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# 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

# NATIONAL COMPREHENSIVE CANCER NETWORK®

# GUS

## GUIDELINES USER SYSTEM

# NCCN Clinical Practice Guidelines in Oncology™

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NCCN Clinical Practice Guidelines in Oncology™  
**Breast Cancer**

Wednesday June 13, 2007  
The Breast Cancer  
2007 Year Review  
Practice Review

Faculty:  
Robert M. Carlson, MD  
Robert M. Carlson, MD  
Robert M. Carlson, MD  
Robert M. Carlson, MD

Richard L. Franklin, MD, MBA  
The University of Texas M.D. Anderson Cancer Center

**NCCN BREAST CANCER PATIENT CONSENTANCE REPORT**

Author: NCCN Institution: Date Report Printed: 12/22/05

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**CONSENTANCE INFORMATION**

I, the undersigned, have read and understand the NCCN Clinical Practice Guidelines in Oncology™ for Breast Cancer, Version 1.2007, and I agree to use the NCCN Clinical Practice Guidelines in Oncology™ for Breast Cancer, Version 1.2007, in the care of my patient.

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**CHEMOTHERAPY AND DRUGS THERAPY**

Drug ID	Drug Name	Therapy	Brand Name	Drug Class	Indication	Reference	Drug Product

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Clinical Practice Guidelines in Oncology™

Featured Articles

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Medscape Business of Medicine

National Comprehensive Cancer Network (NCCN) on Medscape

**CME Activities**

2007 Advances in Systemic Therapy for Breast Cancer  
Faculty: Edward F. Halperin, MD

2007 NCCN Clinical Practice Guidelines in Oncology: Breast Cancer  
Faculty: Robert M. Carlson, MD; Harold J. Burstein, MD; PhD; Anthony Lau, MD

**NCCN Clinical Practice Guidelines in Oncology™**

National Comprehensive Cancer Network (NCCN) Breast Cancer Guidelines, Version 2.2007

National Comprehensive Cancer Network (NCCN) Non-Small Cell Lung Cancer Guidelines, Version 1.2007

National Comprehensive Cancer Network (NCCN) Prostate Cancer Guidelines, Version 1.2007

National Comprehensive Cancer Network (NCCN) Colon Cancer and Rectal Cancer Guidelines, Version 1.2007

**News from the NCCN 12th Annual Conference: Clinical Practice Guidelines & Quality Cancer Care™**

Breast Cancer Guidelines Add Tamoxifen and Uge-Calcifer 1000 (Lip Testing and SMS Screening Interval) - Nov. 2005

New Colorectal Cancer Guidelines Show Combination Therapy - Interim Review - Nov. 2005



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**Clinical Recommendations**

**Clinical Recommendations**  
NCCN Chemotherapy Order Templates™

**Breast Cancer - Invasive**

- Prostate (2007) - Testosterone (enclator) (NCCN Clinical Practice Guidelines in Oncology™: Prostate Cancer Guidelines, Version 1.2007)
- Prostate (2007) - Testosterone (enclator) (NCCN Clinical Practice Guidelines in Oncology™: Prostate Cancer Guidelines, Version 1.2007)
- Prostate (2007) - Testosterone (enclator) (NCCN Clinical Practice Guidelines in Oncology™: Prostate Cancer Guidelines, Version 1.2007)

**Quick Links**

**Upcoming Events**

NCCN Breast Cancer Conference  
November - Albany, NY (10/18/06-10/20/06)

NCCN Breast Cancer Conference  
November - Chicago, IL (10/24/06-10/26/06)

NCCN Breast Cancer Conference  
November - Dallas, TX (11/14/06-11/16/06)

NCCN Breast Cancer Conference  
November - Denver, CO (11/21/06-11/23/06)

NCCN Breast Cancer Conference  
November - Houston, TX (11/28/06-12/01/06)

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Drugs &  
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Chapter 15  
Breast Cancer

