Regimen Monograph

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

A - Regimen Name

AC-PACL(W)+PERT+TRAS Regimen

ADRIAMYCIN ® (DOXOrubicin)-Cyclophosphamide then PACLitaxel Weekly and 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.**

AC: (x 4 cycles)

DOXOrubicin	60 mg /m²	IV	Day 1
cyclophosphamide	600 mg /m²	IV	Day 1

Repeat Every 21 Days

THEN

PACLITAXEL Weekly: (x 12 doses)

PACLitaxel	80 mg /m²	IV	Day 1

Repeat Every 7 Days

Pertuzumab and Trastuzumab to be given every 21 days for one year, starting concurrently with paclitaxel:

PERTuzumab	840 mg	IV loading dose	Day 1

(This drug is not currently publicly funded for this regimen and intent)

trastuzumab	8 mg /kg	IV loading dose	Day 1

THEN,

PERTuzumab	420 mg	IV maintenance dose	(Every 21 days)

(This drug is not currently publicly funded for this regimen and intent)

trastuzumab	6 mg /kg	IV maintenance dose	(Every 21 days)

Alternative chemotherapy schedule:

AC: (x 4 cycles)

DOXOrubicin	60 mg /m²	IV	Day 1
cyclophosphamide	600 mg /m²	IV	Day 1

Repeat Every 14 Days

THEN

PACLITAXEL Weekly: (x 12 doses)

PACLitaxel	80 mg /m²	IV	Day 1

Repeat Every 7 Days

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C - Cycle Frequency

AC X 4 cycles then weekly Paclitaxel X 12 doses. Pertuzumab and trastuzumab to start concurrently with paclitaxel and continue q21 days

Refer to PERT+TRAS for cycles after the chemotherapy is completed.

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D - Premedication and Supportive Measures

Antiemetic Regimen: High (AC)
Low (Paclitaxel)

Febrile Neutropenia Risk: Low

AC(Q3W)-PACL(W)

High
AC(Q2W)-PACL(W): Use G-CSF prophylaxis for patients at high risk of febrile neutropenia. See G-CSF recommendations.

Other Supportive Care:

Also refer to CCO Antiemetic Summary

Pre-medications* (prophylaxis for infusion reaction):

To be given 30-60 minutes prior to paclitaxel infusion.

- Dexamethasone 10 mg IV, starting in cycle 1
- Diphenhydramine 25-50 mg IV/PO
- Ranitidine 50 mg IV OR Famotidine 20 mg IV

* Consider **discontinuing** pre-medications for paclitaxel if there was no IR in the first 2 doses.

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J - Administrative Information

Approximate Patient Visit	AC: 1 to 1.5 hours; Cycles 5+: 2.5-3 hours; 2 hours (paclitaxel-ony days)
Pharmacy Workload (average time per visit)	23.31 minutes
Nursing Workload (average time per visit)	56.542 minutes

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K - References

Doxorubicin, cyclophosphamide, paclitaxel and trastuzumab drug monographs, Cancer Care Ontario.

Henderson IC, Berry D, Demetri G, Cirrincione C, et al. Improved outcomes from adding sequential paclitaxel but not from escalating doxorubicin dose in an adjuvant chemotherapy regimen for patients with node-positive primary breast cancer. J Clin Oncol 2003; 21(6): 976-83.

Romond EH, Perex EA, Bryant J, et al. Trastuzumab plus adjuvant chemotherapy for operable HER2-positive breast cancer. NEJM 2005; 353(16) 1673-84.

Sparano JA, Wang M, Martino S, et al. Weekly paclitaxel in the adjuvant treatment of breast cancer. NEJM 2008; 358(16): 1663-71.

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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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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