

Indication	For the treatment of HER2 positive node negative early breast cancer who have not received Neo-Adjuvant SACT.
Treatment Intent	Adjuvant
Frequency and number of cycles	Repeat every 21 days Docetaxel, carboplatin and trastuzumab SC every 3 weeks for a maximum of 6 cycles , followed by 12 cycles of trastuzumab SC or until progressive disease, unacceptable toxicity or patient choice whichever is sooner.
Monitoring Parameters	• Virology screening: All new patients referred for systemic anti-cancer treatment should be screened for hepatitis B and C and the result reviewed prior to the start of treatment. Patients not previously tested who are starting a new line of treatment, should also be screened for hepatitis B and C. Further virology screening will be performed following individual risk assessment and clinician discretion. • The use of trastuzumab is restricted to patients whose tumours significantly overexpress HER2 at the 3+ level or greater. • Ensure Dexamethasone pre-medication (8mg bd for 3 days starting day before docetaxel) is prescribed and given to the patient at new patient chat. • EDTA/DTPA should be used to measure GFR prior to cycle 1. • C+G may be used to estimate CrCl if there is a delay in obtaining EDTA result. • Cardiac Monitoring: ○ For cardiac monitoring details please refer to the KMCC Oncological Treatment of breast cancer guidelines-https://www.kmcc.nhs.uk/medicines-and-prescribing-incorporating-sact-pathways/oncological-treatment-guidelines/ ○ It is the prescribers' responsibility to check that the ECHO/MUGA result is satisfactory before continuing treatment. ○ At each nurse assessment patients should be assessed for signs of dyspnoea. ○ Cardiotoxicity: ○ Caution in patients with prior history of coronary heart disease, arrhythmias and angina pectoris. ○ Avoid anthracyclines for up to 7 months after stopping trastuzumab. If used, monitor cardiac function closely. • Haematological monitoring and parameters ○ Cycle 1 to 6: Monitor FBC, U&E and LFT at each cycle, if CrCl falls by >25% repeat EDTA. ○ If neuts >= 1 and PLT >= 100 continue with treatment. If neuts <1 or PLT <100 defer 1 week ○ Cycle 7 to 18: Monitor FBC, U&E and LFT every 3 months or as clinically indicated. • Hepatic impairment: ○ Docetaxel is not recommended in severe hepatic impairment. A dose reduction of docetaxel may be made dependent on PS and liver function. ○ Carboplatin: No dose adjustment required. ○ Trastuzumab: There are no recommendations for dose adjustments of trastuzumab in hepatic impairment. • Renal impairment: ○ Carboplatin: stop if CrCl<30ml/min. CrCl 31-49ml/min use AUC 5. ○ Trastuzumab: There are no recommendations for dose adjustments of trastuzumab in renal impairment. • Infusion / Injection -related reactions: ○ Docetaxel: Patients who have developed severe hypersensitivity reactions should not be re-challenged with docetaxel. ○ Carboplatin:

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	○ Patients developing hypersensitivity reactions to carboplatin: Mild/moderate reactions (grade 1-2) - If symptoms resolve after treatment with hydrocortisone and chlorphenamine, the infusion may be restarted at 50% rate for 30 mins, then, if no further reaction, increase to 100% rate. ○ If symptoms do not resolve after treatment with hydrocortisone and chlorphenamine, do not restart the infusion. At consultant's discretion, patients may be re-challenged at a later date with additional prophylaxis. In the event of further reaction (grade 1-3), stop infusion and consider alternative treatment. ○ Severe (grade 3): Do not restart infusion. Consider alternative treatment. ○ Anaphylaxis (grade 4): Follow anaphylaxis protocol. Discontinue permanently and consider alternative treatment. ○ Trastuzumab SC injection administration and monitoring: ○ Inject into the subcutaneous tissue of the thigh, injection sites should alternate between left and right thigh. ○ New injections should be given at least 2.5 cm from the previous site. ○ Do not inject into areas where the skin is red, bruised, tender, or hard. ○ During treatment with trastuzumab solution for subcutaneous injection, do not administer other medicinal products for subcutaneous use at the same site. ○ Patients should be observed for 30 minutes after the first trastuzumab injection and for 15 minutes after subsequent injections. ● Management of adverse reactions and dose adjustments: ○ Dose reduction of docetaxel and/or carboplatin should be considered if grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2 (except N&V and alopecia). Delay until resolution of toxicity to $\leq$ grade 1. ○ No dose reductions required for trastuzumab sc. ● Common drug interactions (for comprehensive list refer to BNF/SPC): ○ Trastuzumab SC: No formal drug interaction studies have been performed. Caution with other cardiotoxic drugs. ○ Docetaxel: Concomitant use with medicines which induce, inhibit or are metabolised by cytochrome P450-3A (e.g. ciclosporin, ketoconazole and erythromycin) may affect levels of docetaxel, use with caution. ○ Avoid concomitant use with strong CYP3A4 inhibitors (e.g. ketoconazole, itraconazole, clarithromycin and ritonavir), if treatment cannot be avoided consider dose reduction of docetaxel and monitor patient closely for signs of toxicity. ○ Carboplatin: Caution with other nephrotoxic drugs. ● Missed dose: If the patient misses a dose of trastuzumab, administer the dose as soon as possible. The interval between the consecutive dose should not be less than 3 weeks. ● Driving: Patients should be advised their ability to drive or operate machinery may be impaired. ● Pregnancy and contraception: Women of childbearing potential should use effective contraception and not consider pregnancy during treatment and men are advised to use effective contraception and not to conceive children during treatment, see brand specific SPC for further information.
References	SPC accessed online 16.03.2026 TNBC and Her2+ Early Breast Cancer update breast meeting 27.01.2026 KMCC protocol BRE-041 V1

NB For funding information, refer to CDF and NICE Drugs Funding List

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Cycle 1 to 6: Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration
1	TRASTUZUMAB (Herceptin®)	600mg	SC	2 – 5 min	Alternate injection site between the right and left thigh at least 2.5cm away from previous injection site
	Patients should be observed for 30 minutes after the first trastuzumab injection and for 15 minutes after subsequent injections. Observation should be completed prior to any subsequent administration of chemotherapy.				
	Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15 min	Sodium chloride 0.9% 50ml
	Ensure dexamethasone pre-med taken before administration of docetaxel				
	DOCETAXEL	75mg/m²	IV	1 hour	Sodium Chloride 0.9% 250ml
	CARBOPLATIN (see note)	AUC 6 Dose = AUC X (GFR + 25) (Max 700mg)	IV	30 minutes	Glucose 5% 500ml
TTO	Drug	Dose	Route	Directions	
Day 1	Dexamethasone	6mg	PO	OM for 2 days starting on day 3	
	Metoclopramide	10mg	PO	Take TDS for 3 days then 10mg up to TDS PRN. Do not take for more than 5 days continuously.	
	Ondansetron	8mg	PO	BD for 3 days	
	Dexamethasone	8mg	PO	BD for 3 days starting the day before next cycle of docetaxel Dispense cycle 1 to 5 only.	
	Filgrastim	300 micrograms or consider dose of 480 micrograms if patient > 80kg	SC	OD starting day 2 for 7 days	
	Loperamide	2mg-4mg	PO	Take 4mg initially then 2mg after each loose stool when required (max. 16mg per day). Dispense original pack on cycle 1 then only if required.	

Cycle 7 to 18: repeat every 21 days.

Day	Drug	Dose	Route	Infusion Duration	Administration
1	TRASTUZUMAB (Herceptin®)	600mg	SC	2 – 5 min	Alternate injection site between the right and left thigh at least 2.5cm away from previous injection site
	Patients should be observed for 30 minutes after the first trastuzumab injection and for 15 minutes after subsequent injections.				

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