



Appendix 11 - Breast Cancer Metastatic HORMONAL

Table 1: Chemotherapy Protocols

Chemotherapy protocols	Evidence Category
Als + CDK4/6 Inhibitors (Abemaciclib, Ribociclib, Palbociclib)	Category 1
Fulvestrant ± Non-steroidal Als (Anastrozole, Letrozole)	Category 1
Fulvestrant + CDK4/6 Inhibitors (Abemaciclib, Ribociclib, Palbociclib)	Category 1
Non-steroidal Als (Letrozole, Anastrozole)	Category 2A
Steroidal AI (Exemestane)	Category 2A
Selective estrogen receptor modulator (Tamoxifen, Toremifene)	Category 2A
Everolimus + (Fulvestrant, Tamoxifen, Exemestane)	Category 2A
Fulvestrant (Selective estrogen receptor down-regulator SERD)	Category 2A
Megesterol Acetate	Category 2A

Table 2: Vitamin D Dosing Guide

Indication	Dose (Note: 1 mcg = 40 units)
Vitamin D insufficiency/deficiency treatment	Serum 25(OH)D 20 to 30 ng/mL: Initial: Supplementation dosing: Oral: 600 to 800 units once daily; a repeat serum 25(OH)D level is not required or 1,000 to 2,000 units once daily; may consider a repeat serum 25(OH)D level in ~3 months to determine if the target level has been achieved.
	Serum 25(OH)D 10 to <20 ng/mL: Initial: Supplementation dosing: Oral: 800 to 1,000 units once daily or 2,000 units once daily a repeat serum 25(OH)D level should be drawn after ~3 months. If target serum 25(OH)D level has not been achieved, may increase to 2,000 units once daily or administer therapeutic dosing of 50,000 units once weekly for 6 to 8 weeks.
Pediatrics Vitamin D deficiency, prevention (eg, Rickets prevention)	Breast-fed infants (fully or partially): Oral: 400 units/day beginning in the first few days of life. Continue supplementation until infant is weaned to ≥1,000 mL/day or 1 qt/day of vitamin D-fortified formula or whole milk (after 12 months of age)
	Formula-fed infants ingesting <1,000 mL of vitamin D-fortified formula: Oral: 400 units/day
	Children and Adolescents without adequate intake: Oral: 400 to 600 units/day. Note: Children with increased risk of vitamin D deficiency (chronic fat malabsorption, maintained on chronic anti-seizure medications) may require higher doses; use laboratory testing [25(OH)D, PTH, bone mineral status] to evaluate
Pediatrics Vitamin D deficiency, treatment	Infants: Oral: 2,000 units daily for 6 weeks to achieve a serum 25(OH)D level >20 ng/mL; followed by a maintenance dose of 400 to 1,000 units daily. Note: For patients at high risk of fractures a serum 25(OH)D level >30 ng/mL has been suggested
	Children and Adolescents: Oral: 2,000 units daily for 6 to 8 weeks to achieve serum 25(OH)D level >20 ng/mL; followed by a maintenance dose of 600 to 1,000 units daily.
Nutritional rickets, treatment:	Administer in combination with calcium supplementation: Daily therapy (preferred): Infants: Oral: 2,000 units daily for ≥3 months, followed by maintenance dose of 400 units daily. Children: Oral: 3,000 to 6,000 units daily for ≥3 months, followed by maintenance dose of 600 units daily. Adolescents: Oral: 6,000 units daily for ≥3 months, followed by maintenance dose of 600 units daily
	Administer in combination with calcium supplementation: Single-dose therapy: Infants ≥3 months: Oral: 50,000 units once, or in divided doses over several days; after 3 months, initiate maintenance dose of 400 units daily. Children: Oral: 150,000 units once, or in divided doses over several days; after 3 months, initiate maintenance dose of 600 units daily. Adolescents: Oral: 300,000 units once, or in divided doses over several days; after 3 months, initiate maintenance dose of 600 units daily