Network Group – Breast

Breast – Neo Adjuvant

Regimen	Indication	Drugs\HRG
Docetaxel (version 1.0)	• Adjuvant chemotherapy in high risk patients following 4 cycles of EC90 or Epirubicin	Day(s) 1 — Drug: Docetaxel — Dose: 100mg/m^2 — Route: IV — Comments: Infusion in 250mL Sodium Chloride 0.9% over 1 hour Type / Days / HRG: Procurement / 1 / Formulary Delivery / 1 / Day Case Every 21 days for 4 cycles following 4 cycles of the regimen anthracycline regimen, reverse sequencing is permissible.
CMF (1 + 8) (version 1.0)	• Neo-Adjuvant therapy for standard risk patients following 4 cycles of the "Epirubicin (NEAT/McNEAT Schedule)" regimen.	Day(s) / Drug / Dose / Route / Comments: 1 + 8 — Cyclophosphamide — 600mg/m^2 — IV — Bolus via fast running drip of Sodium Chloride 0.9% 1 + 8 — Methotrexate — 50mg/m^2 — IV — Bolus via fast running drip of Sodium Chloride 0.9% 1 + 8 — 5-Fluorouracil — 600mg/m^2 — IV — Bolus via fast running drip of Sodium Chloride 0.9% Type / Days / HRG: Procurement / 1 & 8 / Cost & Volume Delivery / 1 & 8 / Day Case Every 28 days for 4 cycles following 4 cycles of “Epirubicin (NEAT/McNEAT Schedule)” regimen

Breast – Neo Adjuvant

Regimen	Indication	Drugs\HRG
EC90 (version 1.0)	• Adjuvant chemotherapy in standard risk patients. • Adjuvant chemotherapy in high risk patients followed by 4 cycles of the "Docetaxel" regimen or 12 cycles of the "Paclitaxel - weekly" regimen.	Day(s) / Drug / Dose / Route / Comments 1 – Epirubicin – 90mg/m² – IV – Bolus via fast running drip of Sodium Chloride 0.9% 1 – Cyclophosphamide – 600mg/m² – IV – Bolus via fast running drip of Sodium Chloride 0.9% Type / Days / HRG Procurement – 1 – Cost & Volume Delivery – 1 – Day Case • Adjuvant high risk – every 21 days for 4 cycles followed by 4 cycles of the “Docetaxel” regimen or 12 cycles of the “Paclitaxel – Weekly” regimen • Adjuvant standard risk – every 21 days for up to 6 cycles
Epirubicin (version 1.0)	• Neo-adjuvant therapy for standard or high risk patients followed by 4 cycles of the "CMF (d1 + 8 or d1)" regimen standard risk or docetaxel in high risk.	Day(s) / Drug / Dose / Route / Comments 1 – Epirubicin – 100mg/m² – IV – Bolus via fast running drip of Sodium Chloride 0.9% Type / Days / HRG Procurement – 1 – Cost & Volume Delivery – 1 – Day Case • Every 21 days for 4 cycles followed by 4 cycles of the “CMF (d1 + 8)” regimen

Network Group – Breast

Breast – Neo Adjuvant

<table>
<tr><th>Regimen</th><th>Indication</th><th>Drugs\HRG</th></tr>
<tr><td>Trastuzumab - Loading dose (version 1.0)</td><td>• The neo-adjuvant treatment of HER2 positive early breast cancer following a standard anthracycline based regimen or with a taxane following 4 courses of an anthracycline based regimen.

