Regimen Monograph

A - Regimen Name

NPAC(W)+TRAS Regimen

Nab-Paclitaxel (weekly)-Trastuzumab

Disease Site Breast

Intent 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

For the treatment of HER2-positive breast cancer, in patients who experienced hypersensitivity reactions to taxanes or have significant contraindications to taxanes and/or their pre-medications.

Note: The original clinical trial (with paclitaxel and trastuzumab) included patients with negative nodes (a single axillary lymph node micrometastasis was allowed) and tumor size < 3 cm.

(Refer to the NDFP eligibility form for detailed funding criteria)

Supplementary Public Funding

nab-PACLitaxel
New Drug Funding Program (Nab-Paclitaxel - Hypersensitivity Reactions to Taxanes) (NDFP Website)

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**.

Nab-PACLitaxel is not-interchangeable with other PACLitaxel formulations.

Nab-Paclitaxel Weekly for 12 weeks:

nab-PACLitaxel*	125 mg /m²	IV	Day 1; q7 days

*May be given as nab-Paclitaxel 125 mg/m^2 Days 1, 8, 15; q28 days for 4 cycles (Gianni 2018)

PLUS

Trastuzumab to be given for one year, starting concurrently with nab-Paclitaxel.

Weekly Trastuzumab Schedule - LOADING DOSE:

trastuzumab	4 mg /kg	IV	Day 1 (week 1)

***THEN*, Weekly Trastuzumab - MAINTENANCE DOSE:**

trastuzumab	2 mg /kg	IV	Day 1 (starting week 2); q7 days

OR Alternative Trastuzumab Schedule:

Q21 Day Trastuzumab Schedule - LOADING DOSE:

trastuzumab	8 mg /kg	IV	Day 1 (Cycle1)

***THEN*, Q21 Day Trastuzumab - MAINTENANCE DOSE:**

trastuzumab	6 mg /kg	IV	Day 1 (starting cycle 2); q21 days

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C - Cycle Frequency

WEEKLY (nab-Paclitaxel) x 12 doses unless disease progression or unacceptable toxicity occurs

Trastuzumab is given for one year treatment duration and may start concurrently with paclitaxel treatment.

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low

- Also refer to CCO Antiemetic Recommendations.

Febrile Neutropenia Risk: Low

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the hepatitis B virus screening and management guideline.

Pre-medications (prophylaxis for infusion reaction):

Nab-paclitaxel:

- No pre-medication to prevent hypersensitivity is required.

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J - Administrative Information

Approximate Patient Visit	1.5 to 2.5 hours
Pharmacy Workload (average time per visit)	35.425 minutes
Nursing Workload (average time per visit)	40.833 minutes

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K - References

Ontario Health drug monographs:

Nab-Paclitaxel drug monograph, Ontario Health (Cancer Care Ontario).

Trastuzumab drug monograph, Ontario Health (Cancer Care Ontario).

PACL(W)+TRAS:

Tolaney SM, Barry WT, Dang CT, et al. Adjuvant paclitaxel and trastuzumab for node-negative, HER2-positive breast cancer. N Engl J Med 2015 Jan 8;372(2):134-41.

Nab-Paclitaxel:

CADTH Reimbursement Recommendation: Nab-Paclitaxel (for patients who developed hypersensitivity reactions to taxanes). July 2024.

Gianni L, Mansutti M, Anton A, et al.. Comparing Neoadjuvant Nab-paclitaxel vs Paclitaxel Both Followed by Anthracycline Regimens in Women With ERBB2/HER2-Negative Breast Cancer-The Evaluating Treatment With Neoadjuvant Abraxane (ETNA) Trial: A Randomized Phase 3 Clinical Trial. JAMA Oncol. 2018 Mar 1;4(3):302-308.

Untch M, Jackisch C, Schneeweiss A, et al. Nab-paclitaxel versus solvent-based paclitaxel in neoadjuvant chemotherapy for early breast cancer (GeparSepto-GBG 69): a randomised, phase 3 trial. Lancet Oncol. 2016 Mar;17(3):345-356. Erratum in: Lancet Oncol. 2016 Jul;17(7):e270.

January 2026 new ST-QBP regimen

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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.

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.

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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.

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