

## Management of symptomatic adverse reactions to trastuzumab emtansine (Kadcyla®)

**Table 1: Dose modification guidelines for increased transaminases (AST/ALT)**

Grade 2 (> 2.5 to ≤ 5 × the ULN)	Grade 3 (> 5 to ≤ 20 × the ULN)	Grade 4 (> 20 × the ULN)
No dose modification is required.	Do not administer trastuzumab emtansine until AST/ALT recovers to Grade ≤ 2 (>2.5 to ≤5 x ULN), and then dose reduce (see notes).	Discontinue trastuzumab emtansine

**Table 2: Dose modification guidelines for hyperbilirubinemia**

Grade 2 (> 1.5 to ≤ 3 × the ULN)	Grade 3 (> 3 to ≤ 10 × the ULN)	Grade 4 (> 10 × the ULN)
Do not administer trastuzumab emtansine until total bilirubin recovers to Grade ≤ 1 (>ULN to 1.5x ULN). No dose modification is required.	Do not administer trastuzumab emtansine until total bilirubin recovers to Grade ≤ 1 (>ULN to 1.5x ULN), and then dose reduce (see notes).	Discontinue trastuzumab emtansine.

Treatment should be discontinued in patients with serum transaminases >3 x ULN and bilirubin >2 x ULN

**Table 3: Dose modification guidelines for thrombocytopenia**

Grade 3 (Platelets: 25 x10 <sup>9</sup> /l to < 50 x 10 <sup>9</sup> /l)	Grade 4 (Platelets: < 25 x 10 <sup>9</sup> /l)
Do not administer trastuzumab emtansine until platelet count recovers to ≤ Grade 1 (i.e. platelets ≥ 75 x10 <sup>9</sup> /l). No dose modification is required.	Do not administer trastuzumab emtansine until platelet count recovers to ≤ Grade 1 (i.e. platelets ≥ 75 x 10 <sup>9</sup> /l), and then dose reduce (see notes).

**Table 4: Dose modifications for left ventricular dysfunction**

LVEF < 40%	LVEF > 45%	LVEF 40% to ≤45% and decrease is < 10% points from baseline	LVEF 40% to ≤45% and decrease is ≥ 10% points from baseline	Symptomatic CHF
Do not administer trastuzumab emtansine.  Repeat LVEF assessment within 3 weeks. If LVEF < 40% is confirmed, discontinue trastuzumab emtansine.	Continue treatment with trastuzumab emtansine.	Continue treatment with trastuzumab emtansine.  Repeat LVEF assessment within 3 weeks.	Do not administer trastuzumab emtansine.  Repeat LVEF assessment within 3 weeks. If the LVEF has not recovered to within 10% points from baseline, discontinue trastuzumab emtansine.	Discontinue trastuzumab emtansine.

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N.B. Version numbers re-started from 1 when adverse reaction information separated from proforma