# Regimen Reference Order

## BRST –trastuzumab emtansine (KADCYLA) Adjuvant

**ARIA: BRST – [trastuzumab emtansine (KADCYLA) ADJ]**

**Planned Course:** **Every 3 weeks for 14 cycles**
**Indication for Use:** **Breast Cancer Adjuvant; Post Neo-Adjuvant, HER2-Positive**

**CVAD: At Provider's Discretion**

***Proceed with treatment if:***
***ANC equal to or greater than 1.5 x $10^9$/L AND Platelets equal to or greater than 50 x $10^9$/L***
- **Contact Physician if parameters not met**

## SEQUENCE OF MEDICATION ADMINISTRATION

### Pre-treatment Requirements

| Drug | Dose | CCMB Administration Guideline |
|---|---|---|
| Not Applicable | | |

### Treatment Regimen – BRST –trastuzumab emtansine (KADCYLA)Adjuvant

**Establish primary solution 500 mL of: normal saline**

| Drug | Dose | CCMB Administration Guideline |
|---|---|---|
| **Cycle 1 ONLY** | | |
| dexamethasone | 8 mg | Orally 30 minutes pre-chemotherapy |
| trastuzumab emtansine (KADCYLA®) | 3.6 mg/kg | IV in normal saline 250 mL over 90 minutes<br>Use 0.2 or 0.22 micron filter<br>** Pharmacy Alert: This is a look-alike and sound-alike medication. Refer to Additional Information*<br>**Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order* |
| **Cycle 2 and Onwards** | | |
| dexamethasone | 8 mg | Orally 30 minutes pre-chemotherapy |
| trastuzumab emtansine (KADCYLA®) | 3.6 mg/kg | IV in normal saline 250 mL over 30 minutes<br>Use 0.2 or 0.22 micron filter<br>** Pharmacy Alert: This is a look-alike and sound-alike medication. Refer to Additional Information*<br>**Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order* |

All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding document for more information

**In the event of an infusion-related hypersensitivity reaction,** refer to the '**Hypersensitivity Reaction Standing Order**'

## REQUIRED MONITORING

Cardiac Monitoring

- Left Ventricular Ejection Fraction (LVEF) monitoring is recommended at baseline and every 4 cycles

All Cycles

- CBC, serum creatinine, urea, electrolytes, liver enzymes and total bilirubin as per Physician Orders

Cycle 1

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and $O_2$ saturation) at baseline and as clinically indicated
- Observe patient for 90 minutes after infusion (first dose). Full vital signs prior to discharge

Cycles 2 and 3

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and $O_2$ saturation) at baseline and as clinically indicated
- Observe patient for 30 minutes after infusion. Full vital signs prior to discharge

Cycles 4 and Onwards

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and $O_2$ saturation) at baseline and as clinically indicated
- No observation period required. Patient can be discharged from treatment room if stable whether they had a reaction or not

### Recommended Support Medications

| Drug | Dose | CCMB Administration Guideline |
|---|---|---|
| metoclopramide | 10 – 20 mg | Orally every 4 hours as needed for nausea and vomiting |

## DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

## ADDITIONAL INFORMATION

- There is a risk of medication errors between trastuzumab emtansine (KADCYLA®), trastuzumab deruxtecan (ENHERTU®) and trastuzumab. In order to minimize the risk, check the regimen ordered, the vial labels, and the prescription label to ensure that the drug being prepared and administered is **trastuzumab emtansine (KADCYLA)**