• Herceptin should only be used in patients whose tumours have either HER2 overexpression or HER2 gene amplification as determined by an accurate and validated assay.</td><td>
<table>
<tr><th>Day(s)</th><th>Drug</th><th>Dose</th><th>Route</th><th>Comments</th></tr>
<tr><td>Week 1, day 1 only</td><td>Trastuzumab</td><td>8mg/kg</td><td>IV</td><td>Infusion in 250mL Sodium Chloride 0.9% over 90 mins</td></tr>
</table>
<table>
<tr><th>Type</th><th>Days</th><th>HRG</th></tr>
<tr><td>Procurement</td><td>1</td><td>Formulary</td></tr>
<tr><td>Delivery</td><td>1</td><td>Day Case</td></tr>
</table>
• Loading dose cycle 1 only or following a break in treatment of longer than 5 weeks
• To be followed at 1 week by first maintenance done at 6mg then in combination with chemotherapy
</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Trastuzumab - Maintenance dose (version 1.0)</td><td>• The adjuvant treatment of HER2 positive early breast cancer following a standard anthracycline based regimen or with a taxane following 4 courses of an anthracycline based regimen.

• Herceptin should only be used in patients whose tumours have either HER2 overexpression or HER2 gene amplification as determined by an accurate and validated assay.
.</td><td>
<table>
<tr><th>Day(s)</th><th>Drug</th><th>Dose</th><th>Route</th><th>Comments</th></tr>
<tr><td>1</td><td>Trastuzumab</td><td>6mg/kg</td><td>IV</td><td>Infusion in 250mL Sodium Chloride 0.9% over 90 mins</td></tr>
</table>
<table>
<tr><th>Type</th><th>Days</th><th>HRG</th></tr>
<tr><td>Procurement</td><td>1</td><td>Formulary</td></tr>
<tr><td>Delivery</td><td>1</td><td>Day Case or via HC@H</td></tr>
</table>
• Every 21 to 28 days for 12 months (i.e. 1 loading dose followed by 17 maintenance doses)
</td></tr>
</table>

Breast – Adjuvant

Regimen	Indication	Drugs\HRG

Docetaxel (version 1.0)

- Adjuvant chemotherapy in high risk patients following 4 cycles of EC90

Day(s)	Drug	Dose	Route	Comments
1	Docetaxel	100mg/m^2	IV	Infusion in 250mL Sodium Chloride 0.9% over 1 hour

Type	Days	HRG
Procurement	1	Formulary
Delivery	1	Day Case

- Every 21 days for 4 cycles following 4 cycles of FEC or 3 cycles in combination with E-CMF

CMF (1 + 8) (version 1.0)

- Adjuvant therapy for standard risk patients following 4 cycles of the "Epirubicin (NEAT/McNEAT Schedule)" regimen.

Day(s)	Drug	Dose	Route	Comments
1 + 8	Cyclophosphamide	600mg/m^2	IV	Bolus via fast running drip of Sodium Chloride 0.9%
1 + 8	Methotrexate	50mg/m^2	IV	Bolus via fast running drip of Sodium Chloride 0.9%
1 + 8	5-Fluorouracil	600mg/m^2	IV	Bolus via fast running drip of Sodium Chloride 0.9%

Type	Days	HRG
Procurement	1 & 8	Cost & Volume
Delivery	1	Day Case

- Every 28 days for 4 cycles following 4 cycles of “Epirubicin regimen”

Breast – Adjuvant

Regimen	Indication	Drugs\HRG
CMF (d1) **(version 1.0)**	• Adjuvant therapy for standard risk patients following 4 cycles of the "Epirubicin (NEAT/McNEAT Schedule)" regimen.	Day(s) / Drug / Dose / Route / Comments 1 – Cyclophosphamide – 800mg/m^2 – IV – Bolus via fast running drip of Sodium Chloride 0.9% 1 – Methotrexate – 60mg/m^2 – IV – Bolus via fast running drip of Sodium Chloride 0.9% 1 – 5-Fluorouracil – 800mg/m^2 – IV – Bolus via fast running drip of Sodium Chloride 0.9% Type / Days / HRG Procurement – 1 – Cost & Volume Delivery – 1 – Day Case • Every 21 days for 4 cycles following 4 cycles of “Epirubicin regimen +/- a Taxane”
EC90 **(version 1.0)**	• Adjuvant chemotherapy in standard risk patients. • Adjuvant chemotherapy in high risk patients followed by 4 cycles of the "Docetaxel" regimen or 12 cycles of the "Paclitaxel - weekly" regimen.	Day(s) / Drug / Dose / Route / Comments 1 – Epirubicin – 90mg/m² – IV – Bolus via fast running drip of Sodium Chloride 0.9% 1 – Cyclophosphamide – 600mg/m² – IV – Bolus via fast running drip of Sodium Chloride 0.9% Type / Days / HRG Procurement – 1 – Cost & Volume Delivery – 1 – Day Case • Adjuvant high risk – every 21 days for 4 cycles followed by 4 cycles of the “Docetaxel” regimen or 12 cycles of the “Paclitaxel – Weekly” regimen • Adjuvant standard risk – every 21 days for up to 6 cycles

