Kent and Medway SACT Protocol

Paclitaxel and Trastuzumab (sub cut) for Metastatic Breast Cancer

Indication	For the 1st line treatment of metastatic breast cancer in patients whose tumours significantly overexpress HER2 at the 3+ level or greater, and are unsuitable for anthracycline.		
Treatment Intent	Palliative		
Funding approval required	No		
Drugs / Doses / Administration	**Trastuzumab** 600mg sub cut over 2-5 minutes. Alternate injection site between the right and left thigh at least 2.5cm away from previous injection site**.** **Paclitaxel** (80mg/m²) iv in 250ml Sodium Chloride 0.9% (non-PVC bag) via in-line 0.22 micron filter over 1 hour on days 2 ,8 and 15 of cycle 1 and days 1,8 and 15 of subsequent cycles.		
Frequency and number of cycles	Every 21 days. Continue until progressive disease. If disease progression is within the CNS alone, continue trastuzumab.		
Emetogenic potential (follow K&M guidelines for the management of SACT induced nausea and vomiting)	Moderate NB Dexamethasone iv included as part of pre-med		
Pre-medication (if required) Drugs / doses / adminisitration	Dexamethasone Chlorphenamine	8mg (may be reduced to 4mg in subsequent cycles) iv bolus 10mg iv bolus	30 minutes prior to paclitaxel
Hydration (if required, follow K&M cisplatin hydration guidelines if appropriate)			
Monitoring parameters pre-treatment	• Monitor U+Es, LFTs and FBC at each cycle. • If neuts 1.0-1.4 and PLT ≥100 d/w consultant. • If neuts <1.0 or PLT <100 defer 1 week. • At each nurse assessment patients should be assessed for signs of dyspnoea. • 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. • Avoid anthracyclines for up to 7 months after stopping trastuzumab. If used, monitor cardiac function closely. • 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. Record on trastuzumab cardiac record. • It is the prescribers' responsibility to check that the ECHO/MUGA result is satisfactory before continuing treatment. • Dose reduce Paclitaxel to 60mg/m² in the event of ≥grade 2 neuropathy and consider delay until recovery to ≤ grade 1 • Consider omitting paclitaxel in event of recurrent ≥grade 3 neuropathy • Dose reduction should be considered if any other 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		
Post treatment observation (if required)	• Patients should be observed for 30 minutes after the first injection and for 15 minutes after subsequent injections		
Additional TTOs	N/A		
Reference(s)	Seidman et al J Clin Onc 2008 26(10) 1642-1649 NECN chemotherapy handbook protocol: Trastuzumab (Herceptin) and Paclitaxel – weekly version v2.1 Trastuzumab sc (3W) paclitaxel (W) metastatic breast cancer protocol GIG CYMRU NHS Wales June 14 v1 A full review of this protocol has not been undertaken for v3. Change made to trastuzumab sc observation period		
Comments	*e.g make reference to guidelines for management of adverse reactions*		

Document Control

Protocol No:	BRE-043	New protocol / Reason for update
Version:	FINAL	V2 – removal of ranitidine V3 – updated to trastuzumab observation period
Supersedes version:	1	
Date:	10.01.22	
Authorising consultant (usually NOG Chair)	R Burcombe (V1)	
Written by:	C Waters (V1) M Archer V2 updated as per SOP-005 V3 updated for sc trastuzumab observation (C Waters / M Archer)	
Checked by:	K Miller (V1)	

Protocol build in Aria

Built by:	
Validated by (pharmacist):	
Validated by (consultant):	
Validated by (nurse):	