

EPIRUBICIN

Single agent in metastatic breast cancer

Drugs / Dosage:	3-weekly: Epirubicin 75 – 100mg/m ² IV Day 1 every 3 weeks <i>or</i> Weekly: Epirubicin 20 – 35mg/m ² IV Day 1 every week (may be considered as an alternative e.g. for those with cytopenia secondary to marrow infiltration)
Administration:	slow bolus via fast running infusion of 0.9% sodium chloride
Frequency:	3-weekly: review after 3 cycles. If responding, continue to 6 cycles, then review again. Weekly: review monthly, or as indicated in individual case
Main toxicities:	myelosuppression; alopecia; mucositis; cardiomyopathy; ovarian failure/infertility
Anti – emetics:	highly emetogenic
Extravasation:	vesicant
Regular investigations:	FBC Day 1 LFTs Day 1 U&Es Day 1 CA 15-3 Cycle 1, 3 & 5 only if elevated prior to starting treatment. MUGA scan see Comments
Comments:	Maximum cumulative dose = 950mg/m ²

A baseline MUGA scan should be performed where the patient is at significant risk of having impaired cardiac function e.g. significant cardiac history, hypertension, obese, smoker, elderly, previous exposure to anthracyclines, previous thoracic radiotherapy. MUGA scan should be repeated if there is suspicion of cardiac toxicity at any point during treatment, or if cumulative anthracycline dose approaches maximum.

Offer scalp cooling

Dose Modifications

Reason for Update: adjuvant info removed	Approved by Consultant: Dr S Houston
Version: 4	Approved by Lead Chemotherapy Nurse: P Deery
Supersedes: Version 3	Date: 8.10.13
Prepared by: S Taylor	Checked by: C Tucker

Haematological Toxicity: WBC < 3.0 x 10⁹/l
or
Neutrophils < 1.5 x 10⁹/l
or
Platelets < 100 x 10⁹/l

Delay for 1 week.
Repeat FBC – if within normal parameters, resume treatment. Dose reduction may be considered.

Hepatic Impairment:

Bilirubin (µmol/litre)	Epirubicin Dose
24 – 51	Give 50%
52 – 85	Give 25%
> 85	Omit

References: Bastholt, L et al; JCO 1996; 14 (4): 1146 – 1155

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