Network Group – Breast

Breast – Adjuvant

<table>
<tr><th>Regimen</th><th>Indication</th><th>Drugs\HRG</th></tr>
<tr><td>Epirubicin
(version 1.0)</td><td>• Adjuvant therapy for standard risk patients followed by 4 cycles of the "CMF (McNEAT Schedule)" regimen or the "CMF Oral (NEAT Schedule)" regimen.</td><td>
<table>
<tr><th>Day(s)</th><th>Drug</th><th>Dose</th><th>Route</th><th>Comments</th></tr>
<tr><td>1</td><td>Epirubicin</td><td>100mg/m²</td><td>IV</td><td>Bolus via fast running drip of Sodium Chloride 0.9%</td></tr>
</table>
<table>
<tr><th>Type</th><th>Days</th><th>HRG</th></tr>
<tr><td>Procurement</td><td>1</td><td>X70.3</td></tr>
<tr><td>Delivery</td><td>1</td><td>X72.3</td></tr>
</table>
• Every 21 days for 4 cycles followed by 4 cycles of the “CMF (d1 + 8 or d1)” regimen
</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Trastuzumab -
Loading dose
(version 1.0)</td><td>• The adjuvant treatment of HER2 positive early breast cancer following a standard anthracycline based regimen or with a taxane following 4 courses of an anthracycline based regimen.

• Herceptin should only be used in patients whose tumours have either HER2 overexpression or HER2 gene amplification as determined by an accurate and validated assay.</td><td>
<table>
<tr><th>Day(s)</th><th>Drug</th><th>Dose</th><th>Route</th><th>Comments</th></tr>
<tr><td>Week 1, day 1 only</td><td>Trastuzumab</td><td>8mg/kg</td><td>IV</td><td>Infusion in 250mL Sodium Chloride 0.9% over 90 mins</td></tr>
</table>
<table>
<tr><th>Type</th><th>Days</th><th>HRG</th></tr>
<tr><td>Procurement</td><td>1</td><td>X71.5</td></tr>
<tr><td>Delivery</td><td>1</td><td>X72.2</td></tr>
</table>
• Loading dose cycle 1 only or following a break in treatment of longer than 1 week
• To be followed at 1 week by first maintenance done at 6mg then in combination with chemotherapy
</td></tr>
</table>

Breast – Adjuvant

Regimen	Indication	Drugs\HRG
Trastuzumab - Maintenance dose (version 1.0)	• The adjuvant treatment of HER2 positive early breast cancer following a standard anthracycline based regimen or with a taxane following 4 courses of an anthracycline based regimen. • Herceptin should only be used in patients whose tumours have either HER2 overexpression or HER2 gene amplification as determined by an accurate and validated assay.	Day(s) / Drug / Dose / Route / Comments 1 / Trastuzumab / 6mg/kg / IV / Infusion in 250mL Sodium Chloride 0.9% over 90 mins Type / Days / HRG Procurement / 1 / X71.3 Delivery / 1 / X72.2 • Every 21 days for 12 months (i.e. 1 loading dose followed by 17 maintenance doses) • Patients who have had part of their traxtuzumab in a neo-adjuvant content should still only receive 18 doses of trastuzumab
Gemcitabine & Docetaxel (version 1.0)	• Adjuvant therapy in patients not responding to single agent Docetaxel and who have already completed an anthracycline adjuvant component.	Day(s) / Drug / Dose / Route / Comments 1 & 8 / Gemcitabine / 1000mg/m^2 / IV / Infusion in 250mL Sodium Chloride 0.9% over 15 mins 8 / Docetaxel / 75mg/m^2 / IV / Infusion in 250mL Sodium Chloride 0.9% over 90 mins Type / Days / HRG Procurement / 1 & 8 / Formulary Delivery / 1 & 8 / Day Case • Every 21 days for 6 cycles

