

## PACLITAXEL weekly CARBOPLATIN weekly

### INDICATION (ICD10) C56

1. Advanced cervical, vaginal and vulval, endometrial cancer.

PS 0, 1 or 2

Weekly paclitaxel is unlicensed

### REGIMEN

#### Drugs can be given in any order

Day 1	<b>Premedication</b> 30 minutes prior to paclitaxel: Chlorphenamine 10mg IV bolus Dexamethasone 8mg IV bolus			
	<b>PACLITAXEL</b>	80mg/m <sup>2</sup>	IV infusion	#ml sodium chloride 0.9% over 60 minutes
	<b>CARBOPLATIN</b>	AUC* 2	IV infusion	#ml glucose 5% over 30 minutes
Day 8	<b>Premedication</b> 30 minutes prior to paclitaxel: Chlorphenamine 10mg IV bolus Dexamethasone 8mg IV bolus			
	<b>PACLITAXEL</b>	80mg/m <sup>2</sup>	IV infusion	#ml sodium chloride 0.9% 60 minutes
	<b>CARBOPLATIN</b>	AUC* 2	IV infusion	#ml glucose 5% over 30 minutes
Day 15	<b>Premedication</b> 30 minutes prior to paclitaxel: Chlorphenamine 10mg IV bolus Dexamethasone 8mg IV bolus			
	<b>PACLITAXEL</b>	80mg/m <sup>2</sup>	IV infusion	#ml sodium chloride 0.9% over 60 minutes
	<b>CARBOPLATIN</b>	AUC* 2	IV infusion	#ml glucose 5% over 30 minutes

Dose calculated by EDTA GFR or calculated  $(CrCl + 25) \times AUC$ .

# diluent volume for dose prescribed as per national standardised product specification

### CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 28 days for 2 to 4 cycles

Patients may be switched to paclitaxel carboplatin 21 day regimen according to response.

### ANTI-EMETICS

Moderate risk days 1, 8 and 15

### CONCURRENT MEDICATION REQUIRED

Carboplatin	Anaphylaxis treatment should be prescribed if the patient has had an anaphylactic episode previously. Dexamethasone 20mg IV bolus Chlorphenamine 10mg IV bolus H <sub>2</sub> antagonist Carboplatin should be given at a slower rate e.g. 2-4 hours.
Paclitaxel	Ensure premedication given before paclitaxel

### EXTRAVASATION AND TYPE OF LINE / FILTERS

Carboplatin - irritant

Paclitaxel – vesicant

Administer paclitaxel via polyethylene lined or DEHP free administration set with  $\leq 0.22$ micron filter  
Central or peripheral line

## INVESTIGATIONS

Blood results required before SACT administration

U&E including Mg <sup>++</sup> (>0.4) and LFTs	baseline and every week (not required on days 8 and 15 if normal day 1)
FBC (or POCHI) Neutrophils x 10 <sup>9</sup> /L ≥1.0 provided patient is well day 1, ≥1.0 days 8 & 15 (delay day 1 but omit days 8 & 15) Platelets ≥100x10 <sup>9</sup> /L day 1 (delay day 1 but omit days 8 & 15)	baseline and every week
GFR assessed using EDTA result (BMI <19 or >30 or calculated creatinine clearance at the Consultant's discretion)	baseline and every cycle
Serum creatinine	baseline and every cycle
CA125	baseline and day 1 every cycle
Virology	before cycle 1 if not previously checked
Weight	baseline and every cycle

## MAIN TOXICITIES AND ADVERSE REACTIONS

Carboplatin	Ototoxicity – monitor Neurotoxicity - monitor
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.

## 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. 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

Carboplatin

No need for dose adjustment is expected

Paclitaxel

In the absence of Gilbert's syndrome:

Transaminase <10xULN and bilirubin ≤1.25xULN	no dose reduction
Transaminase <10xULN and bilirubin 1.26-2xULN	give 77% of original dose
Transaminase <10xULN and bilirubin 2.01-5xULN	give 51% of original dose
Transaminase ≥10xULN or bilirubin >5xULN	contraindicated

### Renal impairment

Carboplatin

GFR / calculated CrCl ≤20ml/min or ≤30ml/min with pre-existing severe renal impairment	contraindicated
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Paclitaxel

No need for dose adjustment is expected

### REFERENCES

1. Rose et al, Gynaecological Oncology 2005, 96, page 296-300.
2. Leiser et al International Journal of Gynaecological Cancer 2007, 17, page 379-86.