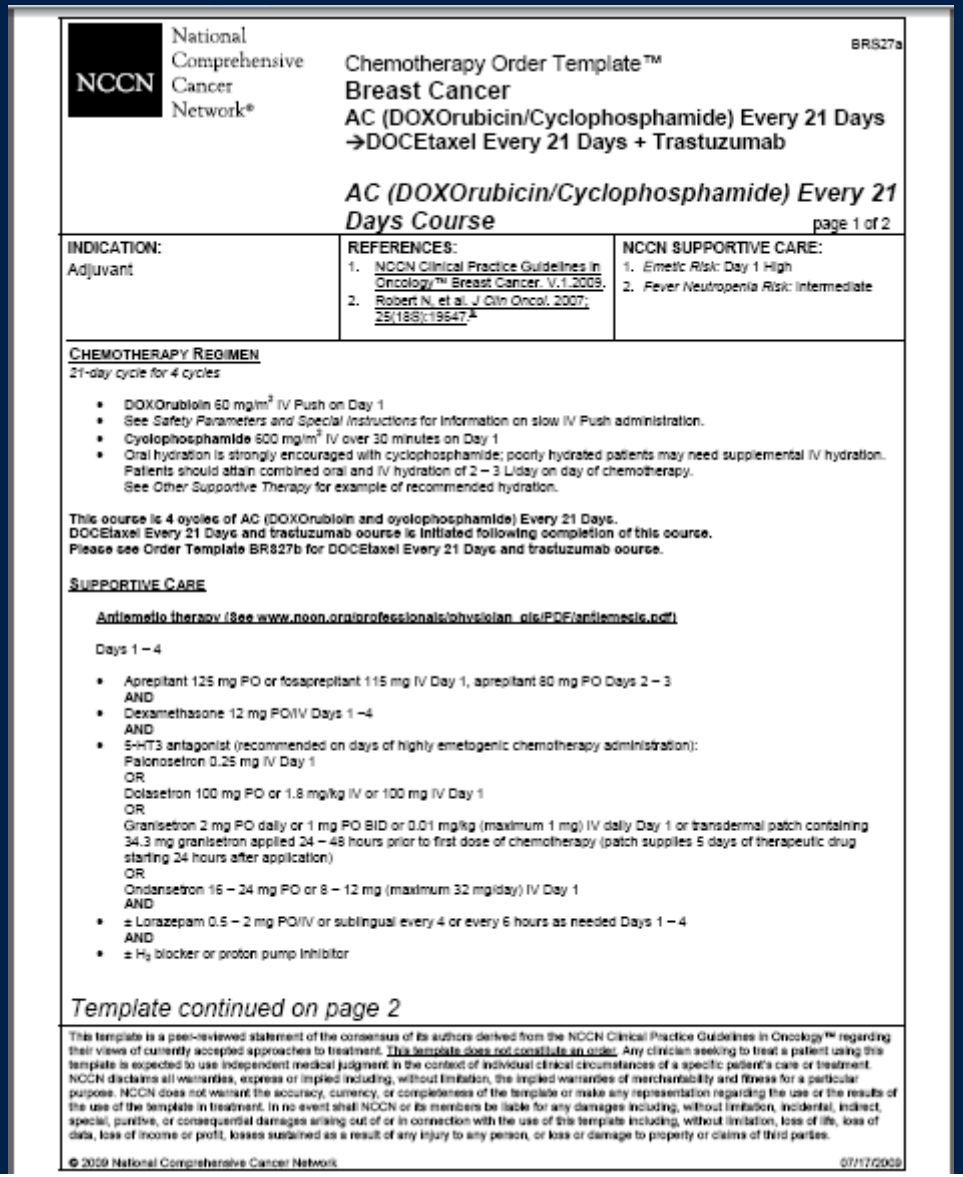
Directions for Administering Chemotherapy



NCCN Chemotherapy Orders Templates



Chemotherapy Order Template



National Comprehensive Cancer Network®

BRS27a

Chemotherapy Order Template™

Breast Cancer

AC (DOXOrubicin/Cyclophosphamide) Every 21 Days →DOCEtaxel Every 21 Days + Trastuzumab

AC (DOXOrubicin/Cyclophosphamide) Every 21 Days Course

INDICATION:
Adjuvant

REFERENCES:
1. NCCN Clinical Practice Guidelines in Oncology™ Breast Cancer. V.1.2009.
2. Robert N, et al. J Clin Oncol. 2007; 25(18S):19547.

NCCN SUPPORTIVE CARE:
1. *Emetic Risk:* Day 1 High
2. *Fever Neutropenia Risk:* Intermediate

CHEMOTHERAPY REGIMEN

21-day cycle for 4 cycles

- DOXOrubicin 60 mg/m^2 IV Push on Day 1
- See *Safety Parameters and Special Instructions* for information on slow IV Push administration.
- Cyclophosphamide 600 mg/m^2 IV over 30 minutes on Day 1
- Oral hydration is strongly encouraged with cyclophosphamide; poorly hydrated patients may need supplemental IV hydration. Patients should attain combined oral and IV hydration of 2 – 3 L/day on day of chemotherapy.
  See *Other Supportive Therapy* for example of recommended hydration.

This course is 4 cycles of AC (DOXOrubicin and cyclophosphamide) Every 21 Days.
DOCEtaxel Every 21 Days and trastuzumab course is initiated following completion of this course.
Please see Order Template BR827b for DOCEtaxel Every 21 Days and trastuzumab course.

SUPPORTIVE CARE

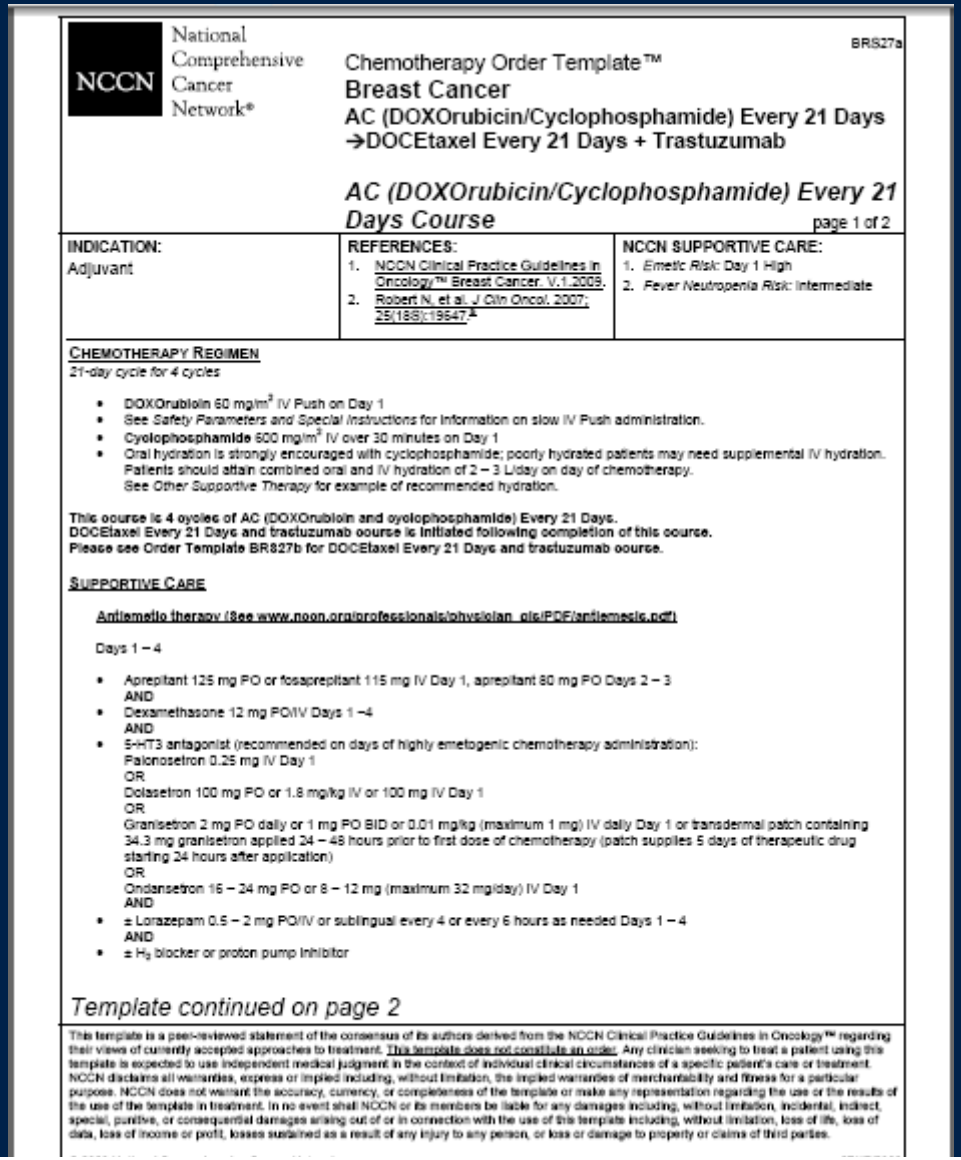
Antiemetic therapy (See www.nccn.org/professionals/physician_gls/PDF/antiemesis.pdf)