Breast – Adjuvant

Regimen	Indication	Drugs\HRG

FEC '75' (version 1.0)

- Adjuvant therapy as alternative to E-CMF or E – T - CMF.

Day(s)	Drug	Dose	Route	Comments
1	5-Fluorouracil	600mg/m^2	IV	Bolus via fast running drip of Sodium Chloride 0.9%
1	Epirubicin	75mg/m^2	IV	
1	Cyclophosphamide	600mg/m2	IV	

Type	Days	HRG
Procurement	1	Cost and Volume
Delivery	1	Day Case

- Every 21 days for 6 cycles

FEC '100' (version 1.0)

- Adjuvant therapy as alternative to E-CMF or E – T - CMF.

Day(s)	Drug	Dose	Route	Comments
1	5-Fluorouracil	500mg/m^2	IV	Bolus via fast running drip of Sodium Chloride 0.9%
1	Epirubicin	100mg/m^2	IV	
1	Cyclophosphamide	500mg/m2	IV	

Type	Days	HRG
Procurement	1	Cost and Volume
Delivery	1	Day Case

- Every 21 days for 6 cycles

Network Group – Breast

Breast – Metastatic

<table>
<tr><th>Regimen</th><th>Indication</th><th>Drugs\HRG</th></tr>
<tr><td>Carboplatin / Etoposide (version 1.0)</td><td>• Third or subsequent line therapy for the treatment of advanced breast cancer when anthracycline based regimens have failed or are unsuitable.

• For patients with brain mets as primary site of metastatic disease</td><td>
<table>
<tr><th>Day(s)</th><th>Drug</th><th>Dose</th><th>Route</th><th>Comments</th></tr>
<tr><td>1</td><td>Carboplatin</td><td>AUC 4</td><td>IV</td><td>Infusion in 250mL Sodium Chloride 0.9% over 30mins.</td></tr>
<tr><td>1</td><td>Etoposide</td><td>100mg/ m²</td><td>IV</td><td></td></tr>
<tr><td>1 - 3inc</td><td>Etoposide</td><td>50mg twice daily</td><td>PO</td><td></td></tr>
</table>
<table>
<tr><th>Type</th><th>Days</th><th>HRG</th></tr>
<tr><td>Procurement</td><td>1</td><td>X70.2</td></tr>
<tr><td>Delivery</td><td>1</td><td>X72.1</td></tr>
<tr><td>Delivery</td><td>2 + 3</td><td>X72.4</td></tr>
</table>
• Every 21 days for up to a total of 6 cycles or until evidence of disease progression or unacceptable toxicities
</td></tr>
<tr><td colspan="2"></td><td>•</td></tr>
<tr><td>Docetaxel (version 1.0)</td><td>• The treatment of patients with locally advanced or metastatic breast cancer after failure of initial cytotoxic therapy. Previous chemotherapy should have included an anthracycline.</td><td>
<table>
<tr><th>Day(s)</th><th>Drug</th><th>Dose</th><th>Route</th><th>Comments</th></tr>
<tr><td>1</td><td>Docetaxel</td><td>75mg/m²</td><td>IV</td><td>Infusion in 250mL Sodium Chloride 0.9% over 1 hour</td></tr>
</table>
<table>
<tr><th>Type</th><th>Days</th><th>HRG</th></tr>
<tr><td>Procurement</td><td>1</td><td>Formulary</td></tr>
<tr><td>Delivery</td><td>1</td><td>Day Case</td></tr>
</table>
• Every 21 days for up to a total of 6 to 9 cycles or until evidence of disease progression or unacceptable toxicities
</td></tr>
</table>

Breast – Metastatic

Regimen	Indication	Drugs\HRG

Capecitabine (version 0.1)

- Monotherapy for the treatment of locally advanced or metastatic breast cancer who have not previously received capecitabine in combination therapy and for whom anthracycline and taxane-containing regimens have failed or further anthracycline therapy is not indicated.

