MEDICINE INFORMATION

TCH for HER2-positive breast cancer

A patient guide to TCH for HER2-positive breast cancer, including the chemotherapy visits and the heart checks that continue with trastuzumab.

At a glance

Treatment	Docetaxel + Carboplatin + Trastuzumab
When it may be used	After surgery for selected people with HER2-positive breast cancer.
How it is given	Docetaxel and carboplatin are given by drip into a vein. Trastuzumab is given by drip, or as a separate injection under the skin if that formulation is prescribed.
Before you start	Check your heart scan, home steroid instructions and 24-hour hospital number.

What this treatment is and how it works

Docetaxel interferes with cell division and carboplatin damages the genetic material cancer cells need to grow. Trastuzumab is an antibody that attaches to a protein called human epidermal growth factor receptor 2 (HER2). When breast cancer cells have high levels of this protein, it can help them grow. Trastuzumab blocks some of those growth signals.

When it may be used

TCH is one treatment option after surgery for selected people with HER2-positive breast cancer. This is called adjuvant treatment. It aims to reduce the chance of cancer returning. Your team uses the HER2 result, the features of the cancer, lymph node results, heart health and other factors to choose a plan. TCHP is a separate combination that also includes pertuzumab.

Before treatment

Tell the team about heart disease, high blood pressure, kidney problems, hearing changes and numbness or tingling. The team usually checks blood counts, kidney and liver function and how well your heart pumps. Ask whether the unit needs an updated medicine list or recent test results before each visit.

A steroid called dexamethasone is often prescribed around docetaxel to reduce certain reactions and fluid retention. Check which tablets to take and when. If you miss them or have diabetes, call the unit for instructions before the infusion.

How treatment is given

The medicines are usually given by drip in the day unit. A common plan gives the three together every three weeks during the chemotherapy part, then continues trastuzumab alone. Your team will confirm the number of treatments and whether the later trastuzumab doses are given by drip or another approved formulation. Ask how much time to allow for the first visit and whether you need an injection afterwards to help white blood cells recover.

Tests and monitoring during treatment

Blood counts and kidney function help the team assess whether chemotherapy can go ahead. Heart checks continue while you receive trastuzumab, including after the chemotherapy ends. Tell the team about breathlessness, swelling, a racing heartbeat, hearing changes and tingling that affects daily tasks.

Side effects

Common side effects

- **Low blood counts.** White cells help fight infection, red cells carry oxygen and platelets help stop bleeding. Lower counts can cause infection, fatigue or easy bruising.
- **Nausea, bowel changes and a sore mouth.** Keep the prescribed symptom medicines and instructions available. Tell the team if you cannot manage usual meals or drinks.
- **Hair, nails and taste.** Hair loss, nail changes and altered taste can occur during chemotherapy. Ask about scalp cooling before the first visit if you are interested.
- **Tingling or numbness.** Report changes early, especially if you have trouble walking, writing or using buttons.

Important side effects

Docetaxel can cause swelling from fluid retention. Trastuzumab can affect how well the heart pumps, so new breathlessness or swelling needs assessment. Carboplatin can affect kidney function and sometimes hearing. Tell staff straight away if you get flushing, chills, wheezing, rash or dizziness during a drip.

When to seek urgent help

Call your hospital’s 24-hour cancer care number straight away for fever, shaking chills, feeling suddenly unwell, uncontrolled vomiting or diarrhoea, unusual bleeding or new breathlessness. Follow your team’s temperature instructions. 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 chest pain, severe breathing difficulty, swelling of the face or throat, collapse or bleeding that will not stop. Tell staff which treatments you have had and when.

Practical advice for this treatment

Plan your infusion dates and steroid tablets

TCH includes docetaxel, carboplatin and trastuzumab. Check when to take any steroid before docetaxel. Tell the team if you missed a dose or have a reaction history. Ask about anti-sickness medicines to take after the infusion.