Days 1 – 4

- Aprepitant 125 mg PO or fosaprepitant 115 mg IV Day 1, aprepitant 80 mg PO Days 2 – 3
  AND
- Dexamethasone 12 mg PO/IV Days 1 –4
  AND
- 5-HT3 antagonist (recommended on days of highly emetogenic chemotherapy administration):
  Palonosetron 0.25 mg IV Day 1
  OR
  Dolasetron 100 mg PO or 1.8 mg/kg IV or 100 mg IV Day 1
  OR
  Granisetron 2 mg PO daily or 1 mg PO BID or 0.01 mg/kg (maximum 1 mg) IV daily Day 1 or transdermal patch containing 34.3 mg granisetron applied 24 – 48 hours prior to first dose of chemotherapy (patch supplies 5 days of therapeutic drug starting 24 hours after application)
  OR
  Ondansetron 16 – 24 mg PO or 8 – 12 mg (maximum 32 mg/day) IV Day 1
  AND
- ± Lorazepam 0.5 – 2 mg PO/IV or sublingual every 4 or every 6 hours as needed Days 1 – 4
  AND
- ± H_2 blocker or proton pump inhibitor

Template continued on page 2

Using the Templates



National Comprehensive Cancer Network®

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Chemotherapy Order Template™
Breast Cancer
AC (DOXOrubicin/Cyclophosphamide) Every 21 Days →DOCEtaxel Every 21 Days + Trastuzumab

AC (DOXOrubicin/Cyclophosphamide) Every 21 Days Course

page 1 of 2

INDICATION:
Adjuvant

REFERENCES:
1. NCCN Clinical Practice Guidelines in Oncology™ Breast Cancer. V.1.2009.
2. Robert N, et al. J Clin Oncol. 2007; 25(18S):19647[A]

NCCN SUPPORTIVE CARE:
1. *Emetic Risk:* Day 1 High
2. *Fever Neutropenia Risk:* Intermediate

CHEMOTHERAPY REGIMEN
21-day cycle for 4 cycles

- **DOXOrubicin** 60 mg/m^2 IV Push on Day 1
- See *Safety Parameters and Special Instructions* for information on slow IV Push administration.
- **Cyclophosphamide** 600 mg/m^2 IV over 30 minutes on Day 1
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  See *Other Supportive Therapy* for example of recommended hydration.

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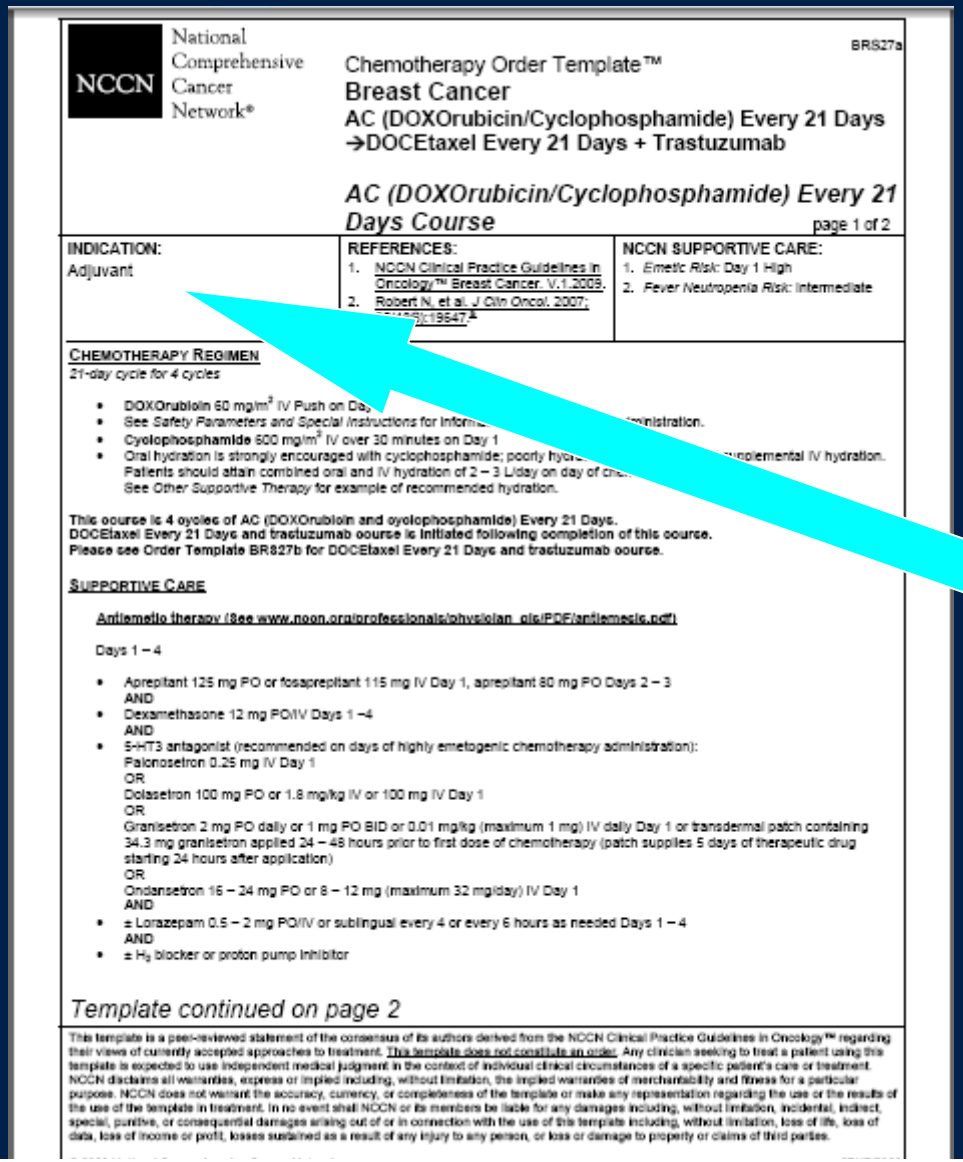
Regimen

Using the Templates



National Comprehensive Cancer Network®

BRS27a

Chemotherapy Order Template™

Breast Cancer

AC (DOXOrubicin/Cyclophosphamide) Every 21 Days →DOCEtaxel Every 21 Days + Trastuzumab

AC (DOXOrubicin/Cyclophosphamide) Every 21 Days Course

page 1 of 2

INDICATION:
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NCCN SUPPORTIVE CARE:
1. *Emetic Risk:* Day 1 High
2. *Fever Neutropenia Risk:* Intermediate

CHEMOTHERAPY REGIMEN

21-day cycle for 4 cycles

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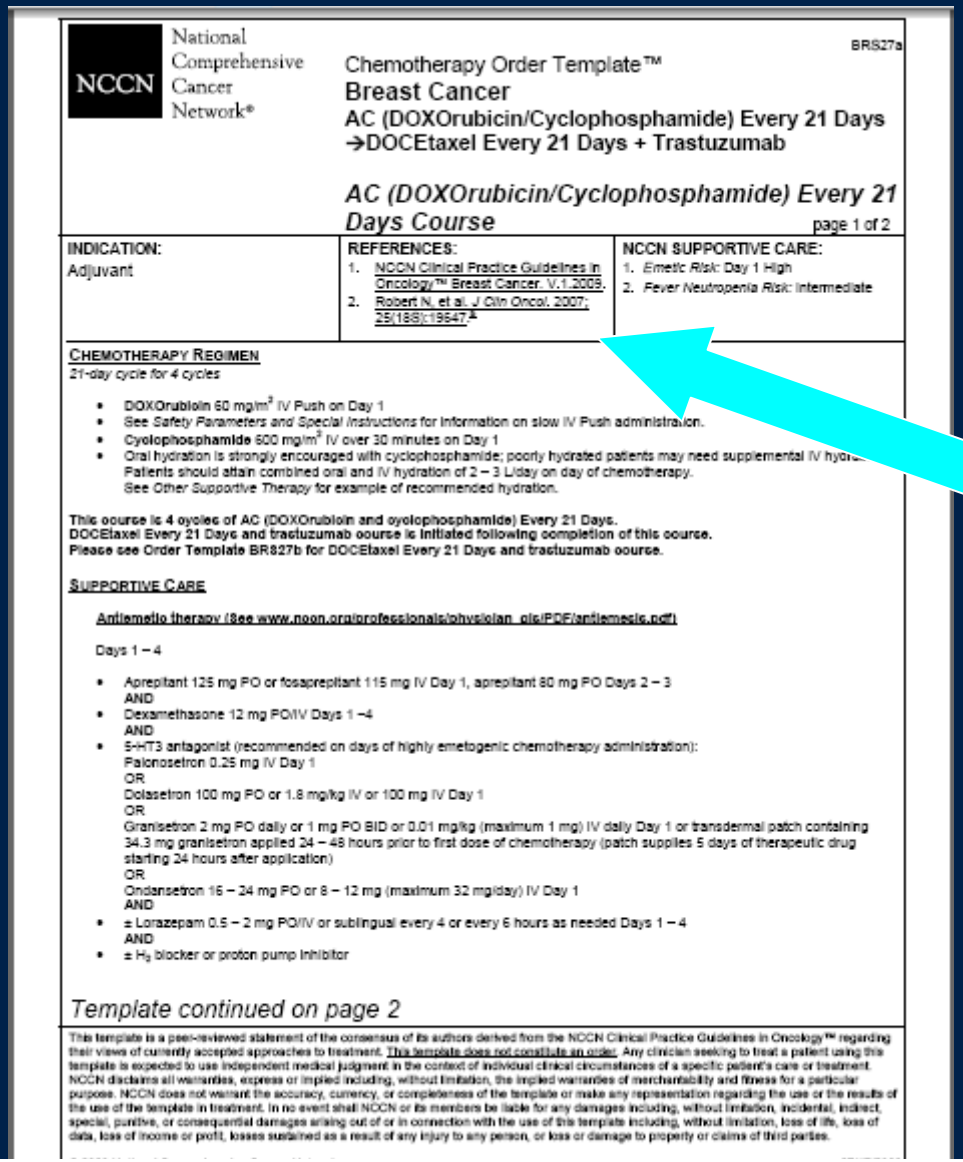
Indication

