Hair loss is the most feared and common side effect of chemotherapy.

Scalp Cooling can be used to minimize chemotherapy-induced alopecia and can positively impact the confidence, sense of control and hope of patients who use it. Paxman is the global leader in scalp cooling, used by the major Cancer Centers across the USA.

Offer your patients the option of scalp cooling, they will...

THANK YOU
PREOPERATIVE/ADJUVANT THERAPY REGIMENS

Invasive Breast Cancer

- EC (epirubicin/cyclophosphamide)
- AC followed by docetaxel every 3 weeks

Other recommended regimens:
- AC followed by weekly paclitaxel
- CMF (cyclophosphamide/methotrexate/fluorouracil)

If triple-negative breast cancer and residual disease after preoperative therapy with HER2-Negative CMF and radiation therapy may be given concurrently, or the CMF may be given first. All chemotherapy provides an improved outcome. Sequentially with endocrine therapy following chemotherapy.

Chemotherapy and endocrine therapy used as adjuvant therapy should be given other chemotherapy regimens should be given prior to radiotherapy.

It would be acceptable to change the administration sequence to paclitaxel followed by weekly carboplatin or other platinum (option for patients with triple-negative tumors and germline hypersensitivity reaction). If substituted for weekly paclitaxel or docetaxel, then the weekly dose of nab-paclitaxel should not exceed 125mg/m².


Note: All recommendations are category 2A unless otherwise indicated.

HER2-Positive

Preferred regimens:

- Atezolizumab + albumin-bound paclitaxel (category 1)
- Anti-metabolites
- Platinum (option for patients with HER2-positive tumors and necessity of intravenous trastuzumab. Do not substitute trastuzumab and hyaluronidase-oysk for or with ado- trastuzumab emtansine. Patients previously treated with chemotherapy plus trastuzumab in the absence of bevacizumab to some first- or second-line chemotherapy agents modestly improves identify patients most likely to benefit from atezolizumab plus albumin-bound paclitaxel.
- PARP inhibitors (options for patients have received pertuzumab or ado-trastuzumab emtansine is unknown.


Other recommended regimens:
- Trastuzumab + vinorelbine, + docetaxel, + paclitaxel, + trastuzumab + vinorelbine, + docetaxel + trastuzumab, + trastuzumab + paclitaxel + carboplatin, + trastuzumab + other agents

Note: All recommendations are category 2A unless otherwise indicated.