CHEMO-RADIOTHERAPY WITH WEEKLY PACLITAXEL & CARBOPLATIN

Treatment of localised cancer of the oesophagus or oesophageal junction:
a) As pre-operative CRT for patients with PS 0 - 1
b) As definitive CRT in patients unfit for surgery and not suitable for cisplatin

Drugs/Dosage:

Paclitaxel	50mg/m^2	IV once weekly during RT (Day 1, 8, 15, 22 & 29)
Carboplatin	AUC 2	IV once weekly during RT (Day 1, 8, 15, 22 & 29)

Radiotherapy:
Pre-operative CRT: 41.4 Gy over 23 fractions (1.8Gy/#) on Mondays to Fridays
Definitive CRT: 50 Gy over 25 fractions (2Gy/#) on Mondays to Fridays
Chemotherapy should be administered before radiotherapy on days when chemotherapy is scheduled.

Administration:
Premedication for paclitaxel:

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

Paclitaxel in 250ml 0.9% Sodium Chloride over 1 hour, administered via a PVC-free giving set with a 0.2 micron in-line filter
then
Carboplatin in 250ml 5% Glucose over 30 – 60 minutes

Frequency:
one 5 week course of chemo-radiotherapy
N.B. Due to waiting times for RT, up to 2 cycles of 3-weekly paclitaxel & carboplatin may be given neo-adjuvantly before CRT (see separate protocol)

Main Toxicities:
infusion-related hypersensitivity reactions; myelosuppression; alopecia; myalgia/arthralgia; peripheral neuropathy; dysphagia; ovarian failure/infertility

Anti- emetics:
paclitaxel & carboplatin: highly emetogenic (but prescribe oral dexamethasone 2mg bd x 2 days as 1st line anti-emetic TTO)

Extravasation:
paclitaxel is a vesicant

Regular Investigations:

FBC	once weekly during RT (D1, D8, D15, D22 and D29)
U&Es	once weekly during RT
LFTs	once weekly during RT
EDTA	Prior to 1st cycle

Comments:
Carboplatin dose should be calculated using the Calvert Formula:
Dose = Target AUC x (25 + GFR)

Day 1 Carboplatin may be given using the Cockcroft and Gault formula to predict creatinine clearance if the EDTA is not yet available. Carboplatin dose should be re-calculated using the EDTA result for subsequent doses. EDTA should only be repeated if there is a 30% change in serum creatinine.

Reason for Update: newly-commissioned regimen	Approved by Lead Chemotherapy Nurse: P Deery
Version: 1	Approved by Consultant: Dr M Illsley
Supersedes: none	Date: 10.1.13
Prepared by: S Taylor	Checked by: C Tucker

For patients who experience a hypersensitivity reaction to carboplatin, see the SWSH Carboplatin Hypersensitivity Guidelines.

Dose Modifications

Haematological Toxicity:	Neutrophils < 1.0 x 10^9/l or Platelets < 75 x 10^9/l	Omit chemotherapy for 1 week. (Continue with radiotherapy) Repeat FBC and, if within normal parameters, resume treatment.

Haemoglobin (Hb) needs to be maintained above 12g/dl throughout treatment. If the Hb falls below this level, a blood transfusion needs to be arranged (treatment may continue).

Renal Impairment: If EDTA or calculated CrCl < 20ml/min, carboplatin is contra-indicated.

Hepatic Impairment: A paclitaxel 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 future paclitaxel dosing.

Myalgia / Arthralgia: Due to paclitaxel and 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:

Gaast, AV et al; JCO 2010; 28: 15s (Abstract 4004)