Using the Templates



National Comprehensive Cancer Network®

BRS27a

Chemotherapy Order Template™

Breast Cancer

AC (DOXOrubicin/Cyclophosphamide) Every 21 Days →DOCEtaxel Every 21 Days + Trastuzumab

AC (DOXOrubicin/Cyclophosphamide) Every 21 Days Course

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CHEMOTHERAPY REGIMEN

21-day cycle for 4 cycles

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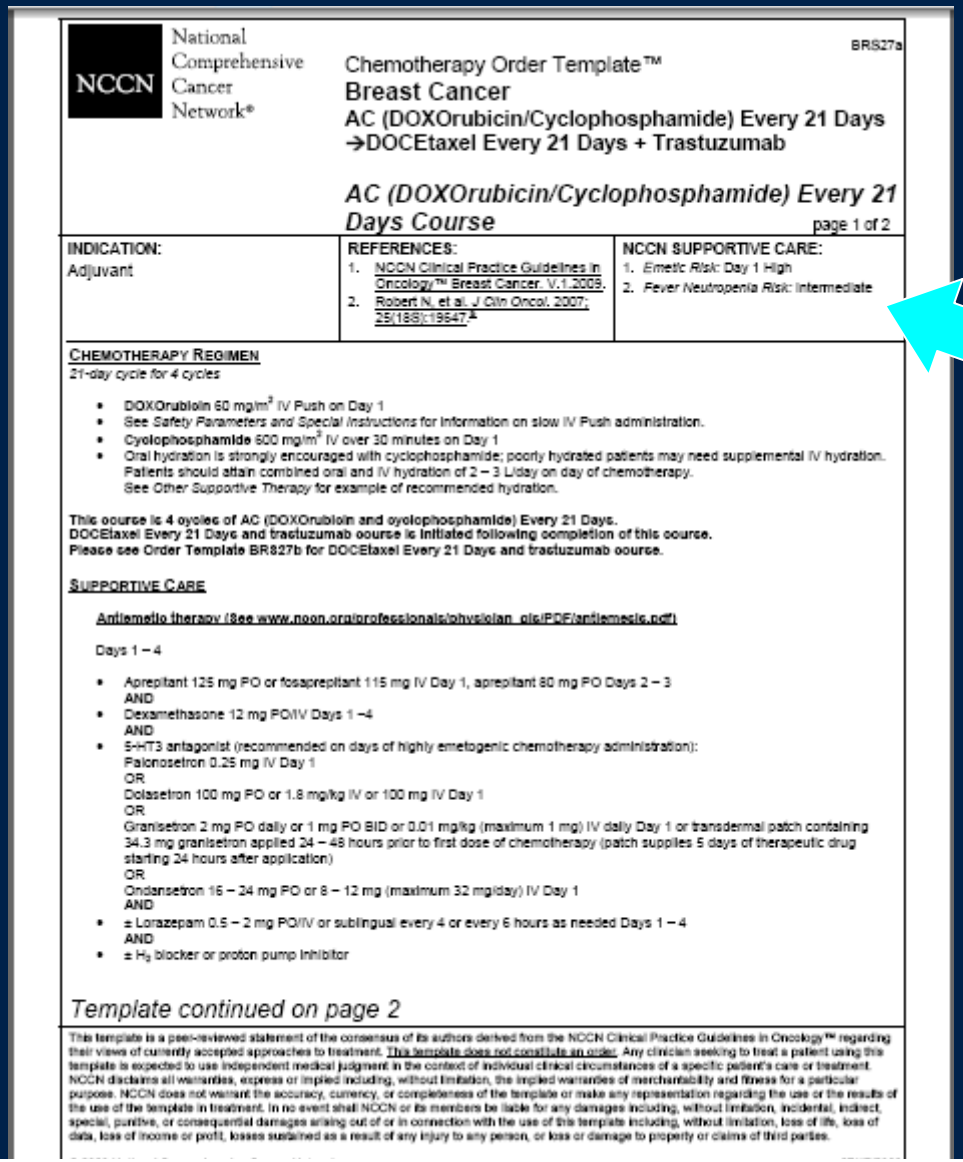

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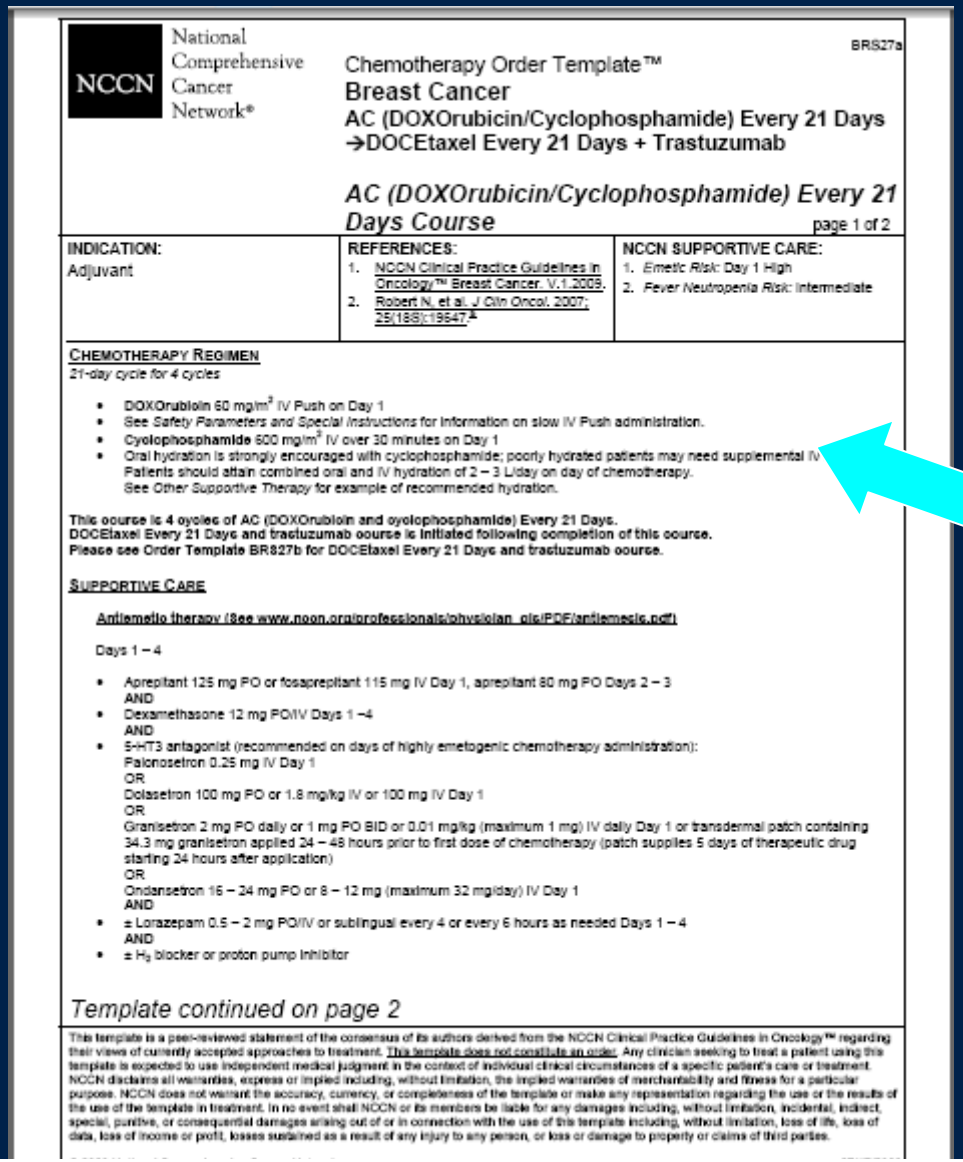
Supportive care