Report fluid and nerve symptoms before the next cycle

Tell the team about swollen ankles, new breathlessness or numbness that affects walking or using your hands. Bring details of previous heart tests or medicines. Trastuzumab requires heart function monitoring, which may continue after chemotherapy finishes.

Know which medicine can continue after the chemotherapy

The number of chemotherapy visits and the length of trastuzumab treatment may differ. Ask the team to mark the change on your schedule and explain the timing of surgery, radiotherapy or hormone treatment if they are part of your plan.

Medicines, interactions and vaccinations

Bring a complete list, including diabetes tablets or insulin, blood thinners and supplements. Ask the team before starting a new medicine or arranging a vaccine. If other doctors prescribe anything, tell them you receive chemotherapy and trastuzumab.

Everyday life

Plan for transport and help at home around the first few visits. Note when side effects start and whether they affect drinking, walking or sleep. A short record helps the team adjust your symptom plan. If your legs or hands start swelling, mention how quickly it developed and whether your breathing has changed.

Pregnancy, fertility and breastfeeding

Discuss pregnancy, contraception and breastfeeding before treatment. Ask about fertility preservation if it matters to you. The precautions can continue after chemotherapy because trastuzumab may continue. Ask for written dates that cover all three medicines.

After treatment

Confirm when chemotherapy ends and the dates for trastuzumab, heart checks and any planned radiotherapy or hormone treatment. Continue to report persistent numbness, breathlessness or swelling.

Frequently asked questions

What does TCH stand for?

The three medicines are docetaxel, carboplatin and trastuzumab.

How is TCH different from TCHP?

TCHP adds a second HER2 antibody, pertuzumab. Ask why your team recommends one plan for you.

Why am I having treatment after surgery?

It aims to reduce the chance of breast cancer returning. Your team can explain how the expected benefit relates to your pathology results.

What if I miss the steroid?

Call before arriving for docetaxel. Tell the unit which dose you missed and follow their instructions.

Can I eat before the drip?

Ask whether you have any tests or procedures that require fasting. Bring something to eat or drink if your unit advises it.

What if I have a rash during the infusion?

Tell your nurse straight away, especially if you also feel faint, wheezy or short of breath.

Why do I need kidney tests?

Kidney function affects how the body clears carboplatin and helps the team plan treatment safely.

What if my ears start ringing?

Tell the team promptly. They can decide whether hearing needs checking.

What if I drop things more often?

Tell your team. Changes in grip or sensation may be caused by nerve irritation and can affect the plan for the next cycle.

Will my heart checks stop when chemotherapy ends?

They usually continue while you receive trastuzumab. Ask when your next heart scan is due and how to report swelling, breathlessness or a racing heartbeat between visits.

Is trastuzumab still needed if my operation went well?

It can reduce recurrence risk in selected HER2-positive breast cancers. Ask how long it is planned for you.

Will my visits get shorter?

Visits may change once docetaxel and carboplatin finish. Ask what to expect on a trastuzumab-only day.

What if I get a temperature between visits?

Use your written fever plan and call the hospital’s 24-hour number. Mention when you last had chemotherapy.

Can I have a dose delayed if I am unwell?

The unit can assess your symptoms and blood results and decide whether to move the visit. Call before travelling in if you are unwell.

When should I ask about radiotherapy?

Ask how it fits around the end of chemotherapy and any continuing trastuzumab. Your breast cancer team can coordinate the dates.

Individual medicine guides

- Docetaxel
- Carboplatin
- 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

- Docetaxel (Taxotere) - EU product page with SmPC
- Carboplatin infusion - UK SmPC
- Trastuzumab (Herceptin) - EU SmPC
- Dexamethasone tablets - UK SmPC

Clinical protocols and other references

- eviQ TCH protocol after breast cancer surgery
- BCIRG 006 trial of trastuzumab after surgery, including TCH

Additional sources

- eviQ, patient information on TCH after breast cancer surgery
- Macmillan Cancer Support, docetaxel
- Cancer Research UK, targeted treatment for breast cancer

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