

# Pertuzumab + trastuzumab maintenance

NCCP 00726 · Draft — independent clinical, pharmacy and patient/PPI review pending

## PRACTICAL TREATMENT GUIDE

### Your practical treatment plan

Pertuzumab and trastuzumab are given by infusion every 21 days after the chemotherapy phase of the metastatic treatment plan. Duration depends on benefit, tolerance and the agreed plan; this is not a fixed one-year adjuvant course.

#### STEP 1

##### Before the first visit

Before maintenance, review blood tests, the latest heart assessment, prior treatment response, last antibody doses and the next echo due date.

#### STEP 2

##### Plan venous access

A cannula, PICC or implanted port may be used. If a port is chosen, a trained team inserts it in a separate procedure with local anaesthetic and sometimes sedation; the team explains fasting, blood-thinner and wound instructions.

#### STEP 3

##### Infusion day

Check treatment tolerance and symptoms, then receive the prescribed pertuzumab and trastuzumab infusions with observation. Premedicines depend on previous reactions and the individual plan; they are not automatic chemotherapy premedication.

#### STEP 4

##### Home and next review

This regimen does not routinely need a take-home infusion pump. Staff disconnect the infusion; a port is de-accessed when appropriate. Keep line-care and next-visit instructions.

### Port insertion and removal

The line team explains placement, dressing care and when normal activities can resume. A port is accessed with a special needle during treatment. Removal of the implanted device is a separate planned procedure when no longer needed; do not remove or adjust it yourself.

### PICC care and urgent line symptoms

A PICC usually needs regular dressing and flushing appointments even between treatments. Fever, redness, swelling, pain, leakage or damage requires prompt advice. Your hospital supplies the exact care instructions.

### Visit time and transport

The visit includes review, infusions and observation. Maintenance does not automatically require new loading doses; an interval of 6 weeks or longer needs review of both antibody loading schedules. Ask your team for the expected visit time.

Sources: [NCCP 00726 v3a · official regimen](#) · [eviQ · PICC patient information](#) · [eviQ · implanted port patient information](#). Draft — independent clinical, pharmacy and patient/PPI review pending.