



# TRASTuzumab IV (3 weeks)



Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m<sup>2</sup>):

Indication(s): HER2 +ve breast cancer, Neoadjuvant / Adjuvant / Palliative

Central line:  Available  NA

Allergies:  NKA  Yes, specify; \_\_\_\_\_

Parameters: Baseline ECHO and/or MUGA scan before initiation of Anti-HER2 therapy.

Then, every 3 months during and upon completion of Anti-HER2 therapy.

Then, every 6 months for at least 2 years following completion of Anti-HER2 therapy.

### Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
TRASTuzumab	8 mg/kg (Loading dose)	IV in 250 mL NS over 90 min.	1st dose only
TRASTuzumab	4 mg/kg (Maintenance)	IV in 250 mL NS over 30 min.	D1

Neoadjuvant: to be repeated every 3 weeks for 4-6 cycles.  
 Adjuvant: to be repeated every 3 weeks for 1 year.  
 Palliative: to be repeated every 3 weeks until disease progression or intolerable toxicity.

### Treatment Description:

Cycle	Date	TRASTuzumab	LVEF	Physician	Consultant
C# __					
C# __					
C# __					
C# __					
C# __					
C# __					
C# __					
C# __					

### Important Notes:

Reported grade 3/4 toxicities:  None  Hematological  Non-Hematological

If yes; Did it indicate hospitalization?  Yes  No

Did it indicate chemo-delay for ≥ 7 days?  Yes  No

Did it indicate dose reduction?  Yes  No

Did it indicate G-CSF support?  Yes  No