MEDICINE INFORMATION

Paclitaxel and trastuzumab

Patient information about paclitaxel chemotherapy with trastuzumab for selected people with HER2-positive breast cancer.

At a glance

Treatment	Paclitaxel + Trastuzumab
When it may be used	After surgery for selected people with HER2-positive breast cancer. Your team can explain the reason for your plan.
How it is given	Paclitaxel is given by drip into a vein. Trastuzumab is given by drip or as an injection under the skin, depending on the formulation prescribed.
Before you start	Ask for a calendar that shows which drug you receive at each visit and keep the hospital's 24-hour number.

What this treatment is and how it works

Paclitaxel is a chemotherapy drug that interferes with cell division. Trastuzumab attaches to human epidermal growth factor receptor 2 (HER2), a protein found at high levels on some breast cancers. It helps block growth signals. The two medicines have different effects on healthy tissues, which is why the team checks your blood counts, nerves and heart.

When it may be used

This combination is one option after surgery for some early HER2-positive breast cancers. Your team considers tumour size, lymph node findings, your health and other treatment options. If paclitaxel and trastuzumab are offered in a different setting, ask what the aim is and how long each medicine is expected to continue.

Before treatment

Tell your team about existing tingling, numbness, diabetes, heart problems, blood pressure and any previous reactions to infusions. A heart scan measures how well your heart pumps before trastuzumab. Blood tests check whether it is safe to start paclitaxel.

Ask which paclitaxel formulation you will receive. Conventional paclitaxel and albumin-bound paclitaxel are different formulations with different instructions. The unit usually gives medicines to reduce the risk of a reaction with conventional paclitaxel.

How treatment is given

The team gives paclitaxel through a drip. In one common schedule after surgery, paclitaxel is given weekly for a limited course and trastuzumab continues at longer intervals afterwards. Other calendars are used. Some days may include both drugs, so ask the nurse to mark each visit on your calendar.

Tell the nurse straight away if you feel flushed, itchy, faint or short of breath, or if the drip site stings or swells. Ask before arranging transport how long the first visit and observation may take.

Tests and monitoring during treatment

Your team checks blood counts and asks about side effects during the paclitaxel course. Tell them early if numbness or tingling affects walking, balance or picking up small things. Trastuzumab requires repeat checks of how well your heart pumps. Keep these appointments even once chemotherapy visits stop.

Side effects

Common side effects

- **Nerve symptoms.** Paclitaxel can cause numbness or tingling, often starting in fingers or toes. Report changes before they interfere with daily tasks.
- **Aching muscles or joints.** This may happen in the days after paclitaxel. Ask which pain medicines are appropriate with your other treatment.
- **Low blood counts.** Infection, tiredness or bruising may be more likely. Call if you develop fever, shaking chills or feel suddenly unwell.
- **Hair loss, nail changes and tiredness.** Ask the unit what to expect and about practical support, including scalp cooling if available.

Important side effects

A reaction can occur during a drip. Tell staff immediately about a rash, wheeze, tight chest, chills or dizziness. Trastuzumab can reduce how well the heart pumps. Tell the team about new breathlessness, swollen ankles, palpitations or a change in how far you can walk comfortably.

When to seek urgent help

Call your hospital’s 24-hour cancer care number for fever, shaking chills, sudden illness, persistent vomiting, new breathlessness or unexpected bleeding. Follow your hospital’s temperature advice. If you have no written threshold, call at 37.5°C (99.5°F) or above, or below 36°C (96.8°F). Call if you feel very unwell even with a normal temperature.

Seek emergency care for severe breathing difficulty, chest pain, swelling of the face or throat, collapse or bleeding that will not stop. Tell staff when you last had paclitaxel and trastuzumab.

Practical advice for this treatment

Mark the chemotherapy and antibody visits separately

Paclitaxel and trastuzumab can be given together early in the course. Trastuzumab may continue after paclitaxel finishes. Ask when the interval between visits changes and when the team will check your heart function.