Using the Templates



National Comprehensive Cancer Network®

BRS27a

Chemotherapy Order Template™

Breast Cancer

AC (DOXOrubicin/Cyclophosphamide) Every 21 Days →DOCEtaxel Every 21 Days + Trastuzumab

AC (DOXOrubicin/Cyclophosphamide) Every 21 Days Course

INDICATION:
Adjuvant

REFERENCES:
1. NCCN Clinical Practice Guidelines in Oncology™ Breast Cancer. V.1.2009.
2. Robert N, et al. J Clin Oncol. 2007; 25(18S):19647[A]

NCCN SUPPORTIVE CARE:
1. *Emetic Risk:* Day 1 High
2. *Fever Neutropenia Risk:* Intermediate

CHEMOTHERAPY REGIMEN

21-day cycle for 4 cycles

- **DOXOrubicin** 60 mg/m^2 IV Push on Day 1
- See *Safety Parameters and Special Instructions* for information on slow IV Push administration.
- **Cyclophosphamide** 600 mg/m^2 IV over 30 minutes on Day 1
- Oral hydration is strongly encouraged with cyclophosphamide; poorly hydrated patients may need supplemental IV.
  Patients should attain combined oral and IV hydration of 2 – 3 L/day on day of chemotherapy.
  See *Other Supportive Therapy* for example of recommended hydration.

This course is 4 cycles of AC (DOXOrubicin and cyclophosphamide) Every 21 Days.
DOCEtaxel Every 21 Days and trastuzumab course is initiated following completion of this course.
Please see Order Template BR827b for DOCEtaxel Every 21 Days and trastuzumab course.

SUPPORTIVE CARE

Antiemetic therapy (See www.nccn.org/professionals/physician_gls/PDF/antiemesis.pdf)

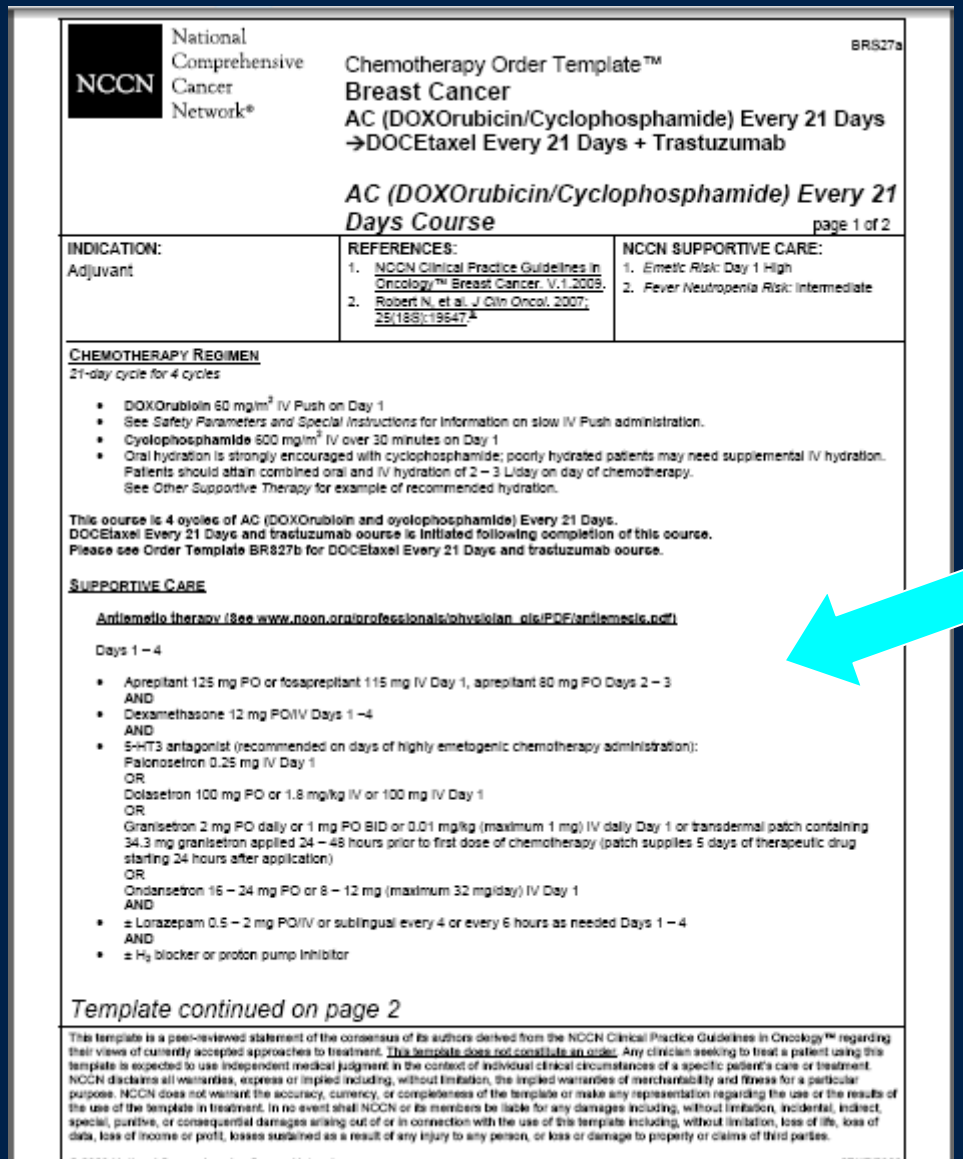
Days 1 – 4

- Aprepitant 125 mg PO or fosaprepitant 115 mg IV Day 1, aprepitant 80 mg PO Days 2 – 3
  AND
- Dexamethasone 12 mg PO/IV Days 1 –4
  AND
- 5-HT3 antagonist (recommended on days of highly emetogenic chemotherapy administration):
  Palonosetron 0.25 mg IV Day 1
  OR
  Dolasetron 100 mg PO or 1.8 mg/kg IV or 100 mg IV Day 1
  OR
  Granisetron 2 mg PO daily or 1 mg PO BID or 0.01 mg/kg (maximum 1 mg) IV daily Day 1 or transdermal patch containing 34.3 mg granisetron applied 24 – 48 hours prior to first dose of chemotherapy (patch supplies 5 days of therapeutic drug starting 24 hours after application)
  OR
  Ondansetron 16 – 24 mg PO or 8 – 12 mg (maximum 32 mg/day) IV Day 1
  AND
- ± Lorazepam 0.5 – 2 mg PO/IV or sublingual every 4 or every 6 hours as needed Days 1 – 4
  AND
- ± H_2 blocker or proton pump inhibitor

Template continued on page 2

Chemotherapy

Using the Templates



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BRS27a

Chemotherapy Order Template™

Breast Cancer

AC (DOXOrubicin/Cyclophosphamide) Every 21 Days →DOCEtaxel Every 21 Days + Trastuzumab

AC (DOXOrubicin/Cyclophosphamide) Every 21 Days Course

INDICATION:
Adjuvant

REFERENCES:
1. NCCN Clinical Practice Guidelines in Oncology™ Breast Cancer. V.1.2009.
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NCCN SUPPORTIVE CARE:
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This course is 4 cycles of AC (DOXOrubicin and cyclophosphamide) Every 21 Days.
DOCEtaxel Every 21 Days and trastuzumab course is initiated following completion of this course.
Please see Order Template BR827b for DOCEtaxel Every 21 Days and trastuzumab course.