Day(s)	Drug	Dose	Route	Comments
1 - 14inc	Capecitabine	1250mg/m² twice daily	PO	

Type	Days	HRG
Procurement	1	Formulary
Delivery	1	Day case

- Every 21 days for up to a total of 8 cycles or until evidence of disease progression or unacceptable toxicities

Breast – Metastatic

Regimen	Indication	Drugs\HRG

Docetaxel and Capecitabine (version 1.0)

- The treatment of patients with locally advanced or metastatic breast cancer in preference to single agent docetaxel in people for whom anthracycline containing regimens are unsuitable or have failed and who have a good PS.

Day(s)	Drug	Dose	Route	Comments
1 - 14inc	Capecitabine	1250mg/m² twice daily	PO	
1	Docetaxel	60mg/m^2	IV	Infusion in 250mL Sodium Chloride 0.9% over 1 hour

Type	Days	HRG
Procurement	1	Formulary
Delivery	1	Day Case

- Every 21 days for up to a total of 6 cycles or until evidence of disease progression or unacceptable toxicities

EC75 (version 1.0)

- First line treatment of advanced breast cancer in chemotherapy naïve patients or as a rechallenge if there is a disease free interval > 2years and the total anthracycline lifetime dose is not exceeded.

Day(s)	Drug	Dose	Route	Comments
1	Epirubicin	75mg/m^2	IV	Bolus via fast running drip of Sodium Chloride 0.9%
1	Cyclophosphamide	500mg/m^2		

Type	Days	HRG
Procurement	1	Cost & Volume
Delivery	1	Day Case

- Every 21 days for up to 6 cycles or until evidence of disease progression or unacceptable toxicities

Network Group – Breast

Breast – Metastatic

Regimen	Indication	Drugs\HRG
Epirubicin (version 1.0)	• Metastatic breast cancer	Day(s): 1 — Drug: Epirubicin — Dose: 75mg/m² — Route: IV — Comments: Bolus via fast running drip of Sodium Chloride 0.9% Type: Procurement — Days: 1 — HRG: Cost & Volume Type: Delivery — Days: 1 — HRG: Day case • Every 21 days for up to a total of 6 cycles or until evidence of disease progression or unacceptable toxicities
Epirubicin – Weekly (version 1.0)	• Metastatic breast cancer	Day(s): 1 — Drug: Epirubicin — Dose: 15mg/m² — Route: IV — Comments: Bolus via fast running drip of Sodium Chloride 0.9% OR — Drug: Epirubicin — Dose: 25mg (fixed dose) — Route: IV — Comments: Bolus via fast running drip of Sodium Chloride 0.9% Type: Procurement — Days: 1 — HRG: Cost & Volume Type: Delivery — Days: 1 — HRG: Day Case • Every 7 days for up to a total of up to 24 cycles or until evidence of disease progression or unacceptable toxicities

Breast – Metastatic

Regimen	Indication	Drugs\HRG

Etoposide - Low dose oral (version 1.0)

- Palliative treatment of advanced/ metastatic breast cancer in heavily pre-treated patients.

Day(s)	Drug	Dose	Route	Comments
1 - 14inc	Etoposide	50mg twice daily	PO	

Type	Days	HRG
Procurement	1	Cost & Volume
Delivery	1	Day Case

- Every 21 days for up to 6 cycles or until evidence of disease progression or unacceptable toxicities
- Standard duration of etoposide is 14 days per cycle but can vary from 5 days depending on bone marrow function and extent of previous treatment

FEC 75 (version 1.0)

- Second or subsequent line therapy for the treatment of advanced breast cancer.