Notice small changes in feeling and movement

Paclitaxel can cause tingling, burning or numbness. Report changes in handling small objects, walking or balance early, before your next dose. Tell the nurse about a previous paclitaxel reaction and follow the written instructions about any medicines before the drip.

Keep track of new breathlessness or swelling

Let your team know if you are becoming breathless with normal activities, need extra pillows to sleep or develop new ankle swelling. Trastuzumab can affect heart function, and your team may assess symptoms between scheduled scans.

Medicines, interactions and vaccinations

Tell the team about new prescriptions, supplements and over-the-counter remedies. Ask which pain medicines you can take for aches after paclitaxel and whether any vaccines should be timed around your treatment.

Everyday life

Track which days you receive each medicine and when symptoms start. If your feet are numb, wear shoes that protect your feet and tell the team about trips or falls. Ask about transport if the premedication makes you drowsy.

Pregnancy, fertility and breastfeeding

Discuss fertility preservation and pregnancy precautions before treatment. Ask for separate dates if needed for paclitaxel and trastuzumab. Your team can tell you when contraception or breastfeeding precautions can end after the full course.

After treatment

Check when the paclitaxel course finishes, when trastuzumab continues and when you need your next heart scan. Tell your team if numbness, weakness, swelling or breathlessness persists.

Frequently asked questions

Why do I need two medicines?

Paclitaxel acts on dividing cells. Trastuzumab targets the HER2 protein. Ask how each contributes to the aim of your treatment.

Will I have both medicines at every visit?

Your calendar may show paclitaxel on its own at some visits and trastuzumab continuing after the paclitaxel course. Ask the unit to mark which medicine is due at your next visit and whether you still need the pre-treatment medicines.

How long is the paclitaxel course?

A commonly used early breast cancer plan uses a limited weekly course. Ask the unit how many visits are planned for you.

What if I feel drowsy after the infusion?

Some medicines given before conventional paclitaxel can cause drowsiness. Ask before driving and arrange help with transport if needed.

Does tingling go away after paclitaxel?

It can improve after treatment but may persist. Report it early so the team can assess it.

What if I have diabetes and already have numb feet?

Tell your team what your feet normally feel like. Report new changes in sensation, balance or strength.

Are muscle aches expected?

They can occur after paclitaxel. Contact the team if they are severe or come with fever or sudden illness.

Can I have scalp cooling?

Ask before starting whether it is suitable and available and what it adds to the visit.

Can I receive trastuzumab under the skin?

Some formulations can be given by injection. Ask which product you are receiving and whether the route will change during your course.

Why am I still having heart scans?

Trastuzumab can affect the heart while you are taking it. Monitoring can detect a change before you notice symptoms.

What if I miss a visit?

Call the unit to review the dates for both medicines. Ask whether your blood or heart tests need to move.

What if I feel short of breath walking upstairs?

Tell your team about a new or worsening change. Seek emergency help if breathing becomes severely difficult.

Is nab-paclitaxel the same treatment?

It contains paclitaxel in a different formulation. Your team chooses the product and its instructions for your plan.

Will I have radiotherapy or hormone treatment as well?

This depends on your surgery and the features of the cancer. Ask how any additional treatment fits around trastuzumab.

When should I report a fever?

Use your hospital's written guidance and call the 24-hour number as soon as you meet the threshold or feel suddenly unwell.

Individual medicine guides

- Paclitaxel
- Trastuzumab

Sources and further reading

Read this guide alongside your hospital's plan. Ask your pharmacist to confirm the exact product dispensed in India and follow the instructions for that product.

Summary of Product Characteristics (SmPC) and prescribing information

- Conventional paclitaxel infusion - UK SmPC
- Trastuzumab (Herceptin) - EU SmPC

Clinical protocols and other references

- eviQ paclitaxel and trastuzumab protocol after surgery
- APT trial of paclitaxel and trastuzumab after surgery

Additional sources

- eviQ, patient information on paclitaxel and trastuzumab after surgery
- Macmillan Cancer Support, paclitaxel
- Cancer Research UK, targeted treatment for breast cancer

Editorially approved by Dr (Prof) Vijay Agarwal

Professor and Lead Consultant - Medical Oncology

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