Regimen Monograph

A - Regimen Name

NPAC(W)+PERTRAS(SC) Regimen

nab-PACLitaxel (weekly)-PERTuzumab (subcut)-Trastuzumab (subcut)

Disease Site	Breast
Intent	Palliative
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 of patients with HER2 positive metastatic breast cancer
Supplementary Public Funding	**nab-PACLitaxel** New Drug Funding Program (Nab-Paclitaxel - Metastatic Breast Cancer) (NDFP Website)

back to top

B - Drug Regimen

Phesgo® (pertuzumab and trastuzumab combined subcut injection) is **not interchangeable** with other trastuzumab or pertuzumab formulations. Phesgo® has different dosage and administration instructions than IV pertuzumab, IV trastuzumab, and subcut trastuzumab when administered alone.

Do not substitute nab-PACLitaxel for or with other paclitaxel formulations.

Cycle 1 - Trastuzumab and Pertuzumab Loading Dose:

PERTuzumab / trastuzumab (subcut)	1200 / 600 mg	Subcut	Day 1

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

nab-PACLitaxel	100-150 mg /m²	IV	Days 1, 8

(Publicly funded under specific conditions, see PDRP (NDFP) eligibility forms)

Cycle 2 and Onwards - Trastuzumab and Pertuzumab Maintenance Dose:

PERTuzumab / trastuzumab (subcut)	600 / 600 mg	Subcut	Day 1

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

nab-PACLitaxel	100-150 mg /m²	IV	Days 1, 8

(Publicly funded under specific conditions, see PDRP (NDFP) eligibility forms)

back to top

C - Cycle Frequency

REPEAT EVERY 21 DAYS

Until disease progression or unacceptable toxicity. If nab-paclitaxel is discontinued (e.g., after 6-8 cycles or due to unmanageable toxicity), may continue treatment with PERTRAS(SC) if there is no evidence of disease progression

back to top

D - Premedication and Supportive Measures

Antiemetic Regimen: Low

Other Supportive Care:

Also refer to CCO Antiemetic Recommendations.

back to top

J - Administrative Information

Approximate Patient Visit	1 to 2 hours

back to top

K - References

Bachelot T, Ciruelos E, Schneeweiss A, et al. Preliminary safety and efficacy of first-line pertuzumab combined with trastuzumab and taxane therapy for HER2-positive locally recurrent or metastatic breast cancer (PERUSE). Ann Oncol 2019;30(5):766-773.

Baselga J, Cortés J, Kim SB, et al. Pertuzumab plus trastuzumab plus docetaxel for metastatic breast cancer. N Engl J Med 2012;366(2):109-19.

Kuemmel S, Tondini CA, Abraham J, et al. Subcutaneous trastuzumab with pertuzumab and docetaxel in HER2-positive metastatic breast cancer: Final analysis of MetaPHER, a phase IIIb single-arm safety study. Breast Cancer Res Treat. 2021 Jun;187(2):467-76.

Miles D, Ciruelos E, Schneeweiss A, et al. Final results from the PERUSE study of first-line pertuzumab plus trastuzumab plus a taxane for HER2-positive locally recurrent or metastatic breast cancer, with a multivariable approach to guide prognostication. Ann Oncol. 2021 Oct;32(10):1245-55.

Tan AR, Im SA, Mattar A, et al. Fixed-dose combination of pertuzumab and trastuzumab for subcutaneous injection plus chemotherapy in HER2-positive early breast cancer (FeDeriCa): a randomised, open-label, multicentre, non-inferiority, phase 3 study. Lancet Oncol. 2021 Jan;22(1):85-97.

May 2022 new ST-QBP regimen

back to top

M - Disclaimer

Regimen Abstracts

A 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). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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.

Regimen Monographs

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

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

While care has been taken in the preparation of the information contained in the Formulary, such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability.

CCO and the Formulary's content providers shall have no liability, whether direct, indirect, consequential, contingent, special, or incidental, related to or arising from the information in the Formulary or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the Formulary does so at his or her own risk, and by using such information, agrees to indemnify CCO and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person's use of the information in the Formulary.

back to top