

PACLITAXEL weekly

INDICATION (ICD10) C49, C50, C56

1. Palliative treatment of head and neck squamous cell carcinoma.
2. 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.
3. Adjuvant breast cancer patient who is contraindicated to docetaxel following on from the anthracycline containing treatment (eg in EC-docetaxel).
4. Neoadjuvant breast cancer patient who is contraindicated to docetaxel following on from the anthracycline containing treatment (eg in EC-docetaxel).
5. Metastatic or locally advanced breast cancer (weekly paclitaxel is not licensed treatment).

PS 0, 1 or 2

Weekly schedule is unlicensed treatment

REGIMEN

Day 1 Premedication 30 minutes prior to infusion:

Dexamethasone 8mg IV bolus

Chlorphenamine 10mg IV bolus

PACLITAXEL 80mg/m² 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 7 days for 9 to 12 weeks

Head and neck - every 7 days for 12 weeks then review

Ovarian – every 7 days for 8 weeks (may continue up to a maximum 16 weeks in responding patients)

ANTI-EMETICS

Low risk day 1

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 ≥1.0 (breast adjuvant or neoadjuvant) (0.8-1.0 on the day of chemo go ahead with GCSF support as per local policy)

≥1.5 (breast metastatic) (<1.5 omit dose)

≥1.5 (head and neck)

≥1.5 day 1, ≥1.0 days 8 & 15 (gynae) (delay day 1 but omit days 8 & 15)

Platelets x 10⁹/L ≥90 (breast)

≥100 (head and neck and breast metastatic)

≥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 patients

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	NOACs 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 ≥2 neuropathy, consider paclitaxel dose reduction

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

Hepatic impairment

Paclitaxel

In the absence of Gilberts syndrome:

Transaminase <10xULN and bilirubin ≤1.25xULN	no dose reduction
Transaminase <10xULN and bilirubin 1.26-2xULN	clinician discretion
Transaminase <10xULN and bilirubin 2.01-5xULN	clinician discretion
Transaminase ≥10xULN or bilirubin >5xULN	contraindicated

REFERENCES

1. Andrew D. Seidman, Donald Berry, Constance Cirrincione, Lyndsay Harris, Hyman Muss, P. Kelly Marcom, Grandella Gipson, Harold Burstein, Diana Lake, Charles L. Shapiro, Peter Ungaro, Larry Norton, Eric Winer and Clifford Hudis. JCO 2008. Randomized Phase III Trial of Weekly Compared With Every-3-Weeks Paclitaxel for Metastatic Breast Cancer, With Trastuzumab for all HER-2 Overexpressors and Random Assignment to Trastuzumab or Not in HER-2 Nonoverexpressors: Final Results of Cancer and Leukemia Group B Protocol 9840
2. Joseph A. Sparano, M.D., Molin Wang, Ph.D., Silvana Martino, D.O., Vicky Jones, M.D., Edith A. Perez, M.D., Tom Saphner, M.D., Antonio C. Wolff, M.D., George W. Sledge, Jr., M.D., William C. Wood, M.D., and Nancy E. Davidson, M.D. N Engl J Med. 2008 Apr 17; 358(16): 1663–1671. doi: 10.1056/NEJMoa0707056 Weekly Paclitaxel in the Adjuvant Treatment of Breast Cancer
3. Grau JJ et al Weekly paclitaxel for platin-resistant stage IV head and neck cancer patients.
4. Acta Otolaryngol. 2009 Nov;129 (11):1294-9.