PACLITAXEL WEEKLY

An option for 2nd line or subsequent treatment in women with endometrial and ovarian cancer, and whose disease does not respond to, or whose disease relapses within six months from, platinum-based therapy, and for women who are allergic to platinum-based compounds.
NICE approved for ovarian cancer May 2005

An option for second line treatment in patients with advanced gastro-oesophageal cancer, for patients who are not eligible for a clinical trial

Drug/Dosage:	Paclitaxel	80 mg/m^2	IV	Day 1, Day 8 and Day 15

Administration:
Doses < 150mg: in 250ml 0.9% sodium chloride over 1 hour
Doses ≥ 150mg: 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.

Frequency: every 28 days, for up to 6 cycles

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

Anti-emetics: mildly emetogenic

Extravasation: paclitaxel is a vesicant

Regular Investigations:	FBC	Day 1, Day 8 and Day 15
	U&Es	weekly for 1st 3 weeks, then on Day 1 of each cycle
	LFTs	weekly for 1st 3 weeks, then on Day 1 of each cycle
	CA 125 (gynae only)	3 weekly, **only** if elevated prior to treatment

Dose Modifications

Haematological Toxicity:	Neutrophils < 1.0 x 10^9/l or Platelets < 100 x 10^9/l	Delay for 1 week. Repeat FBC and if within normal parameters, resume treatment. Consider a dose reduction to 70mg/m^2 (or 60mg/m^2 if already dose reduced)

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, consider a 20% dose reduction. If in doubt, discuss with Consultant.

Reason for Update: Upper GI indication added	Approved by Consultant: Dr M Hewish
Version: 5	Approved by Lead Chemotherapy Nurse: P Deery
Supersedes: Version 4	Date: 16.5.16
Prepared by: S Taylor	Checked by: C Tucker

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:	Baird, RD et al; Nat Rev Clin Oncol 2010; 7 (10): 575 – 582 (ovary) Hironaka, S et al; JCO 2013; 31 (35): 4438 – 4444 (upper GI)