

Regimen Reference Order – BRST – PACLitaxel + trastuzumab

ARIA: BRST - [PACLitaxel + trastuzumab (ADJ)]

Planned Course: PACLitaxel and trastuzumab every week for 12 weeks (1 cycle = 21 days), followed by trastuzumab every 21 days for 14 cycles

Indication for Use: Breast Cancer Adjuvant

CVAD: At Provider's Discretion

Proceed with treatment if:

Cycles 1 to 4

ANC equal to or greater than $1 \times 10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$

❖ **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – BRST – PACLitaxel + trastuzumab

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1 - Day 1		
metoclopramide	20 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes
raNITidine	50 mg	IV in normal saline 50 mL over 15 minutes
PACLitaxel	80 mg/m^2	IV in normal saline 250 mL over 1 hour <i>Use non-DEHP bags and non-DEHP administration sets with 0.22 micron in-line filter</i> <i>Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability</i> <i>*Nursing Alert: Pump programming should reflect actual volume in the bag</i>
trastuzumab	4 mg/kg Loading Dose	IV in normal saline 250 mL over 90 minutes

Cycle 1 – Days 8 and 15		
metoclopramide	20 mg	Orally 30 minutes prior to PACLitaxel
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes
ranITidine	50 mg	IV in normal saline 50 mL over 15 minutes
PACLitaxel	80 mg/m ²	IV in normal saline 250 mL over 1 hour <i>Use non-DEHP bags and non-DEHP administration sets with 0.22 micron in-line filter</i> <i>Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability</i> <i>*Nursing Alert: Pump programming should reflect actual volume in the bag</i>
trastuzumab	2 mg/kg	IV in normal saline 250 mL over 30 minutes
Cycles 2 to 4 – Days 1, 8 and 15		
metoclopramide	20 mg	Orally 30 minutes prior to PACLitaxel
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes
ranITidine	50 mg	IV in normal saline 50 mL over 15 minutes
PACLitaxel	80 mg/m ²	IV in normal saline 250 mL over 1 hour <i>Use non-DEHP bags and non-DEHP administration sets with 0.22 micron in-line filter</i> <i>Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability</i> <i>*Nursing Alert: Pump programming should reflect actual volume in the bag</i>
trastuzumab	2 mg/kg	IV in normal saline 250 mL over 30 minutes
Cycles 5 to 18 – Day 1		
trastuzumab	6 mg/kg	IV in normal saline 250 mL over 30 minutes

Flush after each medication:

- 50 mL over 6 minutes (500 mL/hr)

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

REQUIRED MONITORING

Left Ventricular Ejection Fraction (LVEF) monitoring is recommended at baseline and every 4 cycles

Cycle 1

Day 1

- CBC, bilirubin, AST, ALT as per physician order
- Full vital signs (temperature, heart rate, respiration, blood pressure and O₂ saturation) at baseline and as clinically indicated
- Observe for 1 hour post-trastuzumab
- Full vital signs prior to discharge

Days 8 and 15

- CBC, bilirubin, AST, ALT as per physician order
- Full vital signs at baseline and as clinically indicated
- Observe for 30 minutes post-trastuzumab
- Full vital signs prior to discharge

Cycles 2 to 4

Day 1

- CBC, bilirubin, AST, ALT as per physician order
- Full vital signs at baseline and as clinically indicated
- Observe for 30 minutes post trastuzumab on Cycle 2, Day 1 only. No observation period required Cycle 2, Day 8 and onwards
- Full vital signs prior to discharge

Days 8 and 15

- CBC, bilirubin, AST, ALT as per physician order
- Full vital signs at baseline and as clinically indicated
- Full vital signs prior to discharge

Cycles 5 to 18

- No CBC required
- Full vital signs at baseline and as clinically indicated

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
metoclopramide	10 – 20 mg	Orally every 4 – 6 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

Cycles 1 to 4

- 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

- N/A