

PACLITAXEL

INDICATION (ICD10) C56

1. Second line (or subsequent) treatment of women with platinum-refractory or platinum-resistant advanced ovarian cancer, and for women who are allergic to platinum-based compounds.
PS 0, 1 or 2

REGIMEN

Day 1 Premedication 30 minutes prior to infusion:

Dexamethasone 20 mg IV bolus

H₂ antagonist

Chlorphenamine 10 mg IV bolus

PACLITAXEL 175mg/m² in 500ml* sodium chloride 0.9% IV infusion over 3 hours

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

CYCLE FREQUENCY AND NUMBER OF CYCLES

Ovarian - every 21 days up to 6 cycles

ANTI-EMETICS

Low emetic risk day 1

CONCURRENT MEDICATION REQUIRED

Paclitaxel	Ensure premedication given before paclitaxel
------------	--

EXTRAVASATION AND TYPE OF LINE / FILTERS

Paclitaxel – vesicant

Administer paclitaxel via polyethylene lined administration set with ≤0.22micron filter

Central or peripheral line

INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs, creatinine every cycle

Neutrophils x 10⁹/L ≥1.5

Platelets x 10⁹/L ≥100

CA125 baseline and day 1 every cycle

Baseline weight and every cycle

MAIN TOXICITIES AND ADVERSE REACTIONS

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

DOSE MODIFICATIONS

Non-haematological

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

If grade ≥ 2 neuropathy, consider paclitaxel dose reduction

If grade >3 peripheral neuropathy is $>$ grade 3 omit further paclitaxel

Hepatic impairment

Paclitaxel

In the absence of Gilbert's syndrome:

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

REFERENCES