

## PACLITAXEL WEEKLY for metastatic breast cancer

Metastatic breast cancer - a suitable schedule for frail patients, or patients with marrow suppression or impaired liver function

Drug/Dosage: Paclitaxel 70 - 90\* mg/m<sup>2</sup> IV Day 1, Day 8 and Day 15

\*Consultant to decide start dose, depending on patient status

Administration: Doses ≤ 160mg: in 250ml 0.9% sodium chloride over 1 hour  
Doses > 160mg: in 500ml 0.9% sodium chloride over 1 hour  
Administer with PVC-free giving set with a 0.2 micron in-line filter

Premedication:-

Dexamethasone	8mg	IV}	Give 30 minutes prior to administration
Chlorphenamine	10mg	IV}	
Ranitidine	50mg	IV}	

To minimise steroid side effects, the dose of dexamethasone may be reduced, and in some cases stopped, if there has been no evidence of hypersensitivity.

Frequency: every 28 days, for up to 6 cycles  
(may continue beyond 6 cycles, only with Consultant approval, in patients with good response and no toxicity)

### For use in combination with trastuzumab (Herceptin):

*SC trastuzumab:*

If the first dose of s/c trastuzumab is being given with the 1<sup>st</sup> dose of paclitaxel, both drugs may be given on the same day: administer the s/c trastuzumab first, wait one hour, then initiate the paclitaxel infusion.

For subsequent doses of s/c trastuzumab, there is no need for a specific time interval between the trastuzumab and starting paclitaxel.

*IV trastuzumab:*

For Cycle 1 only, give trastuzumab on Day 1 and give paclitaxel on Day 2.

For future doses of paclitaxel when herceptin is also due, ideally administer the pre-medication for the paclitaxel immediately before the trastuzumab infusion, then a short saline flush, followed by paclitaxel.

Main Toxicities: myelosuppression (mild); hypersensitivity reactions (infusion-related); alopecia;  
neurotoxicity; diarrhoea; myalgia/arthralgia; ovarian failure/infertility

Anti-emetics: mildly emetogenic

Extravasation: paclitaxel is a vesicant

Regular Investigations: FBC weekly  
U&Es baseline, then every 4 weeks  
LFTs baseline, then: weekly if raised at baseline; otherwise 4-weekly  
CA 15-3 baseline, then every 4 weeks, **only** if elevated prior to treatment

N.B. In patients with liver dysfunction, LFTs may be an indication of response to treatment and therefore should be taken weekly.

Reason for Update: changed to D1, 8 & 15 every 28 days, plus max dose increased to 90mg/m <sup>2</sup> ; cut-off for 500ml bag changed	Approved by Consultant: Dr T Crook
Version: 7	Approved by Lead Chemotherapy Nurse: S Wills-Percy
Supersedes: Version 6	Date: 15.5.17
Prepared by: S Taylor	Checked by: C Tucker

## Dose Modifications

Haematological Toxicity: Neutrophils < 1.5 x 10<sup>9</sup>/l  
or  
Platelets < 100 x 10<sup>9</sup>/l Delay for 1 week#. Repeat FBC and, if within normal parameters, resume treatment.

For patients with repeated delays or problems with low blood counts, consider a paclitaxel dose reduction for all remaining doses.

# If low counts are thought to be due to bone marrow involvement, discuss with Consultant. A dose reduction should probably be given initially, but dose recommendations are not available.

Hepatic impairment: A dose reduction should probably be given initially if impaired hepatic function. Due to lack of data, dose recommendations not available. If in doubt, contact the relevant Consultant.

Neuropathy: If Grade 1-2 peripheral neuropathy develops, seek advice from Consultant regarding a 20% dose reduction.

Myalgia / Arthralgia: Often co-exist, usually Grade 1 or Grade 2. Management consists of reassuring patients that it is self-limiting. Consider prescribing NSAIDs, but may be ineffective.

References: Miller K et al (2007) NEJM; 357: 2666 - 2676  
Seidman, AD et al; JCO 2008; 26 (10): 1642 - 1649

Reason for Update: changed to D1, 8 & 15 every 28 days, plus max dose increased to 90mg/m <sup>2</sup> ; cut-off for 500ml bag changed	Approved by Consultant: Dr T Crook
Version: 7	Approved by Lead Chemotherapy Nurse: S Wills-Percy
Supersedes: Version 6	Date: 15.5.17
Prepared by: S Taylor	Checked by: C Tucker