مركـز الكويـت لمكافحـة السرطـان
Kuwait Cancer Control Center

# AC (Dose Dense)
# ADRIAmycin / CYCLOPHOSPHamide - Dose Dense

*AC-000000-02-04-BR*

Ministry of Health

**Name:** **File #:** **Ht (cm):**
**Nationality:** **Civil ID:** **Wt (Kg):**
**Gender/Age:** **DOB:** **BSA (m²):**

**Indication(s):** Early breast cancer, adjuvant
**Central line:** ☐ Available ☐ NA **Allergies:** ☐ NKA ☐ Yes, specify; _____

**Parameters:** Initiate treatment only if ANC ≥ 1500; HB ≥ 80; Plt ≥ 100,000; CrCl > 45 ml/min.
Baseline ECHO and/or MUGA scan before initiation of anthracycline-containing regimen.
Date of pre-treatment ECHO and/or MUGA scan is _____. LVEF is ____ %.

**Pre-treatment Medications:** (30-60 min before starting treatment)

| | |
|---|---|
| Akynzeo | 1 Capsule PO (300 mg NETUpitant/0.5 mg PALONOsetron) on Day 1 |
| Dexamethasone | 12 mg PO/IV |

**Standard Protocol:**

| DRUG | DOSE | ADMINISTRATION | DAYS |
|---|---|---|---|
| DOXOrubicin | 60 mg/m² | IV in 250 mL NS over 20 min. | D1 |
| CYCLOPHOSPHamide | 600 mg/m² | IV in 250 mL NS over 20 min. | D1 |
| **To be repeated every 2 weeks for 4 cycles.** | | | |

**Special instructions:** The maximum cumulative dose of DOXOrubicin is 450 mg/m² (in normal cardiac function) and 350 mg/m² (in case of cardiac dysfunction or exposed to mediastinal IR. irradiation).

**Treatment Description:**

| Cycle | Date | DOXOrubicin | CYC | Physician | Consultant |
|---|---|---|---|---|---|
| C# __ | | | | | |
| C# __ | | | | | |
| C# __ | | | | | |
| C# __ | | | | | |

**Important Notes:**

Reported grade 3/4 toxicities: ☐ None ☐ Hematological ☐ Non-Hematological
If yes; Did it indicate hospitalization? ☐ Yes ☐ No
Did it indicate chemo-delay for ≥ 7 days? ☐ Yes ☐ No
Did it indicate dose reduction? ☐ Yes ☐ No
Did it indicate G-CSF support? ☐ Yes ☐ No