Breast Cancer

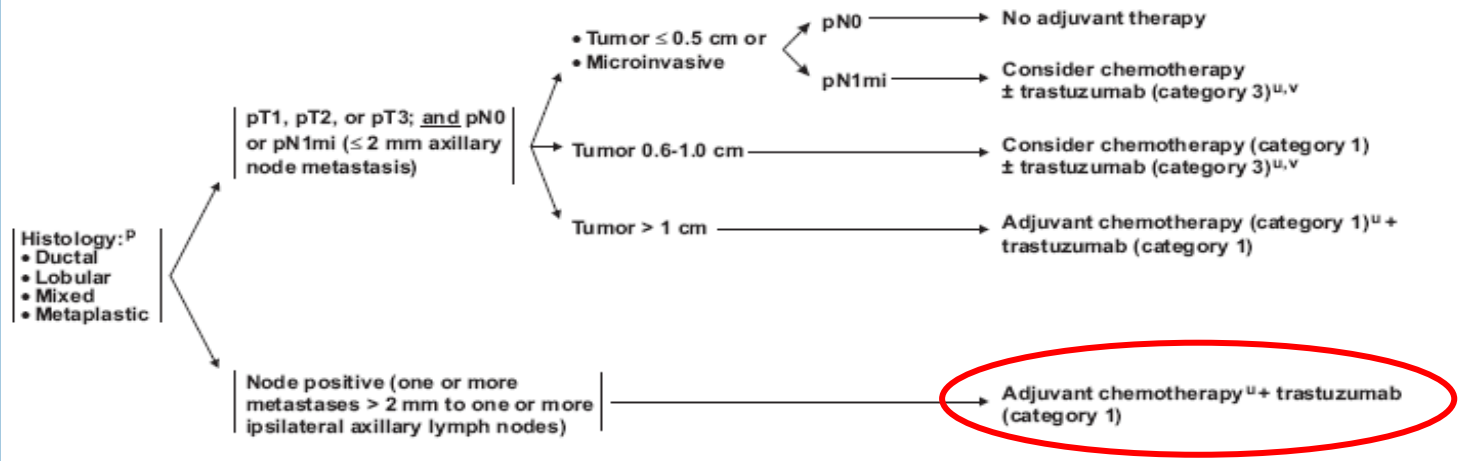
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# Goals of NCCN Guidelines

- 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

SYSTEMIC ADJUVANT TREATMENT - HORMONE RECEPTOR NEGATIVE - HER2 POSITIVE DISEASE<sup>b</sup>



[See Follow-Up \(BINV-15\)](#)  
[See Adjuvant Chemotherapy \(BINV-J\)](#)

<sup>b</sup>See Principles of HER2 Testing (BINV-A).  
<sup>P</sup>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.  
<sup>u</sup>There are insufficient data to make chemotherapy recommendations for those over 70 y old. Treatment should be individualized with consideration of comorbid conditions.  
<sup>v</sup>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

NCCN®

Practice Guidelines  
in Oncology – v.1.2010

Invasive Breast Cancer

[Guidelines Index](#)  
[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.

<sup>1</sup>Retrospective evidence suggests that anthracycline-based chemotherapy regimens may be superior to non-anthracycline-based regimens in patients with HER2 positive tumors.

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>Chemotherapy and tamoxifen used as adjuvant therapy should be given sequentially with tamoxifen following chemotherapy.

<sup>5</sup>Randomized clinical trials demonstrate that the addition of a taxane to anthracycline-based chemotherapy provides an improved outcome.

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# Specific Regimens

NCCN®

Practice Guidelines  
in Oncology – v.1.2010

Invasive Breast Cancer

[Guidelines Index](#)  
[Breast Cancer TOC](#)  
[Staging Discussion](#) [References](#)

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  - 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)

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# Directions for Administering Chemotherapy