Day(s)	Drug	Dose	Route	Comments
1	5-Fluorouracil	600mg/m²	IV	Bolus via fast running drip of Sodium Chloride 0.9%
1	Cyclophosphamide	600mg/m²	IV	Bolus via fast running drip of Sodium Chloride 0.9%
1	Epirubicin	75 mg/m²	IV	Bolus via fast running drip of Sodium Chloride 0.9%

Type	Days	HRG
Procurement	1	Cost & Volume
Delivery	1	Day Case

- Every 21 days for up to a total of 6 cycles or until evidence of disease progression or unacceptable toxicities

Breast – Metastatic

<table>
<tr><th>Regimen</th><th>Indication</th><th>Drugs\HRG</th></tr>
<tr><td>Gemcitabine and Paclitaxel (version 1.0)</td><td>• Metastatic breast cancer in patients who have relapsed following adjuvant/neoadjuvant chemotherapy. Prior chemotherapy should have included and anthracycline, unless clinically contra-indicated.</td><td>
<table>
<tr><th>Day(s)</th><th>Drug</th><th>Dose</th><th>Route</th><th>Comments</th></tr>
<tr><td>1</td><td>Paclitaxel</td><td>175mg/m²</td><td>IV</td><td>Infusion in 500mLs Sodium Chloride 0.9% over 3 hours</td></tr>
<tr><td>1 & 8</td><td>Gemcitabine</td><td>1250mg/m²</td><td>IV</td><td>Infusion in 100 - 250mLs Sodium Chloride 0.9% over 30 - 60 minutes</td></tr>
</table>
<table>
<tr><th>Type</th><th>Days</th><th>HRG</th></tr>
<tr><td>Procurement</td><td>1 & 8</td><td>Formulary</td></tr>
<tr><td>Delivery</td><td>1 & 8</td><td>Day Case</td></tr>
</table>
• Every 21 days for a total of 6 cycles or until evidence of disease progression or unacceptable toxicities
</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Paclitaxel (version 1.0)</td><td>• The treatment of patients with locally advanced or metastatic breast cancer after failure of initial cytotoxic therapy. Previous chemotherapy should have included an anthracycline or an alkylating agent.</td><td>
<table>
<tr><th>Day(s)</th><th>Drug</th><th>Dose</th><th>Route</th><th>Comments</th></tr>
<tr><td>1</td><td>Paclitaxel</td><td>175mg/m²</td><td>IV</td><td>Infusion in 500mL Sodium Chloride 0.9% over 3 hours</td></tr>
</table>
<table>
<tr><th>Type</th><th>Days</th><th>HRG</th></tr>
<tr><td>Procurement</td><td>1</td><td>Formulary</td></tr>
<tr><td>Delivery</td><td>1</td><td>Day Case</td></tr>
</table>
• Every 21 days for up to a total of 6 cycles or until evidence of disease progression or unacceptable toxicities
</td></tr>
</table>

Breast – Metastatic

<table>
<tr><th>Regimen</th><th>Indication</th><th>Drugs\HRG</th></tr>
<tr><td>Paclitaxel – Weekly (version 1.0)</td><td>• The treatment of patients with locally advanced or metastatic breast cancer after failure of initial cytotoxic therapy. Previous chemotherapy should have included an anthracycline or an alkylating agent.</td><td>
<table>
<tr><th>Day(s)</th><th>Drug</th><th>Dose</th><th>Route</th><th>Comments</th></tr>
<tr><td>1</td><td>Paclitaxel</td><td>50 to 90 mg/m²</td><td>IV</td><td>Infusion over 60 minutes in 250mLs Sodium Chloride 0.9% over 60 minutes</td></tr>
</table>
<table>
<tr><th>Type</th><th>Days</th><th>HRG</th></tr>
<tr><td>Procurement</td><td>1</td><td>Formulary</td></tr>
<tr><td>Delivery</td><td>1</td><td>Day Case</td></tr>
</table>
• Every 7 days for up to 24 cycles or until evidence off disease progression or unacceptable toxicities
</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td>Trastuzumab - Loading dose (version 1.0)</td><td>• In combination with a taxane for the treatment of locally advanced or metastatic breast cancer after failure of initial cytotoxic therapy. Previous treatment should have included an anthracycline.
• Herceptin should only be used in patients whose tumours have either HER2 overexpression or HER2 gene amplification as determined by an accurate and validated assay.</td><td>
<table>
<tr><th>Day(s)</th><th>Drug</th><th>Dose</th><th>Route</th><th>Comments</th></tr>
<tr><td>Week 1, day 1 only</td><td>Trastuzumab</td><td>8mg/kg</td><td>IV</td><td>Infusion in 250mL Sodium Chloride 0.9% over 90 mins</td></tr>
</table>
<table>
<tr><th>Type</th><th>Days</th><th>HRG</th></tr>
<tr><td>Procurement</td><td>1</td><td>Formulary</td></tr>
<tr><td>Delivery</td><td>1</td><td>Day Case</td></tr>
</table>
• Loading dose cycle 1or following a five week treatment interval
</td></tr>
</table>