SUPPORTIVE CARE

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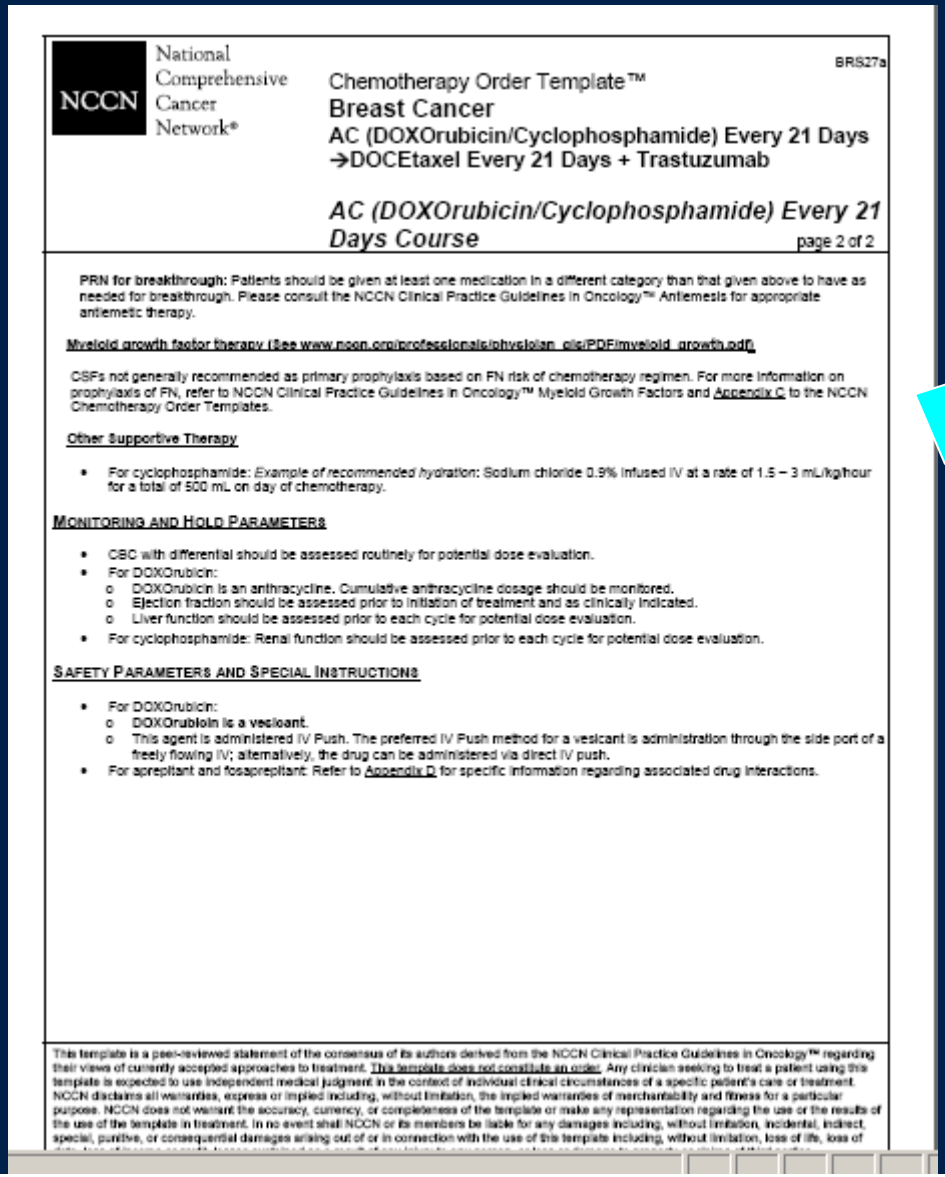
  AND
- ± H_2 blocker or proton pump inhibitor

Template continued on page 2

Antiemetics

Using the Templates



National Comprehensive Cancer Network®

BRS27a

Chemotherapy Order Template™
Breast Cancer
AC (DOXOrubicin/Cyclophosphamide) Every 21 Days →DOCEtaxel Every 21 Days + Trastuzumab

AC (DOXOrubicin/Cyclophosphamide) Every 21 Days Course

PRN for breakthrough: Patients should be given at least one medication in a different category than that given above to have as needed for breakthrough. Please consult the NCCN Clinical Practice Guidelines in Oncology™ Antiemesis for appropriate antiemetic therapy.

Myeloid growth factor therapy (See www.nccn.org/professionals/physician_gls/PDF/myeloid_growth.pdf)

CSFs not generally recommended as primary prophylaxis based on FN risk of chemotherapy regimen. For more information on prophylaxis of FN, refer to NCCN Clinical Practice Guidelines in Oncology™ Myeloid Growth Factors and Appendix C to the NCCN Chemotherapy Order Templates.

Other Supportive Therapy

- For cyclophosphamide: *Example of recommended hydration*: Sodium chloride 0.9% infused IV at a rate of 1.5 – 3 mL/kg/hour for a total of 500 mL on day of chemotherapy.

MONITORING AND HOLD PARAMETERS

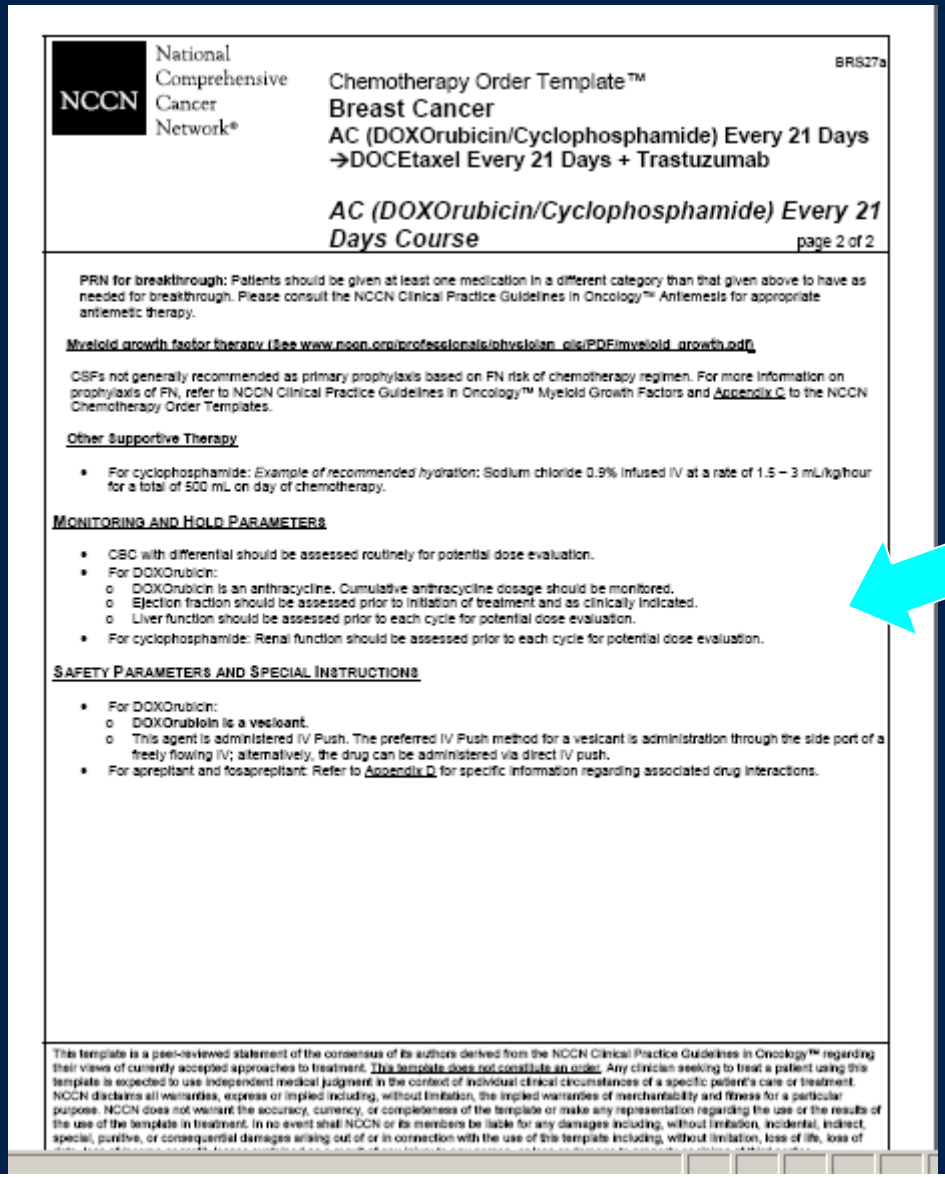
- CBC with differential should be assessed routinely for potential dose evaluation.
- For DOXOrubicin:
  - DOXOrubicin is an anthracycline. Cumulative anthracycline dosage should be monitored.
  - Ejection fraction should be assessed prior to initiation of treatment and as clinically indicated.
  - Liver function should be assessed prior to each cycle for potential dose evaluation.
- For cyclophosphamide: Renal function should be assessed prior to each cycle for potential dose evaluation.

SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS

- For DOXOrubicin:
  - **DOXOrubicin is a vesicant.**
  - This agent is administered IV Push. The preferred IV Push method for a vesicant is administration through the side port of a freely flowing IV; alternatively, the drug can be administered via direct IV push.
- For aprepitant and fosaprepitant: Refer to Appendix D for specific information regarding associated drug interactions.

Growth factors

Using the Templates



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Chemotherapy Order Template™
Breast Cancer
AC (DOXOrubicin/Cyclophosphamide) Every 21 Days →DOCEtaxel Every 21 Days + Trastuzumab

AC (DOXOrubicin/Cyclophosphamide) Every 21 Days Course

page 2 of 2

PRN for breakthrough: Patients should be given at least one medication in a different category than that given above to have as needed for breakthrough. Please consult the NCCN Clinical Practice Guidelines in Oncology™ Antiemesis for appropriate antiemetic therapy.