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## Clinical Recommendations

### NCCN Chemotherapy Order Templates™

#### Breast Cancer - Invasive

- Neoadjuvant
  - PACLitaxel Q21D + Trastuzumab + sequential FEC (Fluorouracil/Epirubicin/IV Cyclophosphamide) + Trastuzumab - FEC + Trastuzumab course
  - PACLitaxel Q21D + Trastuzumab + sequential FEC (Fluorouracil/Epirubicin/IV Cyclophosphamide) + Trastuzumab – PACLitaxel + Trastuzumab course
- Adjuvant
  - AC (DOXOrubicin/Cyclophosphamide) Q21D + sequential DOCEtaxel Q21D + Trastuzumab – AC course
  - AC (DOXOrubicin/Cyclophosphamide) Q21D + sequential DOCEtaxel Q21D + Trastuzumab – DOCEtaxel + Trastuzumab course
  - AC (DOXOrubicin/Cyclophosphamide) Q21D + sequential PACLitaxel Q21D – AC course
  - AC (DOXOrubicin/Cyclophosphamide) Q21D + sequential PACLitaxel

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**NCCN Kidney Cancer Guidelines Symposium - Chicago, IL (10/20/2009)**  
**NCCN Oncology Research Best Practices Conference - Bethesda, MD (10/26/2009 - 10/27/2009)**  
**NCCN Colon and Rectal Cancers Guidelines Symposia - Baltimore, MD (11/6/2009)**

Internet



# NCCN Chemotherapy Orders Templates

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## Clinical Recommendations

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#### Breast Cancer - Invasive

- Neoadjuvant
  - PACLitaxel Q21D + Trastuzumab + sequential FEC (Fluorouracil/Epirubicin/IV Cyclophosphamide) + Trastuzumab - FEC + Trastuzumab course
  - PACLitaxel Q21D + Trastuzumab + sequential FEC (Fluorouracil/Epirubicin/IV Cyclophosphamide) + Trastuzumab – PACLitaxel + Trastuzumab course
- Adjuvant
  - **AC (DOXOrubicin/Cyclophosphamide) Q21D + sequential DOCEtaxel Q21D + Trastuzumab – AC course**
  - AC (DOXOrubicin/Cyclophosphamide) Q21D + sequential DOCEtaxel Q21D + Trastuzumab – DOCEtaxel + Trastuzumab course
  - AC (DOXOrubicin/Cyclophosphamide) Q21D + sequential PACLitaxel Q21D – AC course
  - AC (DOXOrubicin/Cyclophosphamide) Q21D + sequential PACLitaxel

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NCCN Colon and Rectal Cancers Guidelines Symposia - Baltimore, MD (11/6/2009)

# Chemotherapy Order Template

 National Comprehensive Cancer Network®		BRS27a Chemotherapy Order Template™ <b>Breast Cancer</b> <b>AC (DOXOrubicin/Cyclophosphamide) Every 21 Days</b> <b>→DOCEtaxel Every 21 Days + Trastuzumab</b>	
		<b>AC (DOXOrubicin/Cyclophosphamide) Every 21 Days Course</b> page 1 of 2	
<b>INDICATION:</b> Adjuvant	<b>REFERENCES:</b> 1. <a href="#">NCCN Clinical Practice Guidelines in Oncology™ Breast Cancer, V.1.2009.</a> 2. <a href="#">Robert N, et al. J Clin Oncol. 2007; 25(18S):19547A</a>	<b>NCCN SUPPORTIVE CARE:</b> 1. <i>Emetic Risk:</i> Day 1 High 2. <i>Fever/Neutropenia Risk:</i> Intermediate	
<b>CHEMOTHERAPY REGIMEN</b> 21-day cycle for 4 cycles			
<ul style="list-style-type: none"> <li>• DOXOrubicin 60 mg/m<sup>2</sup> IV Push on Day 1</li> <li>• See Safety Parameters and Special Instructions for information on slow IV Push administration.</li> <li>• Cyclophosphamide 600 mg/m<sup>2</sup> IV over 30 minutes on Day 1</li> <li>• 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.</li> </ul> <p>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.</p>			
<b>SUPPORTIVE CARE</b> <u>Antiemetic therapy (See <a href="http://www.nccn.org/professionals/physician_gls/pdf/antiemetic.pdf">www.nccn.org/professionals/physician_gls/pdf/antiemetic.pdf</a>)</u>			
Days 1–4			
<ul style="list-style-type: none"> <li>• Aprepitant 125 mg PO or fosaprepitant 115 mg IV Day 1, aprepitant 80 mg PO Days 2–3 AND</li> <li>• Dexamethasone 12 mg PO/IV Days 1–4 AND</li> <li>• 5-HT<sub>3</sub> 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           </li> <li>• ± Lorazepam 0.5–2 mg PO/IV or sublingual every 4 or every 6 hours as needed Days 1–4 AND</li> <li>• ± H<sub>2</sub> blocker or proton pump inhibitor</li> </ul>			
<i>Template continued on page 2</i>			
<small>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. <u>This template does not constitute an order.</u> 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 data, loss of income or profit, losses sustained as a result of any injury to any person, or loss or damage to property or claims of third parties.</small>			
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# Using the Templates

