

Chemotherapy protocol

DRUG REGIMEN

EC100

Indications for use

Neoadjuvant and adjuvant treatment for breast cancer

Regimen

DRUG

Epirubicin 100mg/m ²	IV bolus
Cyclophosphamide 500mg/m ²	IV bolus

Regimen given every 3 weeks as part of the following programmes:

EC100-T:	3 cycles of EC100 followed by 3 cycles of docetaxel
EC100-Paclitaxel:	3 cycles of EC100 followed by 9 doses of weekly paclitaxel
EC100-TPH:	3 cycles of EC100 followed by 3 cycles of docetaxel, trastuzumab and pertuzumab

Investigation prior to initiating treatment

FBC

Routine Biochemistry

CXR at clinician's discretion

Echocardiogram / MUGA scan (see protocol)

Cautions

Pre-existing cardiac morbidity

LVEF < 50% (consider alternative therapy)

Altered LFT

Investigations and consultations prior to each cycle

To be seen by clinician before every cycle.

FBC

U&Es

LFTs

The U&Es and LFTs may be retrospectively looked at (i.e. after the chemotherapy treatment) **unless** they are known to be abnormal then they need to be repeated the day before so that the results are available pre-chemotherapy

Side Effects

Nausea and vomiting, alopecia, mucositis, possible diarrhoea, myelosuppression, cardiac side effects, vein pain

Acceptable levels for treatment to proceed (if outside these defer one week or contact consultant)

Neutrophil > 1.5 and plts > 100

If Neutrophils 1.2-1.5 contact **consultant**

Dose Modification Criteria

None specific

Specific Information on Administration

Epirubicin is a vesicant and should be administered first via the side port of a fast running infusion.

Primary GCSF prophylaxis should be given

THIS PROTOCOL HAS BEEN DIRECTED BY DR HOGG, DESIGNATED LEAD CLINICIAN FOR BREAST
CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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