

Trastuzumab

(Early breast cancer)

What is Trastuzumab?

Trastuzumab is a monoclonal antibody that uses a targeted approach to treat breast cancer. This type of treatment targets specific areas of cancer cells and blocks the cell process stopping the cancer growing. Trastuzumab is one of the first of this class of treatments to be approved for clinical use.

Trastuzumab is only effective when the breast cancer cells have more HER2 protein than normal and this is classified as HER2 positive. About 1 person in 5 with breast cancer is HER2 positive. A test is carried out to identify this protein.

A test will have been carried out to identify your HER2 status before you and your doctor decide the treatment that is best for you.

Your treatment

Treatment is given by either subcutaneous route (those on single therapy) or intravenous route (those in combination with chemotherapy).

Intravenous Trastuzumab

Trastuzumab is given into the vein (intravenously) through a fine tube (cannula) as an infusion over a period of 30 - 90 minutes.

Trastuzumab is given every 3 weeks with your chemotherapy. The dose is calculated based on your body weight.

Cycle 1 is given over 90 minutes followed by a 6 hour observational period.

Cycle 2 is given over 30 minutes followed by a 2 hour observational period.

Cycle 3 onwards is given over 30 minutes with no observational period providing there were no previous infusion reactions.

Subcutaneous Trastuzumab

Trastuzumab is given a subcutaneous injection just below the skin surface of your thigh over a period of 3-5 minutes. The recommendation is to alternate thighs with each cycle.

Trastuzumab is given every 3 weeks for a total of 18 cycles (1 year) including the intravenous infusions given with chemotherapy.

Each cycle will be prescribed at the same dose: 600mg.

Cycle 1 is given over 3-5 minutes followed by a 6 hour observational period.

Cycle 2 is given over 3-5 minutes followed by a 2 hour observational period.

Cycle 3 to 18 is given over 3-5 minutes.

You do not need a routine blood test for Trastuzumab treatment.

You will need to have a heart scan, echocardiogram or MUGA scan before you start Trastuzumab treatment and then every 18 weeks to monitor any effects of the drug on your heart.

This treatment can have serious or possibly life-threatening side effects. It is very important that you report side effects straight away. Don't delay, if you feel unwell, please ring The Christie Hotline on 0161 446 3658. The lines are open 24 hours a day.

Trastuzumab team

Within The Christie, we have a designated team nurse led team who manage the Trastuzumab service and care of patients receiving adjuvant **subcutaneous** (neo) adjuvant Trastuzumab. This team will co-ordinate ongoing Trastuzumab treatment at the location of your choice with either The Christie at Home service or at the Outreach clinics at Oldham, Wigan, Salford, Bury, Leighton, Ashton, Stockport or the mobile chemotherapy unit.

Echocardiograms and clinic reviews with the Trastuzumab team will be requested every 18 weeks to ensure accurate monitoring of cardiac function and toxicity assessment.

Possible side effects

This treatment can cause many different side effects. Some are more likely to occur than others. Everyone is different and not everyone gets all the side effects. Most side effects are usually temporary, but in some rare cases they can be life-threatening. It is important to tell your hospital doctor or nurse about any side effects so they can be monitored and, where possible, treated.

Common side effects (more than 1 in 10)

- **Flu-like symptoms**

Occasionally you may experience chills, fever or rhinitis (runny nose) one or two days after treatment. These symptoms can be reduced or controlled by taking medication such as paracetamol. If you are receiving Trastuzumab with chemotherapy, please monitor your temperature and contact the hospital if your temperature is 37.5°C or above, or below 36°C or if you experience any symptoms of an infection.

- **Reactions**

Less commonly, people may experience an allergic reaction usually with the first or second cycle. This may involve headache, dizziness, rash, nausea or breathlessness. If any of these symptoms occur, call your nurse immediately. These symptoms are usually mild and temporary.

- **Injection site**

You may experience discomfort, including mild stinging, bruising or redness in the injection area. This is usually mild and temporary.

