

## 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.
5. Second line metastatic gastroesophageal adenocarcinoma

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<sup>2</sup> 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

|            |  |
|------------|--|
| 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<sup>9</sup>/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<sup>9</sup>/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 TOXICITIES AND ADVERSE REACTIONS

|            |   |
|------------|---|
| 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)

|            |   |
|------------|---|
| 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

### Haematological

Paclitaxel

Neutrophils  $\geq 1.5 \times 10^9/L$  for breast patients (<1.5 omit dose)

Neutrophils  $\geq 1.0 \times 10^9/L$  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  $\geq 2$  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 $<10 \times ULN$ and bilirubin $\leq 1.25 \times ULN$ | no dose reduction                                 |
| Transaminase $<10 \times ULN$ and bilirubin 1.26-2xULN             | give 77% of original dose or clinician discretion |
| Transaminase $<10 \times ULN$ and bilirubin 2.01-5xULN             | give 51% of original dose or clinician discretion |
| Transaminase $\geq 10 \times ULN$ or bilirubin $>5 \times ULN$     | 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/>)