WEEKLY PACLITAXEL (x 12 weeks) for early stage breast cancer

Adjuvant use in patients with small (≤ 1cm) node negative HER2+ve breast cancer

A (neo-)adjuvant regimen for elderly patients with early stage breast cancer, and who are not suitable for more intensive regimens

Drug/Dosage:	Paclitaxel	80mg/m^2	IV	Day 1

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	
Chlorphenamine	10mg	IV	Give 30 minutes prior to administration
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.

For use in combination with SC trastuzumab (Herceptin):
The first dose of s/c trastuzumab may be given on the same day as the 1st dose of pacitaxel: 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 the paclitaxel.

Frequency: once weekly for 12 weeks

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	every 3 weeks
	LFTs	every 3 weeks

Dose Modifications

Haematological Toxicity:
In (neo-)adjuvant treatment, dose reduction and/or delays can compromise outcome.
After the first delay due to neutropenia *or* incidence of neutropenic sepsis, secondary G-CSF prophylaxis should be considered with all further doses.

Neutrophils < 1.5 x 10^9/l or Platelets < 100 x 10^9/l	Delay for 1 week. Repeat FBC and if within normal parameters, resume treatment.

Reason for Update: cut-off for 500ml bag changed; neo-adjuvant option added	Approved by Consultant: Dr T Crook
Version: 3	Approved by Lead Chemotherapy Nurse: S Wills-Percy
Supersedes: Version 2	Date: 12.2.18
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	A dose reduction should be considered if the patient experiences profound myelosuppression, e.g. platelets < 50, *or* neutrophils < 0.5 for more than 7 days. If in doubt, contact the relevant Consultant.
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 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.
Reference:	Tolaney, SM et al; NEJM 2015; 372: 134 – 141