

ENHERTU® Regimen:

**trastuzumab deruxtecan 5.4 mg/kg**

**ARIA Protocol Name:** Enhertu (trastuzumab deruxtecan) 5.4 mg/kg

Adult Chemotherapy - Medical Oncology

HER2-positive metastatic Breast Cancer



CC5520 0362 07 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**  $1.0 \times 10^9/L$  and platelets **greater than or equal to**  $75 \times 10^9/L$ , otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

**PREMEDICATIONS (FOR HOSPITAL PHARMACY):**

- fosaprepitant 150 mg IV** in 150 mL normal saline over 30 minutes on day 1
- 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.