

ENHERTU® Regimen:

trastuzumab deruxtecan 5.4 mg/kg

ARIA Protocol Name: Enhertu (trastuzumab deruxtecan) - Compassionate - HER2-low

Adult Chemotherapy - Medical Oncology

Unresectable or Metastatic HER2-low Breast Cancer



CC4730 0283 02 2023

Weight: _____ kg Height: _____ cm Body Surface Area (BSA) = _____

Allergies:

No Known

Date: DD/MONTH/YYYY

Planned Administration Date: DD/MONTH/YYYY

Cycle _____ of _____

Cycle Duration: 21 days

Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** 1.0 X 10⁹/L and platelets **greater than or equal to** 75 X 10⁹/L, otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

- dexamethasone 8 mg PO on day 1
- ondansetron 8 mg PO on day 1
- Other: _____

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

- ENHERTU® (trastuzumab deruxtecan) 5.4 mg/kg X weight (kg) = _____ mg
 - Dose modification: ENHERTU® (trastuzumab deruxtecan) 4.4 mg/kg X weight (kg) = _____ mg
 - Dose modification: ENHERTU® (trastuzumab deruxtecan) 3.2 mg/kg X weight (kg) = _____ mg
- IV in 100 mL D5W over 90 minutes on day 1

If no reaction observed in cycle 1, subsequent cycles may be administered over 30 minutes.

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.