Indication	Metastatic breast Cancer NB The use of Trastuzumab is restricted to patients whose tumours significantly overexpress HER2 at the 3+ level or greater.
Treatment Intent	Palliative
Frequency and number of cycles	Every 21 days Continue until unacceptable toxicity or visceral progression or patient choice
Monitoring Parameters pre-treatment	• ECG prior to cycle 1 • Monitor U&E, LFTs and FBC at each cycle • PLT >/=100 and neuts >/=1.0 proceed with treatment, otherwise delay by 1 week. • **DPD testing** must be undertaken in all patients before starting treatment; the result must be checked before treatment is started. • **Renal impairment** Before starting treatment, GFR should be ≥50ml/min Capecitabine is contraindicated if CrCl <30ml/min. If ClCr 30-50ml/min dose reduce capecitabine to 75% of the dose (1875mg/m^2/day in 2 divided doses). • **Hepatic impairment** No dose adjustments in hepatic impairment (insufficient data of capecitabine to make a dose recommendation). • **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. • **Cardiac monitoring:** Cardiac function should be monitored at baseline (ECHO/MUGA and ECG) and then every 6 months (ECHO or MUGA) during treatment or as clinically indicated. 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. • **Injection related reactions:** Patients should be observed for 30 minutes after the first trastuzumab injection and for 15 minutes after subsequent injections • **Dose interruption and reduction** Interrupt capecitabine in the event of >/= grade 2 non-haematological toxicity (with the exception of side effects such as alopecia, alteration in taste etc, considered to be not serious) until resolution of toxicity to grade 0-1. Dose reduction 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 ≤ grade 1. • **Drug interactions**: Capecitabine must not be given with concurrent sorivudine or derivatives (e.g brivudine), see SPC. Monitor PT and INR regularly in patients taking coumarin-derivative anticoagulants. Monitor phenytoin levels with concomitant use. Caution with folinic acid or folic acid – potential for increased toxicity. Avoid concomitant allopurinol. • **Skin reactions:** Capecitabine can induce severe skin reactions such as Stevens-Johnson syndrome and Toxic Epidermal Necrolysis. Patients should be informed of the possibility of such reactions and informed to seek urgent medical advice should any symptoms of a severe skin reaction occur. Treatment should be permanently discontinued in affected patients.

	• **Missed dose**: If the patient misses a dose of trastuzumab, administer the dose as soon as possible. The interval between the consecutive doses should not be less than 3 weeks. • Capecitabine may cause dizziness, fatigue and nausea. Patients should be aware this may affect their ability to drive or operate machinery. • For oral self-administration: refer to local Trust policy on oral anti-cancer medicines and supply Patient Information Leaflet and Macmillan information sheet
References	ARIA regimen BRE-039 v2

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

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration
1	**TRASTUZUMAB**	**600mg**	SC	2-5 min	Alternate injection site between the right and left thigh at least 2.5cm away from previous injection site
	CAPECITABINE	**2500mg/m²/day** **In 2 divided doses**	PO		**for 14 days** (the 1st dose will be taken as the evening dose on day 1 and the last dose is taken the morning of day 15, followed by a 7 day rest period) Take within 30 minutes after food, and approximately every 12 hours **Available as 500mg and 150mg tablet**
TTO	Drug	Dose	Route	Directions	
	Metoclopramide	10mg	PO	10mg up to 3 times a day as required. Do not take for more than 5 days continuously.	