Myeloid growth factor therapy (See www.nccn.org/professionals/physician_gls/PDF/myeloid_growth.pdf)

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Other Supportive Therapy

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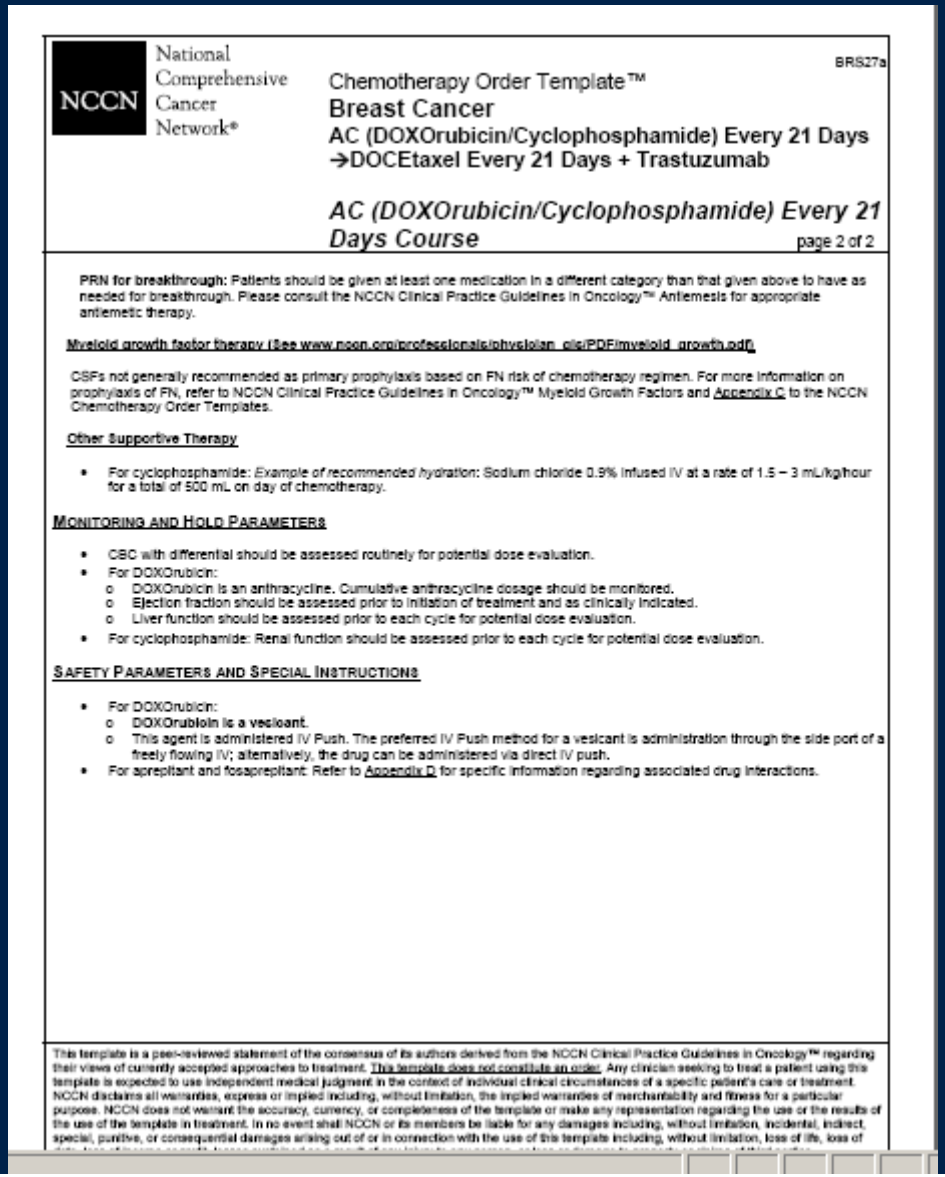
This template is a peer-reviewed statement of the consensus of its authors derived from the NCCN Clinical Practice Guidelines in Oncology™ regarding their views of currently accepted approaches to treatment. This template does not constitute an order. Any clinician seeking to treat a patient using this template is expected to use independent medical judgment in the context of individual clinical circumstances of a specific patient's care or treatment. NCCN disclaims all warranties, express or implied including, without limitation, the implied warranties of merchantability and fitness for a particular purpose. NCCN does not warrant the accuracy, currency, or completeness of the template or make any representation regarding the use or the results of the use of the template in treatment. In no event shall NCCN or its members be liable for any damages including, without limitation, incidental, indirect, special, punitive, or consequential damages arising out of or in connection with the use of this template including, without limitation, loss of life, loss of

Monitoring and hold parameters

Using the Templates



National Comprehensive Cancer Network®

BRS27a

Chemotherapy Order Template™
Breast Cancer
AC (DOXOrubicin/Cyclophosphamide) Every 21 Days →DOCEtaxel Every 21 Days + Trastuzumab

AC (DOXOrubicin/Cyclophosphamide) Every 21 Days Course

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Other Supportive Therapy

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SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS

- For DOXOrubicin:
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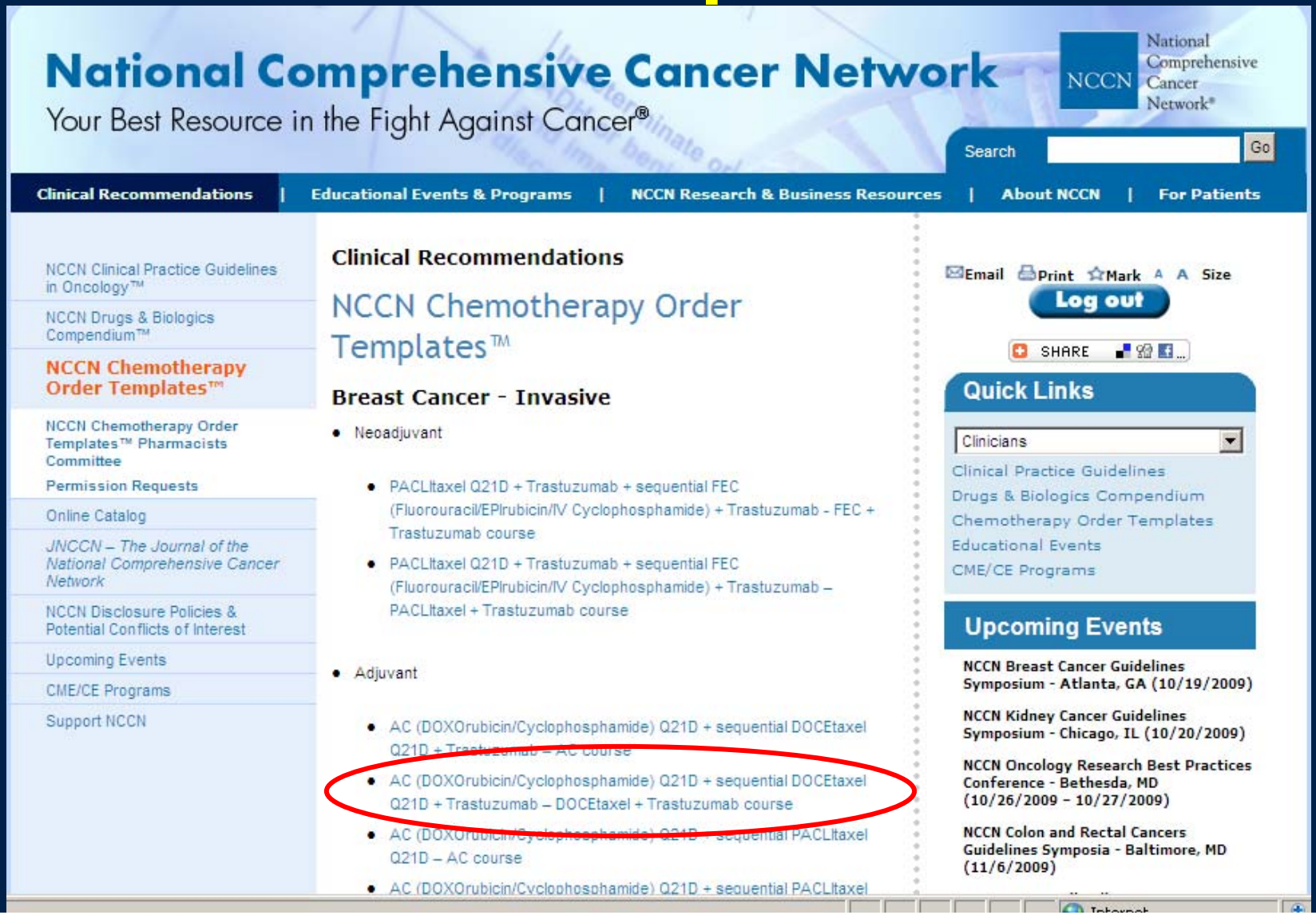
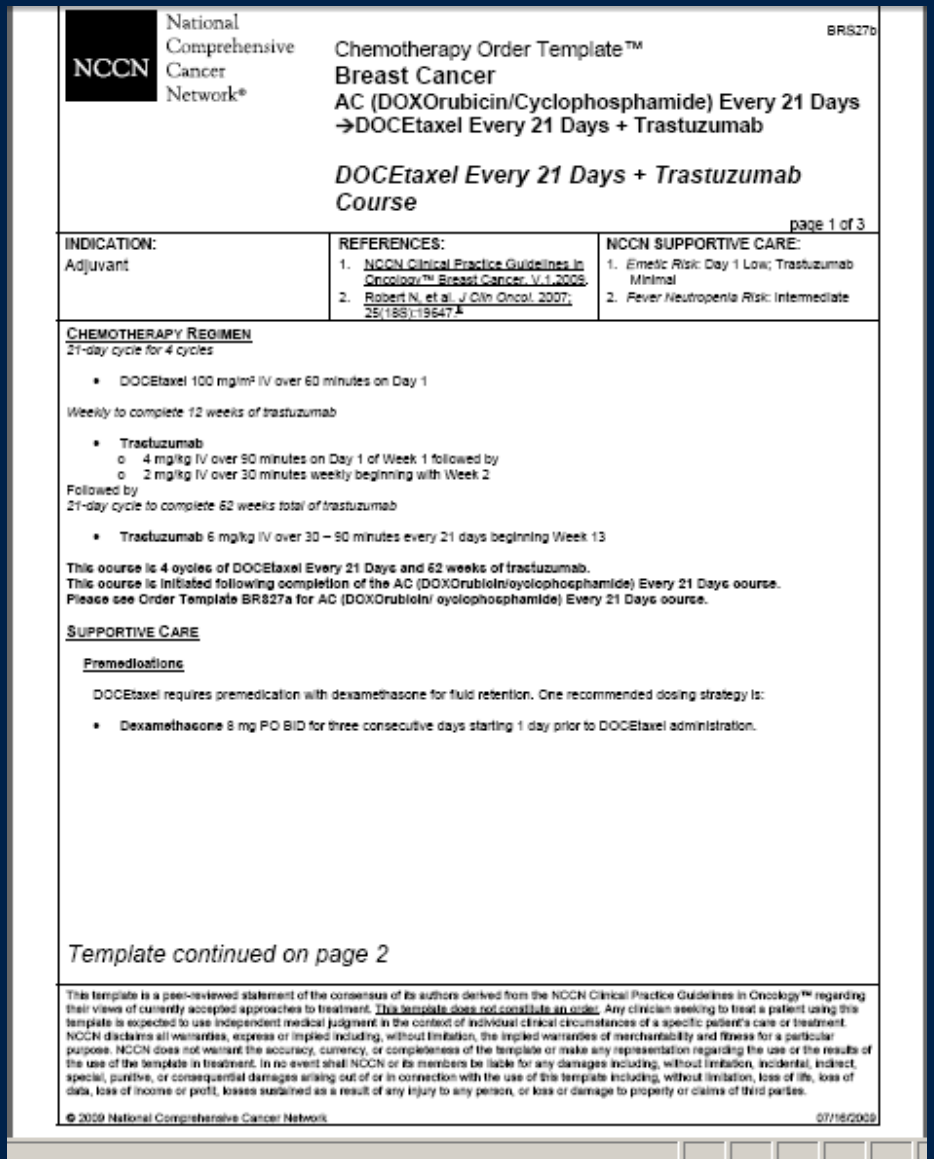
Safety issues

