NHS
North West Coast
Strategic Clinical Networks

Chemotherapy protocol

DRUG REGIMEN
EC

Indications for use
Advanced breast cancer

Regimen

DRUG	Route
Epirubicin 60 or 75mg/m²	IV bolus
Cyclophosphamide 600mg/m²	IV bolus

Regimen given every 3 weeks for 6-8 cycles (at clinician's discretion)

Investigation prior to initiating treatment
FBC
Routine Biochemistry
CXR at clinician's discretion
Echocardiogram / MUGA scan (at clinician's discretion)

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

Investigations and consultations prior to each cycle
To be seen by clinician before every cycle.
FBC

The liver function test 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

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
Consider 20% dose reduction of Epirubicin and Cyclophosphamide if:

- Thrombocytopenia (platelets < 75)
- If chemotherapy is delayed for more than 1 week for recovery of count.
- Delay of two or more cycles.
- Episode of neutropenic sepsis.

Reconsider chemotherapy with this regimen if:

- Life threatening neutropenic sepsis.
- More than two dose reductions
- Episode of CCF

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

THIS PROTOCOL HAS BEEN DIRECTED BY DR BOARD, CLINICIAN FOR BREAST CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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