North West Coast
Strategic Clinical Networks

Chemotherapy Protocol

DRUG REGIMEN
DOSE-DENSE DOXORUBICIN AND CYCLOPHOSPHAMIDE FOLLOWED BY PACLITAXEL

Indications for use
Neoadjuvant or adjuvant therapy for node positive HER2 negative breast cancer

Regimen
Doxorubicin 60mg/m² IV bolus
Cyclophosphamide 600mg/m² IV bolus

Every two weeks for 4 cycles, followed by:

Paclitaxel 175mg/m^2 IV infusion over 3 hours in 500ml 0.9% sodium chloride

Every two weeks for 4 cycles

Each cycle requires GCSF support with filgrastim 5mcg/kg SC on days 3-10

Pre-medication prior to Paclitaxel:
Dexamethasone 20 mg IV
Ranitidine 50 mg IV
Chlorphenamine 10 mg IV

Investigation prior to initiating treatment
FBC, U&Es, LFT
Echocardiogram or MUGA Scan
Patient height/weight
Venous access assessment

Cautions
Pre-existing cardiac morbidity
LVEF < 50%
Altered LFT

Investigations prior to each cycle
FBC, U&Es, LFT

Acceptable levels for treatment to proceed
ANC > 1.0 and PLT > 100
If outside these levels, contact consultant

Side effects
Hypersensitivity reactions
Myalgia
Neuropathy

Alopecia
Nausea and vomiting
Bone marrow suppression
Cardiotoxicity
Mucositis
Stomatitis
Urine discolouration

Dose Modification Criteria

Consider 20% dose reduction if:

- Chemotherapy delayed for more than one week because of toxicity.
- Two or more delays

Withdrawal of treatment:

Recurrent grade 3 or grade 4 toxicity despite dose modification
Life threatening complications

Specific Information on Administration

Doxorubicin is a vesicant and should be administered first via a fast running drip
Use non-PVC IV giving set with 0.2micron filter for paclitaxel

References

Citron ML, et al: CALGB 9741. J Clin Oncol 2003
NCCN Clinical practice Guidelines: Breast Cancer v4.2017 (February 2018)
Gray R, et al: EBCTCG meta-analysis. 2017 SABCS

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