NCCN Chemotherapy Orders Templates



Second Course



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BRS27b

Chemotherapy Order Template™
Breast Cancer
AC (DOXOrubicin/Cyclophosphamide) Every 21 Days →DOCEtaxel Every 21 Days + Trastuzumab

DOCEtaxel Every 21 Days + Trastuzumab Course

page 1 of 3

INDICATION:	REFERENCES:	NCCN SUPPORTIVE CARE:
Adjuvant	1. NCCN Clinical Practice Guidelines in Oncology™ Breast Cancer. V.1.2009. 2. Robert N, et al. *J Clin Oncol.* 2007; 25(18S):19647	1. *Emetic Risk*: Day 1 Low; Trastuzumab Minimal 2. *Fever Neutropenia Risk*: Intermediate

CHEMOTHERAPY REGIMEN
21-day cycle for 4 cycles

- DOCEtaxel 100 mg/m² IV over 60 minutes on Day 1

Weekly to complete 12 weeks of trastuzumab

- **Trastuzumab**
  - 4 mg/kg IV over 90 minutes on Day 1 of Week 1 followed by
  - 2 mg/kg IV over 30 minutes weekly beginning with Week 2

Followed by
21-day cycle to complete 52 weeks total of trastuzumab

- **Trastuzumab** 6 mg/kg IV over 30 – 90 minutes every 21 days beginning Week 13

This course is 4 cycles of DOCEtaxel Every 21 Days and 52 weeks of trastuzumab.
This course is initiated following completion of the AC (DOXOrubicin/cyclophosphamide) Every 21 Days course.
Please see Order Template BRS27a for AC (DOXOrubicin/ cyclophosphamide) Every 21 Days course.

SUPPORTIVE CARE

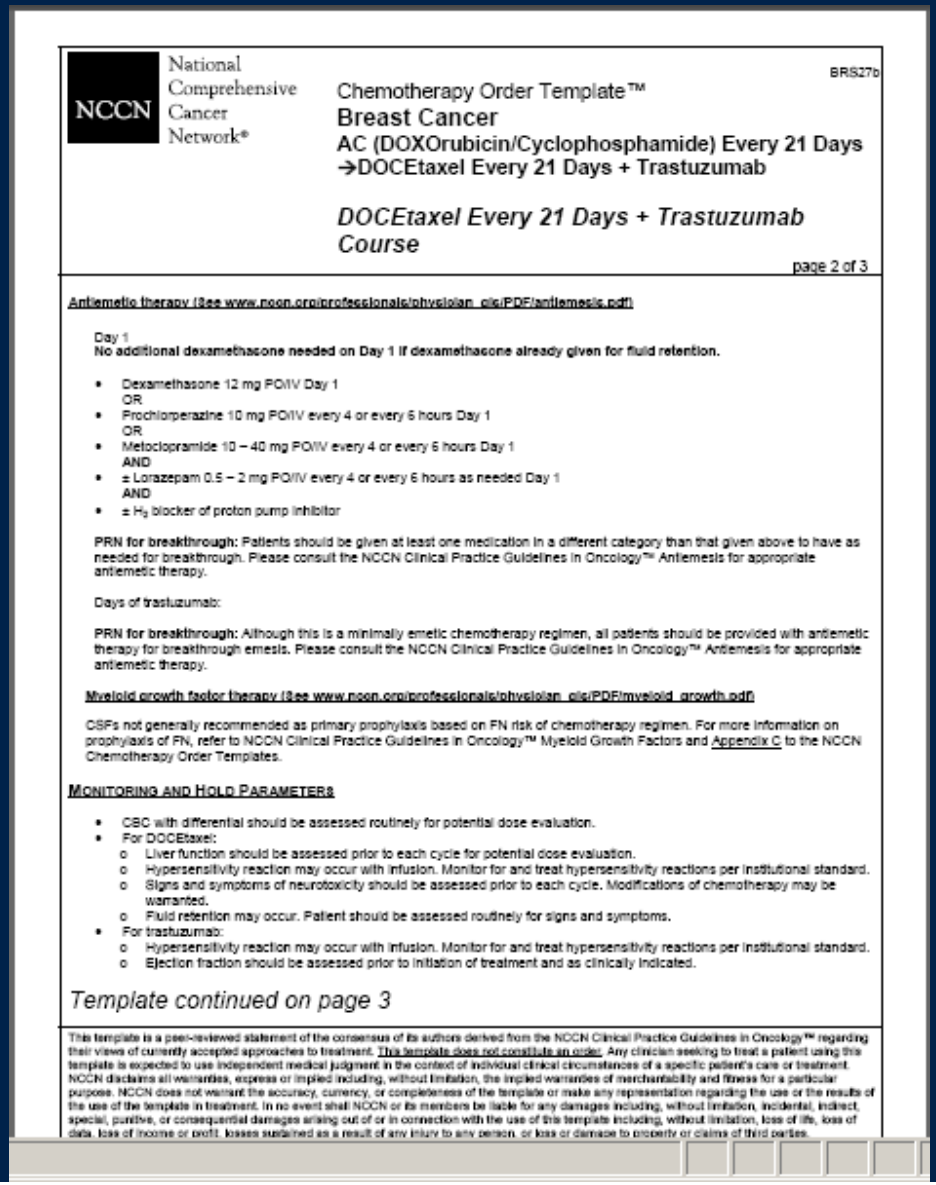
Premedications

DOCEtaxel requires premedication with dexamethasone for fluid retention. One recommended dosing strategy is:

- **Dexamethasone** 8 mg PO BID for three consecutive days starting 1 day prior to DOCEtaxel administration.

Template continued on page 2

Second Course



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BRS27b

Chemotherapy Order Template™
Breast Cancer
AC (DOXOrubicin/Cyclophosphamide) Every 21 Days →DOCEtaxel Every 21 Days + Trastuzumab

DOCEtaxel Every 21 Days + Trastuzumab Course

Antiemetic therapy (See www.nccn.org/professionals/physician_gls/PDF/antiemesis.pdf)

Day 1
No additional dexamethasone needed on Day 1 if dexamethasone already given for fluid retention.

