Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

CRBPDOCE+PERT+TRAS Regimen

CARBOplatin-DOCEtaxel-Pertuzumab-Trastuzumab

Disease Site	Breast
Intent	Curative Adjuvant
Regimen Category	**Evidence-informed :** Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use. This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.
Rationale and Uses	Treatment in patients with early HER2-positive breast cancer who have a high risk of recurrence
Supplementary Public Funding	**trastuzumab** New Drug Funding Program (Trastuzumab (Biosimilar) - Adjuvant Treatment for Breast Cancer) (NDFP Website)

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B - Drug Regimen

Note: Different trastuzumab products are **NOT INTERCHANGEABLE.**

Q3 Weekly Chemotherapy:

DOCEtaxel	75 mg /m²	IV	Day 1
CARBOplatin[1]	AUC 6	IV	Day 1

[1]Adjust Carboplatin dose to AUC target (using Calvert formula) as outlined in "Other Notes" section.

PLUS

Q3 Weekly Pertuzumab and Trastuzumab

PERTuzumab	840 mg	IV loading dose	Day 1 (Loading dose - first cycle only)
(This drug is not currently publicly funded for this regimen and intent)			
trastuzumab	8 mg /kg	IV	Day 1 (Loading dose - first cycle only)
Then			
PERTuzumab	420 mg	IV	Day 1 (Starting second cycle)
(This drug is not currently publicly funded for this regimen and intent)			
trastuzumab	6 mg /kg	IV	Day 1 (starting second cycle)

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

Docetaxel and Carboplatin: For a usual total of 6 cycles unless disease progression or unacceptable toxicity occurs

Pertuzumab and Trastuzumab: To be given concurrently with docetaxel and carboplatin and continued for up to 1 year, unless disease progression or unacceptable toxicity occurs. Refer to PERT+TRAS for cycles 7+.

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate + NK1 antagonist (Carboplatin AUC ≥ 5)

Febrile Neutropenia Risk: High

Consider G-CSF prophylaxis for patients at high risk of febrile neutropenia. See G-CSF recommendations.

Other Supportive Care:

- Dexamethasone 8 mg bid po for 3 days starting 1 day prior to docetaxel (prevent anaphylaxis / fluid retention.)
- Consider antibiotic prophylaxis or G-CSF according to local guidelines.

Also refer to CCO Antiemetic Recommendations.

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J - Administrative Information

Approximate Patient Visit	First Cycle: 4.5 to 6 hours; Subsequent cycles: 2.5 to 4 hours
Pharmacy Workload (average time per visit)	44.745 minutes
Nursing Workload (average time per visit)	67.500 minutes

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K - References

Carboplatin, docetaxel, trastuzumab drug monographs, Cancer Care Ontario.

Slamon D, Eiermann W, Robert N, et al. Adjuvant trastuzumab in HER2-positive breast cancer. N Engl J Med 2011;365(14):1273-83.

von Minckwitz G, Proctor M, de Azambuja E, et al. Adjuvant pertuzumab and trastuzumab in early HER2-positive breast cancer. N Engl J Med. 2017;377(2):122-131.

PEBC Advice Documents or Guidelines

- Optimal Systemic Therapy for Early Female Breast Cancer

September 2022 added statement on non-interchageability of trastuzumab products

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L - Other Notes

Calvert Formula

DOSE (mg) = target AUC X (GFR + 25)

- AUC = product of serum concentration (mg/mL) and time (min)
- GFR (glomerular filtration rate) expressed as measured Creatinine Clearance or estimated from Serum Creatinine (by Cockcroft and Gault method or Jelliffe method)

(Calvert AH, Newell DR, Gumbrell LA, et al, Carboplatin dosage: Prospective evaluation of a simple formula based on renal function. J Clin Oncol, 1989; 7: 1748-1756)

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

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