	National Comprehensive Cancer Network®	Chemotherapy Order Template™ <b>Breast Cancer</b> AC (DOXOrubicin/Cyclophosphamide) Every 21 Days →DOCEtaxel Every 21 Days + Trastuzumab	BRS27a
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<b>SUPPORTIVE CARE</b>			
<b>Antiemetic therapy (See <a href="#">www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf</a>)</b>			
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<ul style="list-style-type: none"><li>• Aprepitant 125 mg PO or fosaprepitant 115 mg IV Day 1, aprepitant 80 mg PO Days 2 – 3</li><li>AND</li><li>• Dexamethasone 12 mg PO/IV Days 1 – 4</li><li>AND</li><li>• 5-HT<sub>3</sub> 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</li><li>AND</li><li>• ± Lorazepam 0.5 – 2 mg PO/IV or sublingual every 4 or every 6 hours as needed Days 1 – 4</li><li>AND</li><li>• ± H<sub>2</sub> blocker or proton pump inhibitor</li></ul>			
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Regimen

# Using the Templates

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<ul style="list-style-type: none"><li>• Aprepitant 125 mg PO or fosaprepitant 115 mg IV Day 1, aprepitant 80 mg PO Days 2-3</li><li>AND</li><li>• Dexamethasone 12 mg PO/IV Days 1-4</li><li>AND</li><li>• 5-HT<sub>3</sub> 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</li><li>AND</li><li>• ± Lorazepam 0.5-2 mg PO/IV or sublingual every 4 or every 6 hours as needed Days 1-4</li><li>AND</li><li>• ± H<sub>2</sub> blocker or proton pump inhibitor</li></ul>			
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Indication


# Using the Templates

 National Comprehensive Cancer Network®	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. <a href="#">NCCN Clinical Practice Guidelines in Oncology™ Breast Cancer, V.1.2009</a> . 2. <a href="#">Robert N, et al. J Clin Oncol. 2007; 25(18S):19547A</a>	NCCN SUPPORTIVE CARE: 1. Emetic Risk: Day 1 High 2. Fever/Neutropenia Risk: Intermediate
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<b>SUPPORTIVE CARE</b>		
<b>Antiemetic therapy (See <a href="#">www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf</a>)</b>		
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References


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	AC (DOXOrubicin/Cyclophosphamide) Every 21 Days Course	
INDICATION: Adjuvant	REFERENCES: 1. <a href="#">NCCN Clinical Practice Guidelines in Oncology™ Breast Cancer, V.1.2009</a> . 2. <a href="#">Robert N, et al. J Clin Oncol. 2007; 25(18S):1964A</a>	NCCN SUPPORTIVE CARE: 1. Emetic Risk: Day 1 High 2. Fever Neutropenia Risk: Intermediate
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Supportive  
care

