Subcutaneous Trastuzumab
LCA BREAST CANCER CLINICAL GUIDELINES ADDENDUM 1

This is an addendum to the LCA Breast Cancer Clinical Guidelines (October 2013), relating to the use of systemic chemotherapy for breast cancer (section 6.2 Chemotherapy).

The information should be used in conjunction with the Subcutaneous Trastuzumab in Early Stage Breast Cancer protocol and the Subcutaneous Trastuzumab in Advanced Breast Cancer protocol.

Patients eligible to receive subcutaneous trastuzumab

In accordance with its licence, the s/c 600mg flat dose formulation of trastuzumab can now be offered to all new patients starting trastuzumab and as an alternative for breast cancer patients currently receiving the IV preparation.

Patients concurrently receiving pertuzumab should receive IV trastuzumab.

Dosing in obese patients

Patients with extremes of weight represented only a small percentage of patients in the registration trials. Individual Trusts may decide not to use the s/c preparation in the very obese until more data are available.

Re-consenting patients

Patients switching from IV to s/c trastuzumab should be given the LCA patient information sheet, Subcutaneous Trastuzumab in Breast Cancer and may need to sign a new consent form in accordance with local hospital policy.

Cardiac monitoring

The frequency of echocardiograms for patients with early breast cancer receiving either s/c or IV trastuzumab for 12 months is in accordance with national guidelines, i.e. baseline, then at 4 and 8 months for patients with maintained LVEF.

For patients receiving longer-term s/c or IV trastuzumab in the metastatic setting, the echocardiogram frequency can be reduced to 6-monthly after the 0-, 4- and 8-month tests have shown no significant change in LVEF – although some units may wish to stick to 4-monthly monitoring.

BrG Add 1 – S/C Trastuzumab V1 (January 2014)