PACLitaxel (80) and Trastuzumab Therapy – 7 day (12 weeks)

INDICATIONS FOR USE:

INDICATION	ICD10	Regimen Code	Reimbursement Status
Adjuvant Treatment of HER2 positive, Node-Negative Breast Cancer of tumor size ≤3cm	C50	00512a	Hospital

TREATMENT:

The starting dose of the drugs detailed below may be adjusted downward by the prescribing clinician, using their independent medical judgement, to consider each patients individual clinical circumstances.

PACLitaxel and trastuzumab are administered once every 7 days for 12 weeks.

Following completion of the initial 12 week treatment period, treatment with trastuzumab should be continued to complete one year of trastuzumab therapy as follows:

- trastuzumab 2mg/kg every 7 days (ref NCCP regimen 00201 Trastuzumab (IV)monotherapy-7days)
- OR
- trastuzumab 6mg/kg (ref NCCP regimen 00200 Trastuzumab monotherapy-21days) every 21 days

Facilities to treat anaphylaxis MUST be present when trastuzumab is administered

12 Cycles of PACLitaxel/Trastuzumab

Day	Drug	Dose	Route	Diluent & Rate	Cycle
1	[a,b] Trastuzumab	4mg/kg	IV infusion Observe post infusion	250ml 0.9% sodium chloride over 90min	Cycle 1
1	[c,d] PACLitaxel	80mg/m^2	IV infusion	250 ml 0.9% sodium chloride over 1hr	Cycle 1
`1	[a,b] Trastuzumab	2mg/kg	IV infusion Observe post infusion	If no adverse reactions use 250ml 0.9% sodium chloride over 30min	Cycle 2 and further cycles
1	[c,d] PACLitaxel	80mg/m^2	IV infusion	250 ml 0.9% sodium chloride over 1hr	Cycle 2 and further cycles
[a]Recommended Observation period: Patients should be observed for at least six hours after the start of the first infusion and for two hours after the start of the subsequent infusions for symptoms like fever and chills or other infusion-related symptoms. Any deviation should be noted in local policies.					
[b]Trastuzumab is incompatible with glucose solution					
[c]PACLitaxel must be supplied in non-PVC containers and administered using non-PVC giving sets and through an in-line 0.22 µm filter with a microporous membrane.					
[d]PACLitaxel should be diluted to a concentration of 0.3-1.2mg/ml.					

ELIGIBILTY:

- Indications as above.
- HER2 overexpression or HER2 gene amplification as determined by an accurate and validated assay
- Tumor size less than or equal to 3 cm
- In EBC, LVEF > 55% for trastuzumab therapy
- Many clinical trials have been conducted with LVEF ≥ 50% (1). Clinical judgment should be exercised where patients fall between these two ranges.
- ECOG status 0-2

EXCLUSIONS:

- Hypersensitivity to PACLitaxel, trastuzumab or any of the excipients.
- Clinically significant cardiac disease.
- Baseline neutrophil count < 1.5 x 10^9/L
- Severe hepatic impairment

PRESCRIPTIVE AUTHORITY:

The treatment plan must be initiated by a Consultant Medical Oncologist.

TESTS:

Baseline tests:

- FBC, renal and liver profile
- Cardiac function (LVEF using ECHO or MUGA scan)

Regular tests:

- FBC, renal and liver profile
- Cardiac function, LFTs, creatinine every 12 weeks. Where there are signs of cardiac impairment four to eight weekly checks may be more appropriate.

Disease monitoring:

Disease monitoring should be in line with the patient's treatment plan and any other test/s as directed by the supervising Consultant.

DOSE MODIFICATIONS:

- Any dose modification should be discussed with a Consultant
- If the patient misses a dose of trastuzumab by one week or less, then the usual maintenance dose of 2mg/kg should be given as soon as possible. Do not wait until the next planned cycle. Subsequent maintenance doses should then be given according to the previous schedule.
- If the patient misses a dose of trastuzumab by more than one week, a re-loading dose of trastuzumab (4 mg/kg) should be given over approximately 90 minutes, at the discretion of the clinician. Subsequent trastuzumab maintenance doses (2 mg/kg) should then be given weekly from that point.

