

## PACLITAXEL CARBOPLATIN

### INDICATION (ICD10) C15, C54, C56, C67, D37, D39, D41,

1. Oesophago-gastric cancer with contraindication to fluoropyrimidines (unlicensed).
2. Second line incurable locally advanced or metastatic urothelial bladder cancer, when cisplatin-based chemotherapy is unsuitable.
3. First line treatment of ovarian cancer.
4. Recurrent ovarian cancer.
5. Adjuvant endometrial cancer
6. Advanced endometrial cancer.
7. Advanced, metastatic and recurrent cervical carcinoma.
8. Advanced vulval and vaginal cancer
9. Unknown primary if appropriate  
PS 0, 1 or 2

### REGIMEN

#### Drugs can be given in any order

Day 1 Premedication 30 minutes prior to infusion:

Dexamethasone 20 mg IV bolus

H<sub>2</sub> antagonist

Chlorphenamine 10 mg IV bolus

PACLITAXEL 175mg/m<sup>2</sup> in 500ml\* sodium chloride 0.9% IV infusion over 3 hours

CARBOPLATIN AUC 5 in 500ml glucose 5% IV infusion over 30 minutes

Dose calculated by EDTA GFR or calculated (CrCl + 25) x AUC.

Non-gynae indications - maximum dose when using CrCl (125+25 x AUC)mg

Gynae cancer - maximum dose when using CrCl is 700mg

\* doses 84mg to 144mg in 250ml sodium chloride 0.9%

### CYCLE FREQUENCY AND NUMBER OF CYCLES

Oesophageal - every 21 days up to 6 cycles (may be given for 8 cycles in certain circumstances)

Bladder - every 21 days up to 8 cycles

Cervix – every 21 days for 6 cycles

Endometrium adjuvant – every 21 days for 4 cycles

Endometrium advanced – every 21 days for 6 cycles

Ovarian first line - every 21 days for up to 6 - 8 cycles

Ovarian advanced - every 21 days for 6 cycles

Vulval and vaginal – every 21 days for 6 cycles

### ANTI-EMETICS

Moderate risk day 1

### CONCURRENT MEDICATION REQUIRED

Carboplatin	Anaphylaxis treatment should be prescribed if the patient has had an anaphylactic episode previously. Dexamethasone 20mg IV bolus Chlorphenamine 10mg IV bolus H <sub>2</sub> antagonist Carboplatin should be given at a slower rate e.g 2-4 hours.
Paclitaxel	Ensure premedication given before paclitaxel

## EXTRAVASATION AND TYPE OF LINE / FILTERS

Carboplatin - irritant  
Paclitaxel – vesicant

Administer paclitaxel via polyethylene lined administration set with  $\leq 0.22$  micron filter  
Central or peripheral line

## INVESTIGATIONS

Blood results required before SACT administration  
FBC, U&E and LFTs, creatinine every cycle  
Neutrophils  $\times 10^9/L \geq 1.5$  (oesophago-gastric and gynae)  
Neutrophils  $\times 10^9/L \geq 1.0$  (urothelial)  
Platelets  $\times 10^9/L \geq 100$   
GFR assessed using EDTA result or calculated creatinine clearance at the Consultant's discretion.  
CA125 baseline and day 1 every cycle for gynae patients  
Baseline weight and every cycle

## MAIN TOXICITIES AND ADVERSE REACTIONS

Carboplatin	Ototoxicity – monitor Neurotoxicity - monitor
Paclitaxel	(2% risk of severe hypersensitivity) Reactions range from mild hypotension (light-headedness) to full cardiac collapse (anaphylactic shock). Discontinue infusion and resuscitate appropriate to reaction. If reaction is mild and settles promptly (i.e. within 5-10 minutes), cautiously restart at a slower rate under close supervision. If further reactions occur stop treatment.

## INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS

(not exhaustive list check SPC/BNF/Stockleys)

Paclitaxel	DOACs to be used with caution, need dose modifications or to be avoided eg apixaban. Clopidogrel interacts with paclitaxel, potentially increasing the concentration of paclitaxel. Paclitaxel is catalysed, by cytochrome P450 isoenzymes CYP2C8 and CYP3A4. inhibitors (e.g. erythromycin, fluoxetine, gemfibrozil) use with caution. inducers (e.g. rifampicin, carbamazepine, phenytoin, phenobarbital, efavirenz, nevirapine) use with caution.
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## DOSE MODIFICATIONS

### Non-haematological

Paclitaxel

If patient complains of tinnitus, tingling of fingers and/or toes or motor weakness discuss with Consultant or Registrar before administration

If grade  $\geq 2$  neuropathy, consider giving 75% paclitaxel dose

If grade  $>3$  peripheral neuropathy is  $> \text{grade } 3$  omit further paclitaxel

## Hepatic impairment

### Paclitaxel

In the absence of Gilbert's syndrome:

Transaminase <10xULN and bilirubin $\leq$ 1.25xULN	no dose reduction
Transaminase <10xULN and bilirubin 1.26-2xULN	give 77% of original dose
Transaminase <10xULN and bilirubin 2.01-5xULN	give 51% of original dose
Transaminase $\geq$ 10xULN or bilirubin >5xULN	contraindicated

## Renal impairment

### Carboplatin

GFR/ calculated CrCl $\leq$ 20ml/min or $\leq$ 30ml/min with pre-existing severe renal impairment	contraindicated
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## REFERENCES