

PACLITAXEL albumin-bound (nab-PACLITAXEL)

INDICATION (ICD10) C50

Check the most recent *Blueteq* eligibility criteria before prescribing. *Blueteq* registration required. (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/) (NAB1)

1. Paclitaxel as albumin-bound nanoparticles (nab-paclitaxel), three weekly dosing, for breast cancer patients being switched to nab-paclitaxel from either paclitaxel or docetaxel either following a severe hypersensitivity reaction which precludes further exposure to paclitaxel or docetaxel or to reduce the risks of treatment in potentially vulnerable patients. PS 0, 1 or 2.

REGIMEN

Day 1 PACLITAXEL ALBUMIN BOUND 260mg/m² IV infusion over 30 minutes

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 21 days up to the maximum number of remaining cycles of paclitaxel or docetaxel which need to be replaced (support regimen drug substitution folder).

Weekly dosing is not commissioned.

ANTI-EMETICS

Low risk day 1

CONCURRENT MEDICATION REQUIRED

None

EXTRAVASATION AND TYPE OF LINE / FILTERS

Paclitaxel albumin bound – vesicant

Administer via a standard giving set with a 15micron (µm) filter
Central or peripheral line

INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs every cycle

Neutrophils x 10⁹/L ≥1.0

Platelets x 10⁹/L ≥100

Baseline weight and every cycle

MAIN TOXICITIES AND ADVERSE REACTIONS

Paclitaxel albumin-bound	Hypersensitivity - discontinue immediately Bone marrow suppression Peripheral neuropathy Sepsis Pneumonitis
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DOSE MODIFICATIONS

Haematological

Paclitaxel albumin-bound

Patients who experience severe neutropenia (neutrophil count <0.5x10⁹/L for a week or longer) during paclitaxel albumin-bound therapy should have the dose reduced to 220mg/m² for subsequent courses. Following recurrence of severe neutropenia additional dose reduction should be made to 180mg/m². Paclitaxel albumin-bound should not be administered until neutrophil counts recover to >1.5x10⁹/L

Non-haematological

Paclitaxel albumin-bound

Patients who experience severe sensory neuropathy during paclitaxel albumin-bound therapy should have the dose reduced to 220mg/m² for subsequent courses.

Following recurrence of severe sensory neuropathy, additional dose reduction should be made to 180mg/m².

For grade 3 sensory neuropathy, withhold treatment until resolution to grade 1 or 2, followed by a dose reduction for all subsequent courses.

Hepatic impairment

Paclitaxel albumin-bound

Total bilirubin >1.0 to ≤1.5xULN and AST ≤10xULN)	no dose adjustments required.
Total bilirubin >1.5 to ≤5xULN and AST ≤10xULN)	give 80% dose The reduced dose may be escalated to the dose for patients with normal hepatic function if the patient is tolerating the treatment for at least two cycles.

Renal impairment

Paclitaxel albumin-bound

CrCl ≥30ml/min	No dose reduction
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REFERENCES

1. SPC April 2019
2. Blueteq criteria