**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/m² 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 paclitaxel: 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/arthritis; 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 10⁹/l or Platelets < 100 x 10⁹/l
  - Delay for 1 week. Repeat FBC and if within normal parameters, resume treatment.
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.