Regimen Reference Order

BRST – PERTuzumab + trastuzumab + PACLitaxel

ARIA: BRST – [PERTuz + tras + PACLitaxel (weekly)]
BRST – [PERTuzumab + trastuzumab – Phase 2]

Planned Course: **PERTuzumab + trastuzumab + PACLitaxel every 21 days for 6 to 8 cycles (*greater than 8 cycles at the discretion of the oncologist*), followed by PERTuzumab + trastuzumab every 21 days until disease progression or unacceptable toxicity**

Indication for Use: **Breast Cancer Metastatic HER2 positive**

CVAD: At Provider's Discretion

Proceed with treatment if:

PERTuzumab + trastuzumab + PACLitaxel

Days 1, 8 and 15

- ***ANC equal to or greater than 1.5 x 10^9/L AND Platelets equal to or greater than 100 x 10^9/L***

PERTuzumab + trastuzumab (Phase 2)

- ***Blood work at provider's discretion: not required to proceed with treatment***
  - ❖ **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – BRST – PERTuzumab + trastuzumab + PACLitaxel

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
PERTuzumab + trastuzumab + PACLitaxel		
Cycle 1		
Day 1		
PERTuzumab	840 mg Loading Dose	IV in normal saline 250 mL over 60 minutes
Day 2		
trastuzumab (brand name specific)	8 mg/kg Loading Dose	IV in normal saline 250 mL over 90 minutes **Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order* **Nursing Alert: PACLitaxel infusion starts after observation period is complete*

famotidine	40 mg	Orally 1 hour prior to PACLitaxel
cetirizine	10 mg	Orally 1 hour prior to PACLitaxel
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes
Wait 30 minutes after completion of IV pre-medications before starting PACLitaxel		
PACLitaxel	80 mg/m^2	IV in normal saline 250 mL over 1 hour *Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter*
Days 8 and 15		
famotidine	40 mg	Orally 1 hour prior to PACLitaxel
cetirizine	10 mg	Orally 1 hour prior to PACLitaxel
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes
Wait 30 minutes after completion of IV pre-medications before starting PACLitaxel		
PACLitaxel	80 mg/m^2	IV in normal saline 250 mL over 1 hour *Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter*
Cycles 2 to 8		
Day 1		
PERTuzumab	420 mg	IV in normal saline 250 mL over 30 minutes
trastuzumab (brand name specific)	6 mg/kg	IV in normal saline 250 mL over 30 minutes *OGIVRI brand: Use non-DEHP bags* **Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order*
famotidine	40 mg	Orally 1 hour prior to PACLitaxel
cetirizine	10 mg	Orally 1 hour prior to PACLitaxel
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes
Wait 30 minutes after completion of IV pre-medications before starting PACLitaxel		
PACLitaxel	80 mg/m^2	IV in normal saline 250 mL over 1 hour *Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter*
Days 8 and 15		
famotidine	40 mg	Orally 1 hour prior to PACLitaxel
cetirizine	10 mg	Orally 1 hour prior to PACLitaxel
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes
Wait 30 minutes after completion of IV pre-medications before starting PACLitaxel		
PACLitaxel	80 mg/m^2	IV in normal saline 250 mL over 1 hour *Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter*

Phase 2 PERTuzumab + trastuzumab (1 cycle = 84 days)		
PERTuzumab	420 mg	IV in normal saline 250 mL over 30 minutes on **Days 1, 22, 43 and 64**
trastuzumab (brand name specific)	6 mg/kg	IV in normal saline 250 mL over 30 minutes on **Days 1, 22, 43 and 64** **Alert*: *Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order*
All doses will be automatically rounded that fall within the DSG Approved Dose Bands. See BRST DSG – Dose Banding document for more information		

In the event of an infusion-related hypersensitivity reaction, refer to the '**Hypersensitivity Reaction Standing Order'**

REQUIRED MONITORING

Cardiac monitoring

- Left Ventricular Ejection Fraction (LVEF) monitoring recommended:
  - At baseline, and
  - every 4 cycles for the first 2 years, then
  - every 4 to 8 cycles thereafter

All cycles PERTuzumab, trastuzumab and PACLitaxel

Day 1

- CBC, biochemistry and liver enzymes as per Physician Orders

Days 8 and 15

- CBC as per Physician Orders

Cycle 1, Day 1 Only

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- Observe patient for 1 hour after PERTuzumab administration**.** Full vital signs prior to discharge

Cycle 1, Day 2 Only

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- Observe patient for 30 minutes after trastuzumab administration. PACLitaxel infusion begins after observation period is complete
- No observation period is required after PACLitaxel administration**.** Patient can be discharged from treatment room if stable whether they had a reaction or not

Cycles 2 and Onwards

Days 1, 8 and 15

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- No observation period is required after PERTuzumab, trastuzumab or PACLitaxel administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Instruct patient to continue taking anti-emetic(s) at home
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- PACLitaxel may cause progressive, irreversible neuropathy
- trastuzumab is available from more than one manufacturer and uses several different brand names. Brand name will be indicated in brackets after trastuzumab. **Ensure prescription label matches the brand name on prescribed order**
- After completion of PACLitaxel, patients can continue on PERTuzumab plus trastuzumab alone; prescribers will use the **BRST – [PERTuzumab + trastuzumab – Phase 2]** regimen when PACLitaxel is complete