Regimen Monograph

A - Regimen Name

PACL(W)+PERT+TRAS Regimen

PACLitaxel (weekly)-Pertuzumab-Trastuzumab

Disease Site	Breast
Intent	Curative
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	Neoadjuvant treatment of early stage HER2-positive breast cancer
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.**

Cycle 1 - Trastuzumab and Pertuzumab Loading Dose:

PERTuzumab[1]	840 mg	IV over 60 minutes	Day 1

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

Then,

trastuzumab[1]	8 mg /kg	IV over 90 minutes	Day 1

Then,

PACLitaxel[1]	80 mg /m²	IV over 1 hour	Days 1, 8, 15

Cycle 2 and Onwards - Trastuzumab and Pertuzumab Maintenance Dose (Q3W):

PERTuzumab[1, 2]	420 mg	IV over 30* to 60 minutes	Day 1

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

(* if previous 60-minute infusion well-tolerated)

Then,

trastuzumab[1, 2]	6 mg /kg	IV over 30 minutes**	Day 1

(** if previous 90-minute infusion well-tolerated)

Then,

PACLitaxel[1]	80 mg /m²	IV over 1 hour	Days 1, 8, 15

(1) Based on the product monograph, pertuzumab and trastuzumab may be administered in any order; however, the taxane should be given after pertuzumab and trastuzumab.

(2) If delayed by ≥ 3 weeks (i.e. ≥ 6 weeks from last dose), re-load with loading dose.

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For 4 cycles, unless disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low

- Also refer to CCO Antiemetic Recommendations.

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):

PACLitaxel:

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.

Pertuzumab and Trastuzumab

- No specific premedications recommended.
- For patients who experienced prior infusion reactions, consider premedication with corticosteroids, antihistamines, and/or antipyretics before subsequent infusions.

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J - Administrative Information

Approximate Patient Visit	3 to 5 hours (Day 1); 2 hours (paclitaxel-only days)
Pharmacy Workload (average time per visit)	23.58 minutes
Nursing Workload (average time per visit)	53.167 minutes

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K - References

Nitz UA, Gluz O, Christgen M, et al. De-escalation strategies in HER2-positive early breast cancer (EBC): final analysis of the WSG-ADAPT HER2+/HR- phase II trial: efficacy, safety, and predictive markers for 12 weeks of neoadjuvant dual blockade with trastuzumab and pertuzumab ± weekly paclitaxel. Ann Oncol. 2017 Nov 1;28(11):2768-72.

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

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

Reimbursement recommendation: pertuzumab. Canada's Drug Agency, October 2025.

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

April 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.

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