# PERTUZUMAB (Perjeta) TRASTUZUMAB IV (substitution for combined SC (Phesgo))

## INDICATION (ICD10) C50

*Check the most recent Blueteq eligibility criteria before prescribing Blueteq registration required. (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/)*

As per Blueteq criteria, in breast regimens which contain Pertuzumab Trastuzumab SC (Phesgo).

## REGIMEN

**Pertuzumab and trastuzumab can be given in any order (but wait 30 minutes after pertuzumab before administering trastuzumab). When given in combination with a taxane on the same day the pertuzmab and trastuzumab should be administered before the taxane.**

**Cycle 1**

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| Day 1 | TRASTUZUMAB | 8mg/kg IV in 250ml sodium chloride 0.9% IV infusion (if previous dose <6 weeks ago reduce dose to 6mg/kg) |
| | PERTUZUMAB | 840mg in 250ml sodium chloride 0.9% IV infusion (if previous dose <6 weeks ago reduce dose to 420mg) |

**Cycle 2 onwards**

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|---|---|---|
| Day 1 | TRASTUZUMAB | 6mg/kg in 250ml sodium chloride 0.9% IV infusion |
| | PERTUZUMAB | 420mg in 250ml sodium chloride 0.9% IV infusion |

NB Trastuzumab SPC states patients need to be monitored for 6 hours after the start of the first dose and 2 hours after the start of subsequent doses.
Cycle 1 - administer trastuzumab over 90 minutes. Monitor for 3.5 hours post start of infusion (2 hours after completion) of the first dose,
Subsequent cycles - if the initial loading dose was well tolerated (no signs of hypersensitivity), the 2nd dose can be administered as a 30 minute infusion (otherwise to continue to be administered over 90 minutes), and subsequent infusions can be administered over 30 minutes.
If the first cycle was well tolerated, following the 2nd and 3rd cycles patients should be observed on the ward / day unit for 30 minutes after the completion of trastuzumab infusion.
If the 2nd and 3rd cycles were well tolerated, after the 4th and subsequent cycles patients do not need to be observed following completion of trastuzumab infusion.
Patients should be warned of the possibility of delayed reactions and instructed to seek medical advice immediately should this occur.

Pertuzumab SPC states administer cycle over 60 minutes and subsequent cycles over a period of 30 to 60 minutes. An observation period of 30 to 60 minutes is recommended after completion of each infusion. The observation period should be completed prior to any subsequent infusion of trastuzumab or chemotherapy.

## CYCLE FREQUENCY AND NUMBER OF CYCLES

Pertuzumab must be given in combination with trastuzumab (no pertuzumab monotherapy)
Every 21 days for **total** maximum number of doses specified in the pertuzumab / trastuzumab (phesgo) regimen the patient is being switched from including all the doses of pertuzumab / trastuzumab (phesgo) already received.

## ANTI-EMETICS

Minimal risk

## CONCURRENT MEDICATION REQUIRED

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| Trastuzumab | Infusion related chills and/or fevers – treat with paracetamol and chlorphenamine. |

## EXTRAVASATION AND TYPE OF LINE / FILTERS

Pertuzumab - neutral
Trastuzumab - neutral

No filters required
Central or peripheral line

## INVESTIGATIONS

Blood results required before SACT administration
FBC, U&Es & LFTs 3 monthly
Baseline weight and 3 monthly weight.
Monitor cardiac function as per network policy

## MAIN TOXICITES AND ADVERSE REACTIONS

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| Trastuzumab | Cardiotoxicity - monitor cardiac function.<br>Trastuzumab infusion related chills and/or fevers are commonly observed during the first infusion (but infrequently with subsequent infusions). Other symptoms may include nausea, hypertension, vomiting, pain, rigors, headache, cough, dizziness, rash, and asthenia.<br>Some adverse reactions to trastuzumab infusion including dyspnoea, hypotension, wheezing, bronchospasm, supraventricular tachyarrhythmia, reduced oxygen saturation and respiratory distress can be serious and potentially fatal.<br>If symptoms of back ache, nausea or vomiting, do a set of obs. Give hydrocortisone 100mg IV, chlorphenamine 10mg IV. |

## DOSE MODIFICATIONS

Delay more than 6 weeks since last dose
The 840mg loading dose of pertuzumab should be re-administered as a 60 minute infusion, followed by a maintenance dose of 420mg IV administered every 3 weeks thereafter.
The loading dose of 8mg/kg of trastuzumab IV should be re-administered over approximately 90 minutes, followed by a maintenance dose of 6mg/kg IV administered every 3 weeks thereafter.

### Haematological

Pertuzumab
Dose reductions are not recommended for pertuzumab.
Patients may continue therapy during periods of reversible chemotherapy-induced myelosuppression but they should be monitored carefully for complications of neutropenia during this time.
If trastuzumab treatment is discontinued, treatment with pertuzumab should be discontinued.

Trastuzumab
No dose reduction or cessation of trastuzumab is required if patient has acute reversible neutropenia.

**Non-haematological**
Continuation and discontinuation of pertuzumab and trastuzumab based on interval LVEF assessment as per network guidelines

The infusion rate may be slowed or interrupted if the patient develops an infusion reaction. The infusion may be resumed when symptoms abate. Treatment including oxygen, beta agonists, antihistamines, rapid IV fluids and antipyretics may also help alleviate symptoms. The infusion should be discontinued immediately if the patient experiences a NCI-CTCAE grade 4 reaction (anaphylaxis), bronchospasm or acute respiratory distress syndrome.

**REFERENCES**
1. SPC