**Patients’ preferences (evaluable ITP population)**

Overall, 91.5% of patients preferred the fixed-dose trastuzumab SC over IV treatment (95% CI 89.9% to 93.0%) (Figure 3).

- **Arm A:** 91.6% preferred SC (95% CI 89.8% to 93.4%) vs 8.4% preferred IV and 0.0% did not have a preference.
- **Arm B:** 87.4% preferred SC (95% CI 84.1% to 90.6%) vs 12.5% preferred IV and 0.0% had no preference.

High confidence in the validity of these results and interpretation of whether patients were more or less in favor of trastuzumab SC prior to study recruitment was noted (Figure 3).

For primary reasons for preference for trastuzumab SC were time saving and less pain associated (Table 2).

Table 2: Primary reasons for patients’ preference (evaluable ITP population)

<table>
<thead>
<tr>
<th>Description</th>
<th>Total, N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time savings</td>
<td>18 (16.5)</td>
</tr>
<tr>
<td>Less pain/discomfort</td>
<td>15 (13.8)</td>
</tr>
<tr>
<td>Convenience to patient</td>
<td>4 (3.8)</td>
</tr>
<tr>
<td>Less injection preparation</td>
<td>2 (1.8)</td>
</tr>
<tr>
<td>Other reasons</td>
<td>7 (6.6)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>120 (100.0)</strong></td>
</tr>
</tbody>
</table>

**Conclusions**

- In Cohort 1 of the PreHer study, patients overwhelmingly (91.5%) preferred fixed-dose trastuzumab SC over standard IV for the treatment of HER2-positive early breast cancer.
- Preference for trastuzumab SC was irrespective of ECOG performance status, and of potentially influencing factors.
- Time saving and reduced pain/discomfort compared with IV administration were the most common reasons for SC preference in an exploratory analysis.
- The overall safety profile of 4 cycles of trastuzumab SC and 4 cycles of trastuzumab IV observed during the cross-over period of Cohort 1 in the PreHer study was consistent with the known safety profile of trastuzumab IV in early breast cancer treatment. Safety data did not raise any safety concerns for SC.
- Patient preference results from PreHer combined with efficacy and pharmacoeconomic results from HAMP suggest that a fixed dose of 600 mg trastuzumab SC every 3 weeks may be considered a valid and preferred option for the treatment of HER2-positive breast cancer.

**References**


**Acknowledgements**

The authors would like to thank the patients and healthcare professionals at the study sites, both in study and non-study countries, for their contribution to this study. They acknowledge all those who contributed to this study: patients and healthcare professionals, research nurses, study sites and data management centres. The authors would like to thank F Hoffmann-La Roche Ltd for their commitment to this study, including the ongoing collaboration with and support from the study sites, and the patients and healthcare professionals who contributed to the study.

**Table 1: Patient demographics, tourniquet characteristics and treatment/treatment history (evaluable ITP population)**

<table>
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| Age (y) | 63 (56.5)
| ECOG | 0 (1.9)
| 1 (8.1)
| 2 (88.0)
| 3 (1.9)
| Her2** | 48 (41.0)
| 54 (47.9)
| 39 (32.8)
| Trastuzumab therapy | 35 (30.0)
| 131.8
| 35.0
| Weight (kg) Min, max | 28, 76
| 54, 131.8
| Adverse events of any grade (National Cancer Institute Common Terminology Criteria for Adverse Events [NCI-CTCAE], v4.0) | 67.2%
| 35.0
| ECOG, Eastern Cooperative Oncology Group; HER2, human epidermal growth factor receptor 2; IV, intravenous; PINT, Patient Interview; R, randomised; SC, subcutaneous; SID, single-use injection device

**Methods**

- The overall study design is shown in Figure 1.

**Patients’ preference for subcutaneous versus intravenous adjuvant trastuzumab: results of the PreHer study**

Xavier Pivot, Joseph Giglio, Volkmar Müller, Sunil Verma, Ann Knoop, Giuseppe Curigliano, Valerie Jenkins, Nana Scotto, Stuart Osborne* and Lesley Fallows

*CHU Jean Minjoz, Besançon, France; **APHP-Touquet IUC-UPMC, Paris, France; **University Medical Center, Hamburg, Germany; **Sunnybrook Odette Cancer Centre, Toronto, Canada; **Odense University Hospital, Odense, Denmark; **European Institute of Oncology, Milan, Italy; **Suisse Health Outcomes Research & Evaluation in Cancer (SHORCE), University of Sussex, Sussex, UK; **Hoffmann-La Roche Ltd, Basel, Switzerland

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