

Regimen Monograph

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A - Regimen Name

# TRAS(DESENS) Regimen

Trastuzumab (Desensitization)

**Disease Site**      Gastrointestinal  
Esophagus  
Gastric / Stomach

**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**      For the ambulatory administration of trastuzumab through a 12 to 16-step graduated rate infusion (as part of a desensitization protocol) in patients who have had a previous severe hypersensitivity reaction.

Refer to NDFP criteria for funded indications.

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## B - Drug Regimen

### [trastuzumab](#)

Administered through a 12 to 16-step graduated rate desensitization. Total dose to be administered corresponds to the trastuzumab-containing regimen the patient is being treated with.

ST-QBP funding is for outpatient administration only.

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## J - Administrative Information

Approximate Patient Visit	7 to 8 hours
Pharmacy Workload (average time per visit)	107.3 minutes
Nursing Workload (average time per visit)	480 minutes

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## K - References

Castells MC, Tennant NM, Sloane DE, et al. Hypersensitivity reactions to chemotherapy: outcomes and safety of rapid desensitization in 413 cases. J Allergy Clin Immunol 2008;122:574-80.

Castells M. Drug hypersensitivity and anaphylaxis in cancer and chronic inflammatory diseases: The role of desensitizations. Front Immunol 2017;8(Nov):1–11.

[Management of cancer medication-related infusion reactions](#). Ontario Health (Cancer Care Ontario). Aug 2019.

**July 2025** new ST-QBP regimen

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## 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.*

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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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