

PACLITAXEL (weekly for 3 weeks then 1 week off)

INDICATION (ICD10) C46, C49

1. Angiosarcoma including Kaposi sarcoma. PS 0, 1 or 2
Weekly paclitaxel is not licensed treatment.

REGIMEN

Days 1, 8 and 15

Premedication 30 minutes prior to infusion:

Dexamethasone 8mg IV bolus

H₂ antagonist (for 1st 3 doses)

Chlorphenamine 10mg IV bolus

PACLITAXEL 50mg/m² in 250ml* sodium chloride 0.9% IV infusion over 60 minutes

* doses 162mg to 600mg in 500ml sodium chloride 0.9%

Paclitaxel doses may be increased to 80mg/m²

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 28 days for up to 6 cycles

ANTI-EMETICS

Low risk days 1, 8 and 15

CONCURRENT MEDICATION REQUIRED

Paclitaxel	Ensure premedication given before paclitaxel
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EXTRAVASATION AND TYPE OF LINE / FILTERS

Paclitaxel – vesicant

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

INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs every week

Neutrophils x 10⁹/L ≥1.5

Platelets x 10⁹/L ≥100

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.
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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>
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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 ≥ 2 neuropathy, consider giving 75% paclitaxel dose

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

1. Penel et al 2007, JCO Vol25, 18S (June 20 supplement): 10002