- **Joint and muscle pain**

Aches and pains can be experienced in the joints (arthralgia) and muscles (myalgia) during treatment with and post treatment with Trastuzumab. The severity of this varies from person to person. It is important to inform the hospital and then appropriate painkillers can be prescribed.



- **Diarrhoea**

If this becomes a problem while you are having treatment, contact The Christie Hotline for advice. **If you develop severe diarrhoea it is important to contact The Christie on 0161 446 3658 straightaway as this may be a sign of a serious infection. Don't delay!**

- **Lethargy**

Trastuzumab can have an effect on energy levels and you may experience insomnia. This can be very frustrating and you may benefit from additional support and advice at this time. Complementary therapies may be helpful. Speak to the Trastuzumab team for further information. Gentle exercise such as walking, can be beneficial.

Uncommon side effects (less than 1 in 10)

- **Effects on the heart**

Trastuzumab can sometimes affect your heart function. We will assess your heart function by a MUGA scan or echocardiogram before you start your treatment and this will be repeated every 18 weeks. If you experience any unusual shortness of breath, swelling of your ankles or a rapid heartbeat, please contact the hospital immediately.

- **Pneumonitis (breathlessness)**

Some patients may experience a feeling of breathlessness, or develop a cough. If this happens please tell your doctor, or contact The Christie so that investigations and treatment can be undertaken.

Late side effects

Long term possible side effects of treatment with Trastuzumab are not yet completely known. The doctor can discuss any concerns you may have.

Contraception

We recommend you use a form of contraception to avoid pregnancy throughout Trastuzumab treatment and up to 6 months after your last dose of Trastuzumab. If you suspect you may be pregnant please contact the hospital immediately.

Fertility

The treatment you have received may affect your ability to have children. Before trying to conceive it is important to discuss any questions or concerns you may have with a specialist doctor.

- **For female patients only**

Loss of periods

Due to the effect of chemotherapy on the ovaries, you may find that your periods become irregular or stop. This is more likely in women over the age of 40 when most women will notice some change in their periods. It is less common in women under the age of 40 but does still happen and can result in significant menopausal symptoms (see section below). Even if your periods stop completely during chemotherapy your periods may come back several years later. This means that you may be able to become pregnant even many years after chemotherapy. It is very important to use contraception if you don't want to get pregnant.

Menopausal symptoms

When the ovaries stop working due to chemotherapy or during a natural menopause most women experience symptoms such as hot flushes, sweats (night and day) and vaginal dryness. These hormonal changes can make the vagina feel as though it has shrunk and become less easy to stretch. This is called vaginal atrophy and can result in discomfort, pain on sexual intercourse, itching and recurrent urine infections. If your ovaries don't start to work again the vaginal symptoms can be permanent, although the flushes and sweats tend to reduce and stop over a small number of years. Some women who have already gone through the menopause may notice their symptoms worsening for a time after chemotherapy.

The vaginal symptoms can start early and the longer they are left the harder they can be to treat. Please contact your specialist nurse either in clinic or by phone when the symptoms first develop if you would like help. Symptoms can be managed in several ways including gels, pessaries and sometimes local oestrogen replacement. You may also find it helpful to request the booklet 'Menopausal symptoms and breast cancer' by Breast Cancer Care (either from your breast care nurse, the cancer information centre at The Christie or online).

Contacts

If you have any general questions or concerns about your treatment, please ring the area where you are having treatment:

- Administration enquiries **0161 918 7606/7610**
- Chemotherapy nurse: **0161 918 7171**
- Trastuzumab team **0161 446 8502/8001/3996**

For urgent advice ring The Christie Hotline on **0161 446 3658** (24 hours)

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact **patient.information@christie.nhs.uk**

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Contact The Christie Hotline for
urgent support and specialist advice

**The Christie Hotline:
0161 446 3658**

Open 24 hours a day, 7 days a week

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