Haematological:

Table 1: Dose modifications for PACLitaxel in haematological toxicities

ANC (x10^9/L)		Platelets	Dose	Dose after neutropenic sepsis
≥ 1.5	and	> 90	80mg/m^2	65mg/m^2
*1-1.49	or	70-90	65mg/m^2	50mg/m^2
< 1	or	< 70	Delay and reduce next dose to 65mg/m^2 or add G-CSF	Delay

*** If the ANC is 1 to 1.49 and patient is fit and well can consider full dose of 80 mg/m^2 at discretion of prescribing Consultant**

Renal and Hepatic Impairment:

Table 2: Dose modification of PACLitaxel in hepatic Impairment

ALT		Total bilirubin	Dose of PACLitaxel
< 10xULN	and	≤ 1.25xULN	80mg/m^2
< 10xULN	and	1.26-2xULN	60mg/m^2
< 10xULN	and	2.01-5xULN	40mg/m^2
≥10xULN	and/or	>5xULN	Not recommended

Non-Haematological Toxicity:

Table 3: Dose modification schedule for PACLitaxel based on adverse events

Adverse reactions	Discontinue	Recommended dose modification
Grade 2 motor or sensory neuropathy		Decrease dose by 10mg/m^2.
All other grade 2 non-haematological toxicity		Hold treatment until toxicity resolves to ≤ grade 1. Decrease subsequent doses by 10mg/m$^{2.}$
≥ Grade 3 reaction	Discontinue	

Table 4: Trastuzumab dose modification schedule based on adverse events

Adverse reactions	Discontinue	Recommended dose modification
LVEF drops 10 ejection fraction points from baseline and to below 50%		Withhold treatment. Repeat LVEF after 3 weeks. No improvement or further decline, consider discontinuation. Discuss with consultant and refer to cardiologist.
Symptomatic heart failure	Discontinue	
NCI-CTCAE Grade 4 hypersensitivity reactions	Discontinue	
Haematological		Treatment may continue during periods of reversible, chemotherapy-induced myelosuppression. Monitor carefully for any complications of neutropenia.

SUPPORTIVE CARE:

EMETOGENIC POTENTIAL:

PACLitaxel: Low **(Refer to local policy)**
Trastuzumab: Minimal **(Refer to local policy)**

PREMEDICATIONS:

All patients must be premedicated with corticosteroids, antihistamines, and H_2 antagonists prior to PACLitaxel treatment.

Table 5: Suggested pre-medications prior to treatment with PACLitaxel

Drug	Dose	Administration prior to PACLitaxel
Dexamethasone	10mg IV [a,b]	30 minutes
Chlorphenamine	10mg IV	30 minutes
RaNITIdine[c]	50mg IV	30 minutes
[a]Dose of dexamethasone may be reduced or omitted in the absence of hypersensitivity reaction according to consultant guidance.		
[b]Dose of dexamethasone may be altered in the event of hypersensitivity reaction to 20 mg of dexamethasone orally 12 and 6 hr prior to re-challenge with PACLitaxel according to consultant guidance.		
[c] or equivalent e.g. Cimetidine		

OTHER SUPPORTIVE CARE:

- Prophylactic G-CSF may be used to mitigate the risk of haematological toxicities.
- Myalgias and arthralgias may occur with PACLitaxel. Analgesic cover should be considered.

ADVERSE EFFECTS / REGIMEN SPECIFIC COMPLICATIONS

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

Please refer to:

- NCCP regimen 00226 for information on the adverse effects associated with weekly PACLitaxel therapy.
- NCCP regimen 00201 for information on the adverse effects associated with trastuzumab therapy.

DRUG INTERACTIONS:

- Risk of drug interactions with CYP3A inhibitors may cause increased concentrations of PACLitaxel. Patients should also be counselled with regard to consumption of grapefruit juice.
- Risk of drug interactions with CYP3A inducers may cause decreased concentrations of PACLitaxel.
- A possible interaction with warfarin has been reported. An increased INR and bleeding may occur in patients previously stabilized on warfarin. The interaction was noted in two patients after 8-10 doses of trastuzumab. An INR prior to starting the trastuzumab is recommended, then every 2 weeks for the first 3 months and then monthly if stable. Inform patient to watch for any bleeding. Modification of the warfarin dose may be needed (3).
- Current drug interaction databases should be consulted for more information

ATC CODE:

PACLitaxel	L01CD01
Trastuzumab	L01XC03

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Version	Date	Amendment	Approved By
1	10/10/2018		Prof Maccon Keane
2	23/10/2019	Standardised table for suggested premedications prior to treatment with PACLitaxel	Prof Maccon Keane

Comments and feedback welcome at oncologydrugs@cancercontrol.ie.