# Using the Templates

 <b>National Comprehensive Cancer Network®</b>	<b>Chemotherapy Order Template™</b> <b>Breast Cancer</b> <b>AC (DOXOrubicin/Cyclophosphamide) Every 21 Days</b> <b>→DOCEtaxel Every 21 Days + Trastuzumab</b>		BRS27a
	<b>AC (DOXOrubicin/Cyclophosphamide) Every 21 Days Course</b>		page 1 of 2
<b>INDICATION:</b> Adjuvant	<b>REFERENCES:</b> 1. <a href="#">NCCN Clinical Practice Guidelines in Oncology™ Breast Cancer, V.1.2009.</a> 2. <a href="#">Robert N, et al. J Clin Oncol. 2007; 25(18S):19547A</a>	<b>NCCN SUPPORTIVE CARE:</b> 1. Emetic Risk: Day 1 High 2. Fever/Neutropenia Risk: Intermediate	
<b>CHEMOTHERAPY REGIMEN</b> 21-day cycle for 4 cycles			
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<b>SUPPORTIVE CARE</b> <b>Antiemetic therapy (See <a href="#">www.nccn.org/professionals/physician_gls/pdf/antiemetic.pdf</a>)</b>			
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Chemotherapy

# Using the Templates


 National Comprehensive Cancer Network®	Chemotherapy Order Template™ <b>Breast Cancer</b> AC (DOXOrubicin/Cyclophosphamide) Every 21 Days →DOCEtaxel Every 21 Days + Trastuzumab		BRS27a
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INDICATION: Adjuvant	REFERENCES: 1. <a href="#">NCCN Clinical Practice Guidelines in Oncology™ Breast Cancer, V.1.2009</a> . 2. <a href="#">Robert N, et al. J Clin Oncol. 2007; 25(18S):19547A</a>	NCCN SUPPORTIVE CARE: 1. Emetic Risk: Day 1 High 2. Fever Neutropenia Risk: Intermediate	
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<b>SUPPORTIVE CARE</b>			
<b>Antiemetic therapy (See <a href="http://www.nccn.org/professionals/physician_gls/pdf/antiemetic.pdf">www.nccn.org/professionals/physician_gls/pdf/antiemetic.pdf</a>)</b>			
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Antiemetics





# Using the Templates

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		<i>AC (DOXOrubicin/Cyclophosphamide) Every 21 Days Course</i>	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](http://www.nccn.org/professionals/physician_gls/pdf/myeloid_growth.pdf))

CSFs are 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.

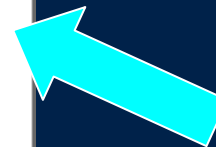
**MONITORING AND HOLD PARAMETERS**

- 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.

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**Growth factors**


# Using the Templates

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Monitoring and hold parameters



# Using the Templates

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Other Supportive Therapy

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MONITORING AND HOLD PARAMETERS

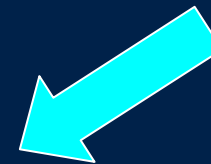
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Safety issues



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## Clinical Recommendations

### NCCN Chemotherapy Order Templates™

#### Breast Cancer - Invasive

- Neoadjuvant
  - PACLitaxel Q21D + Trastuzumab + sequential FEC (Fluorouracil/Epirubicin/IV Cyclophosphamide) + Trastuzumab - FEC + Trastuzumab course
  - PACLitaxel Q21D + Trastuzumab + sequential FEC (Fluorouracil/Epirubicin/IV Cyclophosphamide) + Trastuzumab - PACLitaxel + Trastuzumab course
- Adjuvant
  - AC (DOXOrubicin/Cyclophosphamide) Q21D + sequential DOCEtaxel Q21D + Trastuzumab - AC course
  - **AC (DOXOrubicin/Cyclophosphamide) Q21D + sequential DOCEtaxel Q21D + Trastuzumab - DOCEtaxel + Trastuzumab course**
  - AC (DOXOrubicin/Cyclophosphamide) Q21D - sequential PACLitaxel Q21D - AC course
  - AC (DOXOrubicin/Cyclophosphamide) Q21D + sequential PACLitaxel

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NCCN Kidney Cancer Guidelines Symposium - Chicago, IL (10/20/2009)  
NCCN Oncology Research Best Practices Conference - Bethesda, MD (10/26/2009 - 10/27/2009)  
NCCN Colon and Rectal Cancers Guidelines Symposia - Baltimore, MD (11/6/2009)

