PACLITAXEL & CARBOPLATIN

Second-line use in advanced or metastatic bladder cancer, ureteric cancer or renal pelvis carcinoma, for patients with platinum-sensitive disease

Drugs/Dosage:	Paclitaxel	175mg/m^2	IV	Day 1
	Carboplatin	AUC 5*	IV	Day 1 (see Comments)

Administration: Paclitaxel in 500ml 0.9% sodium chloride over 3 hours via non–PVC administration set with a 0.2 micron in-line filter
followed by:
Carboplatin diluted in 250ml 5% glucose over 30 – 60 minutes

Pre-medication for paclitaxel:

Dexamethasone	16mg	IV 60 minutes prior to paclitaxel administration
Chlorphenamine	10mg	IV 30–60 minutes prior to paclitaxel administration
Ranitidine	50mg	IV 30–60 minutes prior to paclitaxel administration

Frequency: 3 weekly cycle, for up to 6 cycles

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

Anti-emetics: highly emetogenic

Extravasation: paclitaxel is a vesicant

Regular Investigations:	FBC	Day 1
	LFTs & U&Es	Day 1
	EDTA	prior to Cycle 1 (if available – see Comments)

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

Cycle 1 may be given using the Cockcroft and Gault formula to predict creatinine clearance if the EDTA is not yet available. When using C&G, a "cap" of 125 ml/min should be used for carboplatin dose calculations.

Carboplatin dose should be re-calculated using the EDTA result for subsequent cycles (do not "cap"). EDTA should only be repeated if there is a 30% change in serum creatinine.

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

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Supersedes: None	Date: 14.11.14
Prepared by: S Taylor	Checked by: C Tucker

Dose Modifications

Haematological Toxicity:	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.

If neutrophils < 0.5 x 10^9/l for > 7 days, or febrile neutropenia, or platelets < 50 x 10^9/l: consider reducing the dose of both drugs in further cycles to paclitaxel 135mg/m2 and carboplatin AUC 4.

Renal Impairment: Carboplatin is contra-indicated if CrCl < 20 ml/min.

Hepatic Impairment: For paclitaxel, if bilirubin < 1.25 x ULN and ALT < 10 x ULN, proceed with full dose. Otherwise, consider a dose reduction. Not recommended in severe hepatic impairment.

Neuropathy: If a Grade 2 or worse peripheral neuropathy develops, paclitaxel should be reduced to 135mg/m^2 in all subsequent cycles.
If progressive neuropathy is observed after this dose reduction, then treatment with paclitaxel should be discontinued.

Myalgia / Arthralgia: Due to paclitaxel and often co-exist, usually Grade 1 or 2. Management consists of prescribing NSAIDs and reassuring patient that it is self-limiting.

Reference: Vaishampayan, UN et al; Cancer 2005; 104 (8): 1627 – 1632
Vaughn, DJ et al; JCO 1998; 16 (1): 255 – 260