# PACLITAXEL weekly for 3 weeks then 1 week off

## INDICATION (ICD10) C50, C56, C66, C67, C68

1. Metastatic or locally advanced breast cancer (weekly paclitaxel is not licensed treatment).
2. Second-line use in metastatic bladder cancer, ureteric cancer or renal pelvis carcinoma.
3. 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.
4. Recurrent platinum refractory endometrial cancer.

PS 0, 1 or 2
Weekly schedule is unlicensed treatment

## REGIMEN

Days 1, 8 and 15

Premedication 30 minutes prior to infusion:
Dexamethasone 8mg IV bolus
Chlorphenamine 10mg IV bolus
PACLITAXEL 80mg/$m^2$ in 250ml* sodium chloride 0.9% IV infusion over 60 minutes
* doses 162mg to 600mg in 500ml sodium chloride 0.9%

## CYCLE FREQUENCY AND NUMBER OF CYCLES

Breast - every 28 days for up to 4 cycles
Urology – every 28 days
Ovarian – every 7 days for 8 weeks (may continue up to a maximum 18 weeks in responding patients, depending on response)
Endometrial – every 7 days until progression

## ANTI-EMETICS

Low risk days 1, 8 and 15

## CONCURRENT MEDICATION REQUIRED

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| 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 line - breast patients
Peripheral or central line – urology patients

## INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs every week
Neutrophils x $10^9$/L ≥1.5 (breast) (<1.5 omit dose)
≥1.0 (urology) (<1.0 omit dose)
≥1.5 day 1, ≥1.0 days 8 & 15 (gynae) (delay day 1 but omit days 8 & 15)
Platelets x $10^9$/L ≥100 (breast and urology)
≥100 day 1, ≥75 days 8 & 15 (gynae) (delay day 1 but omit days 8 & 15)
CA125 baseline and day 1 every cycle for gynae patient
Baseline weight and every cycle

## MAIN TOXICITES AND ADVERSE REACTIONS

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| Paclitaxel | (2% risk of severe hypersensitivity)<br>Reactions range from mild hypotension (light-headedness) to full cardiac collapse (anaphylactic shock).<br>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)

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

## DOSE MODIFICATIONS

### Haematolgical

Paclitaxel
Neutrophils ≥1.5 x $10^9$/L for breast patients (<1.5 omit dose)
Neutrophils ≥1.0 x $10^9$/L for urology patients (<1.0 omit dose)

### 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:

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|---|---|
| Transaminase <10xULN and bilirubin ≤1.25xULN | no dose reduction |
| Transaminase <10xULN and bilirubin 1.26-2xULN | give 77% of original dose or clinician discretion |
| Transaminase <10xULN and bilirubin 2·01-5xULN | give 51% of original dose or clinician discretion |
| Transaminase ≥10xULN or bilirubin >5xULN | contraindicated |

## REFERENCES

1. Miller K et al (2007) NEJM; 357: 2666 - 2676
2. Seidman, AD et al; JCO 2008; 26 (10): 1642 – 1649
3. Oncologist. 2014 Jan; 19(1): 82–93 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3903061/)