

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

**Protocol Code:** BRLA2  
**Tumour Group:** Breast  
**Contact Physician:** Dr. Karen Gelmon

## ELIGIBILITY:

- Locally advanced\* 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 BRLACEF.  
\*see BCCA Cancer Management Guidelines

## 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:

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

## 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.