





Kadcyla, as a single agent, is indicated for the adjuvant treatment of adult patients with HER2-positive eBC who have residual invasive disease, in the breast and/or lymph nodes, after neoadjuvant taxane-based and HER2-targeted therapy.¹

Dosing and Administration

In the adjuvant setting, Kadcyla should be administered for a total of 14, 3-week cycles, or until disease recurrence or unmanageable toxicity.¹

First infusion

Every 3 weeks for up to 14 cycles

Kadcyla

3.6 mg/kg bodyweight adminstered over 90 minutes

3.6 mg/kg bodyweight adminstered over 30 minutes

- Kadcyla is administered as an IV infusion.¹
- Patients should be observed during the infusion and for atleast 90 mins following the initial infusion fever, chills and other infusion related reactions. The infusion site should be monitored for possible SC infiltration during administration.¹
- If the prior infusion was well tolerated, subsequent doses of Kadcyla may be administered as 30-minute infusions. Patients should be observed during the infusion and for at least 30 minutes after infusion.¹
- In order to prevent medicinal product errors, it is important to check the vial labels to ensure that the medicinal product being prepared is trastuzumab emantasine and not trastuzumab.¹
- ► Kadcyla allows oncologists to adapt adjuvant therapy based on patients' neoadjuvant response.²

* HER2- Human Epidermal Growth Factor Receptor 2; eBC- Early Breast Cancer; IV- Intravenous; SC- Subcutaneous

References:

Kadcyla Summary of Product Characteristics.
 Scottish Medicines Consortium. SMC2298. November 2020.

Warning: To be sold by retail on the prescription of an "Oncologist" only

Kindly use the QR code/ click on the link for the latest Prescribing Information (PI). For the use only of a Registered Medical Practitioner or a Hospital or a Laboratory. http://bit.ly/Roche Kadcyla PI



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*Pregnancy/Breastfeeding, use in Pediatric/Elderly population, Lack of Efficacy, Overdose, Misuse, Abuse, Off Label Use, Medication Error (including Intercepted Medication Error and Potential Medication Error), Occupational Exposure, data related to a Suspected Transmission of an Infectious Agent via a Medicinal Product (STIAMP), Drug Interaction, Falsified Medicinal Products (whether suspected or confirmed) and suspected AEs from class action lawsuits

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