# Second Course

 National Comprehensive Cancer Network®	Chemotherapy Order Template™ <b>Breast Cancer</b> <b>AC (DOXOrubicin/Cyclophosphamide) Every 21 Days</b> <b>→DOCEtaxel Every 21 Days + Trastuzumab</b>	BR527b
	<b>DOCEtaxel Every 21 Days + Trastuzumab Course</b>	

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<b>INDICATION:</b> Adjuvant	<b>REFERENCES:</b> 1. <a href="#">NCCN Clinical Practice Guidelines in Oncology™ Breast Cancer, V.1.2009</a> 2. Robert N, et al. <i>J Clin Oncol.</i> 2007; 25(18S):19647	<b>NCCN SUPPORTIVE CARE:</b> 1. Emetic Risk: Day 1 Low; Trastuzumab Minimal 2. Fever/Neutropenia Risk: Intermediate
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**CHEMOTHERAPY REGIMEN**  
 21-day cycle for 4 cycles

- DOCEtaxel 100 mg/m<sup>2</sup> IV over 60 minutes on Day 1

Weekly to complete 12 weeks of trastuzumab

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

Followed by  
 21-day cycle to complete 62 weeks total of trastuzumab

- Trastuzumab 6 mg/kg IV over 30 – 50 minutes every 21 days beginning Week 13

This course is 4 cycles of DOCEtaxel Every 21 Days and 62 weeks of trastuzumab.  
 This course is initiated following completion of the AC (DOXOrubicin/cyclophosphamide) Every 21 Days course.  
 Please see Order Template BR527a for AC (DOXOrubicin/ cyclophosphamide) Every 21 Days course.

**SUPPORTIVE CARE**

**Premediations**

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*

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BRS27b

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## Antiemetic therapy (See [www.nccn.org/professionals/physician\\_gls/pdf/antiemetic.pdf](http://www.nccn.org/professionals/physician_gls/pdf/antiemetic.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<sub>2</sub> 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](http://www.nccn.org/professionals/physician_gls/pdf/myeloid_growth.pdf))

G-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.


## 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.

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#### 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.

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# 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

The screenshot displays the NCCN.com website interface. At the top, there is a navigation bar with links for 'Content Library', 'News', 'About Us', and 'Contact Us'. The main header features the 'nccn.com' logo and the tagline 'the consumer website of the National Comprehensive Cancer Network'. A search bar is located on the right side of the header. Below the header, a horizontal menu lists categories: 'Treatment Summaries', 'Making Treatment Decisions', 'Living with Cancer', 'Paying for Treatment', and 'Life Beyond Cancer'. The main content area is divided into several sections. On the left, there is a featured article titled 'NCCN Guidelines emphasize the importance of standardized tumor marker testing for women with breast cancer.' with a 'LEARN MORE' button and a numbered list of 6 items. Below this, there is a section for 'NCCN Treatment Summaries for People with Cancer™' with a brief description and a link to 'Now, the NCCN Treatment Summaries for People with Cancer™ translate this critical information to the one it impacts the most, you.' Further down, there are three columns of service links: 'Living with Cancer' (Cancer patients' rights at work, Fighting cancer fatigue, Exercising during treatment), 'Paying for Treatment' (Financial assistance, Prescription assistance, Paying for Clinical Trials), and 'Life Beyond Cancer' (Exercise for wellness, Nutrition for cancer survivors, Taking charge of follow-up care). On the right side, there is a 'Quick Links' section with links to 'About NCCN.com', 'Frequently Asked Questions', 'NCCN Treatment Summaries for People with Cancer', 'NCCN Clinical Practice Guidelines in Oncology™', and 'Guide to Clinical Trials'. Below that is a 'News' section with links to 'Determining Who Will Respond to Brain Tumor Therapy', 'Whites More Likely to Get Rare Bone Cancer', 'Obesity Greatly Raises Endometrial Cancer Risk', and 'The Nuts and Bolts of Reform Proposals'. At the bottom right, there is a 'Find an NCCN Member Institution' section with a map of the United States showing member locations. The footer of the page includes the NCCN logo and the text 'National Comprehensive Cancer Network®'. The browser's address bar shows 'Internet' and '100%' zoom.



# 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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[www.nccn.org](http://www.nccn.org)

