

## PACLITAXEL WEEKLY & CARBOPLATIN 3-WEEKLY

An alternative to the traditional 3-weekly regimen:

1. First-line treatment of advanced ovarian or endometrial cancer, or for those whose disease has relapsed more than 6 months after completion of first-line treatment
2. A second line option for cervical cancer

Drugs/Dosage: Paclitaxel 60 - 80\* mg/m<sup>2</sup> IV Day 1, Day 8 and Day 15  
 Carboplatin AUC 5\*\* IV Day 1

\*Paclitaxel dose is 80mg/m<sup>2</sup> in ICON 8; however a reduced dose may be selected in patients with a lower performance status.

Paclitaxel 60mg/m<sup>2</sup> should also be selected when used in the relapsed setting.

If in doubt, discuss with Consultant.

\*\*Carboplatin dose of AUC 6 should be considered if Cockcroft and Gault predicts GFR > 60ml/min and fit patient. Adjust to AUC 5 once EDTA available.

\*\*Carboplatin AUC 4 may be considered, following discussion with a Consultant, for patients who are unwell.

Administration: Give paclitaxel first, administered via PVC-free giving set with a 0.2 micron in-line filter:  
 Paclitaxel dose < 150mg in 250ml 0.9% sodium chloride over 1 hour  
 Paclitaxel dose ≥ 150mg in 500ml 0.9% sodium chloride over 1 hour

Carboplatin diluted in 250ml 5% glucose over 30 – 60 minutes

Frequency: 3 weekly cycle for 6 cycles

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

Anti-emetics: Day 1: highly emetogenic  
 Day 8 and Day 15: mildly emetogenic

Extravasation: paclitaxel is a vesicant

Regular Investigations: FBC Day 1, Day 8 and Day 15  
 U&Es Day 1  
 LFTs Day 1  
 CA 125 Day 1  
 EDTA Prior to Cycle 1 (if available – see Comments)

Comments: Paclitaxel pre-medication:  
 Dexamethasone 8mg IV }  
 Chlorphenamine 10mg IV } Give 30 minutes prior to paclitaxel  
 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.

Carboplatin dose should be calculated using the Calvert Formula:

Dose = Target AUC x (25 + GFR)

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Prepared by: S Taylor	Checked by: C Tucker

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 Carboplatin Hypersensitivity Guidelines.

## Dose Modifications

Haematological  
Toxicity:

### For 1<sup>st</sup> line use (as ICON 8):

**Day 1:** Neutrophils < 1.0 x 10<sup>9</sup>/l  
or  
Platelets < 75 x 10<sup>9</sup>/l  
Defer chemotherapy for 1 week, then repeat FBC. If recovered, continue with full dose of both drugs.

If recovery of neutrophils is > 7 days, consider G-CSF prophylaxis with further treatment, to maintain dose intensity. Alternatively, give further cycles with carboplatin AUC 4 and paclitaxel 60mg/m<sup>2</sup>.

If recovery of platelets is > 7 days, give further cycles with carboplatin AUC 4 (but maintain the paclitaxel doses).

**Day 8 and Day 15:** Neutrophils < 0.5 x 10<sup>9</sup>/l  
or  
Platelets < 50 x 10<sup>9</sup>/l  
**Omit** the dose of paclitaxel. (Do not delay the dose)

For patients with recurrent dose omissions on Day 8 or 15, give further cycles with carboplatin AUC 4 and paclitaxel 60mg/m<sup>2</sup>. If in doubt, discuss with Consultant.

### Palliative setting:

**Day 1:** Neutrophils < 1.5 x 10<sup>9</sup>/l  
or  
Platelets < 100 x 10<sup>9</sup>/l  
Defer chemotherapy for 1 week, then repeat FBC. If recovered, continue with further cycles, with maximum doses of carboplatin AUC 4 and paclitaxel 60mg/m<sup>2</sup>

**Day 8 and Day 15:** Neutrophils < 1.0 x 10<sup>9</sup>/l  
or  
Platelets < 75 x 10<sup>9</sup>/l  
**Omit** the dose of paclitaxel. (Do not delay the dose)

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

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

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.

Reference: ICON 8 Trial, Medical Research Council, Version 2, March 2011

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