LONDON CANCER ALLIANCE
West and South

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.