Breast – Metastatic

<table>
<tr><th>Regimen</th><th>Indication</th><th>Drugs\HRG</th></tr>
<tr><td>Trastuzumab - Maintenance dose (version 1.0)</td><td>• In combination with a taxane for the treatment of locally advanced or metastatic breast cancer after failure of initial cytotoxic therapy. Previous treatment should have included an anthracycline.
• Herceptin should only be used in patients whose tumours have either HER2 overexpression or HER2 gene amplification as determined by an accurate and validated assay.</td><td>
<table>
<tr><th>Day(s)</th><th>Drug</th><th>Dose</th><th>Route</th><th>Comments</th></tr>
<tr><td>1</td><td>Trastuzumab</td><td>6mg/kg</td><td>IV</td><td>Infusion in 250mL Sodium Chloride 0.9% over 90 mins</td></tr>
</table>
<table>
<tr><th>Type</th><th>Days</th><th>HRG</th></tr>
<tr><td>Procurement</td><td>1</td><td>Formulary</td></tr>
<tr><td>Delivery</td><td>1</td><td>Day Case or HC@H</td></tr>
</table>
• Every 21 days until disease progression
</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td>Vinorelbine – Weekly (version 1.0)</td><td>• Second or subsequent line therapy for the treatment of advanced breast cancer when anthracycline based regimens have failed or are unsuitable.</td><td>
<table>
<tr><th>Day(s)</th><th>Drug</th><th>Dose</th><th>Route</th><th>Comments</th></tr>
<tr><td>1</td><td>Vinorelbine</td><td>25mg/m² (max 60mg)</td><td>IV</td><td>IV infusion in 50mLs Sodium Chloride 0.9% over 5-10mins - follow national and local guidance.</td></tr>
</table>
<table>
<tr><th>Type</th><th>Days</th><th>HRG</th></tr>
<tr><td>Procurement</td><td>1</td><td>Formulary</td></tr>
<tr><td>Delivery</td><td>1</td><td>Day Case</td></tr>
</table>
• Every 7 days for a total of 18 cycles or until evidence of disease progression or unacceptable toxicities
</td></tr>
</table>

Breast – Metastatic

Regimen	Indication	Drugs\HRG
Vinorelbine (Oral) (version 1.0)	• Palliative therapy in patients with advanced breast cancer previously treated with or not suitable for anthracyclines and/or taxanes. Hormone receptor positive patients must also have failed hormonal therapy, unless they were unsuitable for these treatments. • Herceptin should only be used in patients whose tumours have either HER2 overexpression or HER2 gene amplification as determined by an accurate and validated assay.	Day(s): 1, 8 +15 — Drug: Vinorelbine — Dose: 60mg/m² — Route: PO — Comments: Type / Days / HRG: Procurement: 1, 8 &15: Formulary Delivery: 1, 8 & 15: Day Case • Every 21 days for a total of 6 cycles or until evidence of disease progression or unacceptable toxicities