

# BCCA Protocol Summary for Inflammatory Breast Cancer using Cyclophosphamide, Doxorubicin and Fluorouracil

**Protocol Code**

*BRINFCAF*

**Tumour Group**

*Breast*

**Contact Physician**

*Dr. Karen Gelmon*

## **ELIGIBILITY:**

- Initial treatment for inflammatory breast cancer in women greater than or equal to 60 years or women less than 60 years who refuse or who are medically unsuitable for BRINFCEF.

## **TESTS:**

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

## **PREMEDICATIONS:**

- Antiemetic protocol for High/Moderate emetogenic chemotherapy (see protocol SCNAUSEA)

## **TREATMENT:**

<b>Drug</b>	<b>Dose</b>	<b>BCCA Administration Guideline</b>
<u>doxorubicin</u> (ADRIAMYCIN®)	50 mg/m <sup>2</sup>	IV push
<u>fluorouracil</u> (5-FU)	500 mg/m <sup>2</sup>	IV push
<u>cyclophosphamide</u>	500 mg/m <sup>2</sup>	IV in 100 to 250 mL NS or D5W over 20 min to 1 hour

Repeat every 21 days x 6 cycles.

Radiation therapy is usually given following completion of chemotherapy treatment (BCCA Cancer Management Guidelines).

## DOSE MODIFICATIONS:

- |    |   |  |   |
|----|---|--|---|
| 1. | <u>ANC (x 10<sup>9</sup>/L)</u><br>greater than 1.5<br>1.0-1.5<br>less than 1.0   | <u>Platelets (x 10<sup>9</sup>/L)</u><br>greater than 90<br>70-90<br>less than 70                          | <u>Dose (all drugs)</u><br>100%<br>75%<br>delay |
| 2. | <u>Bilirubin (micromol/L)</u><br>25-50<br>51-85<br>greater than 85  | <u>Dose</u><br>50% doxorubicin - 100% cyclophosphamide<br>25% doxorubicin - 100% cyclophosphamide<br>delay |   |
| 3. | <b>Renal dysfunction:</b> Dose modification may be required for cyclophosphamide (see BCCA <u>Cancer Drug Manual</u> ). |  |   |

## 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<sup>2</sup> 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.
4. **Possible drug interactions with fluorouracil and warfarin, phenytoin and fosphenytoin** have been reported and may occur at any time. Close monitoring is recommended (eg, for warfarin, monitor INR weekly during fluorouracil therapy and for 1 month after stopping fluorouracil).

**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 activated: N/A

Date revised: 01 June 2011 (Infusion section revised)

## REFERENCES:

Bennett JM, Muss HB, Doroshaw JH et al. A randomized multicenter trial comparing mitoxantrone, cyclophosphamide, and fluorouracil with doxorubicin, cyclophosphamide, and fluorouracil in the therapy of metastatic breast cancer. J Clin Oncol 1988;6(10):1611-20.