- Dexamethasone 12 mg PO/IV Day 1
  OR
- Prochlorperazine 10 mg PO/IV every 4 or every 6 hours Day 1
  OR
- Metoclopramide 10 – 40 mg PO/IV every 4 or every 6 hours Day 1
  AND
- ± Lorazepam 0.5 – 2 mg PO/IV every 4 or every 6 hours as needed Day 1
  AND
- ± H_2 blocker of proton pump inhibitor

PRN for breakthrough: Patients should be given at least one medication in a different category than that given above to have as needed for breakthrough. Please consult the NCCN Clinical Practice Guidelines in Oncology™ Antiemesis for appropriate antiemetic therapy.

Days of trastuzumab:

PRN for breakthrough: Although this is a minimally emetic chemotherapy regimen, all patients should be provided with antiemetic therapy for breakthrough emesis. Please consult the NCCN Clinical Practice Guidelines in Oncology™ Antiemesis for appropriate antiemetic therapy.

Myeloid growth factor therapy (See www.nccn.org/professionals/physician_gls/PDF/myeloid_growth.pdf)

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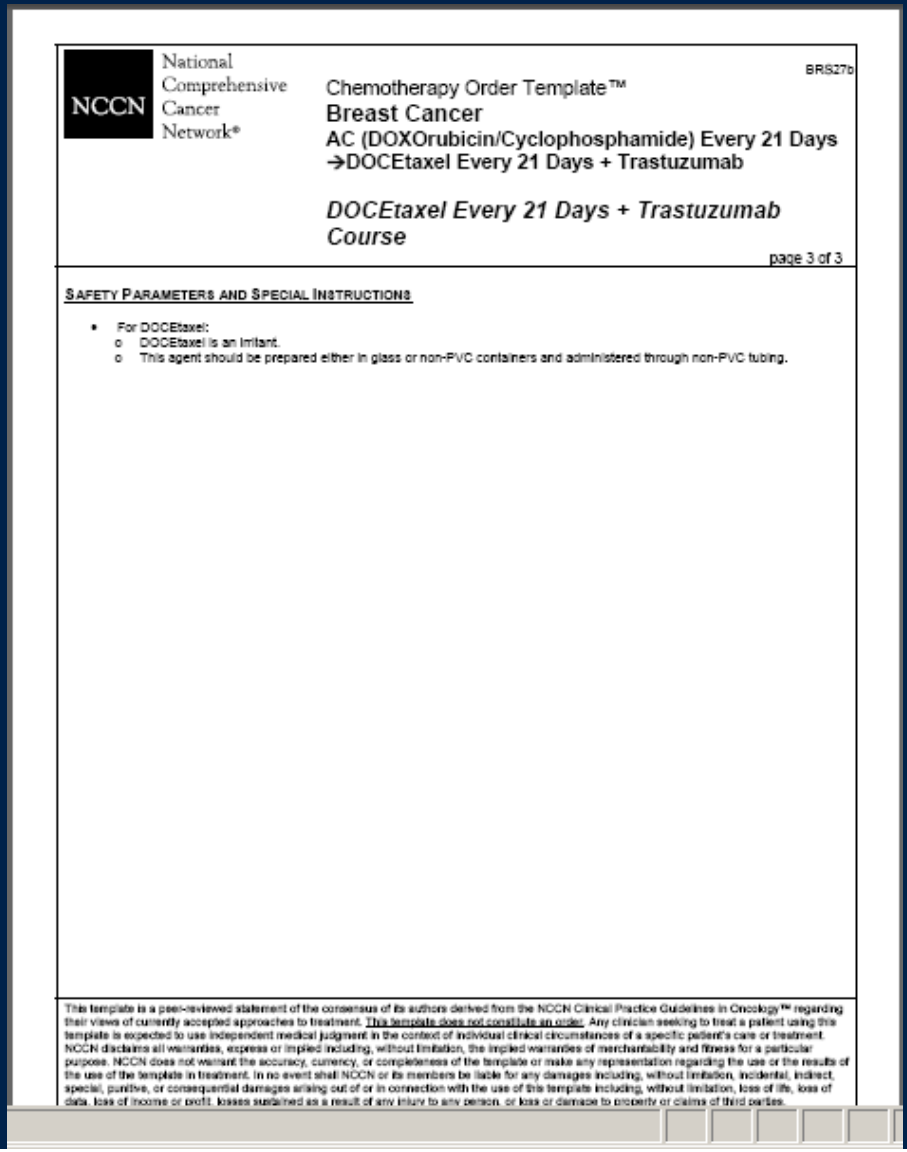
MONITORING AND HOLD PARAMETERS

- CBC with differential should be assessed routinely for potential dose evaluation.
- For DOCEtaxel:
  - Liver function should be assessed prior to each cycle for potential dose evaluation.
  - Hypersensitivity reaction may occur with infusion. Monitor for and treat hypersensitivity reactions per institutional standard.
  - Signs and symptoms of neurotoxicity should be assessed prior to each cycle. Modifications of chemotherapy may be warranted.
  - Fluid retention may occur. Patient should be assessed routinely for signs and symptoms.
- For trastuzumab:
  - Hypersensitivity reaction may occur with infusion. Monitor for and treat hypersensitivity reactions per institutional standard.
  - Ejection fraction should be assessed prior to initiation of treatment and as clinically indicated.

Template continued on page 3

Second Course



National Comprehensive Cancer Network®

BRS27b

Chemotherapy Order Template™

Breast Cancer

AC (DOXOrubicin/Cyclophosphamide) Every 21 Days →DOCEtaxel Every 21 Days + Trastuzumab

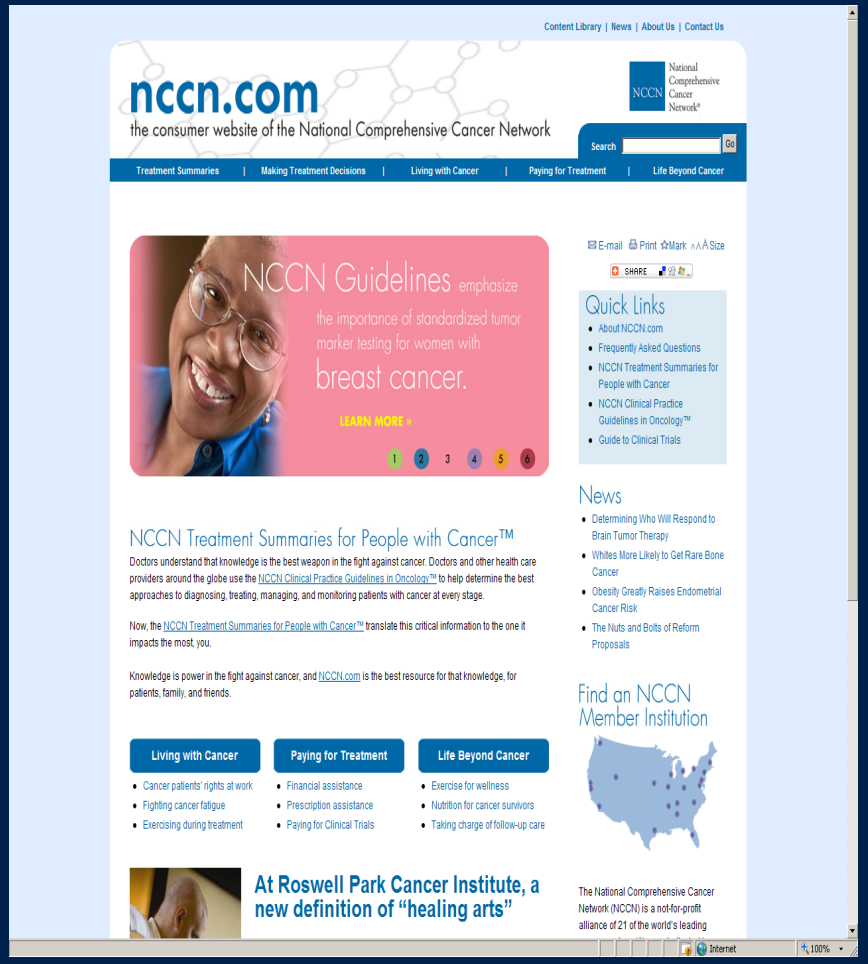
DOCEtaxel Every 21 Days + Trastuzumab Course

SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS

- For DOCEtaxel:
  - DOCEtaxel is an irritant.
  - This agent should be prepared either in glass or non-PVC containers and administered through non-PVC tubing.

NCCN.com

- Cancer information for the patient and caregiver
- Summaries of treatment guidelines for patients
- Information about living with cancer
- Tool for facilitating communication between patients and clinicians
- Links to our member institutions



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Coming Soon

Patient Medication Instructions

- Information about drugs and biologics
- How they are given
- What toxicities to expect
- When to call a health care professional

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