PACLITAXEL / CARBOPLATIN

First-line treatment of advanced ovarian cancer. NICE Approved Jan 2003
A treatment option for women whose disease relapses after 6 months of first-line platinum-based therapy. NICE approved May 2005

Drugs/Dosage:	Paclitaxel	175mg/m^2	IV	D1
	Carboplatin	AUC 5	IV	D1 (see Comments)

N.B. 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.

Administration: Paclitaxel in 500ml 0.9% Sodium Chloride over 3 hours via non–PVC administration set
Followed by: Carboplatin diluted in 250ml 5% Glucose over 30 minutes

Frequency: 3 weekly cycle for 6 cycles of both paclitaxel and carboplatin
Paclitaxel only to be extended to a maximum of 8 cycles if clinical benefit shown
Clinical review after Cycle 3

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

Anti-emetics: highly emetogenic

Extravasation: Paclitaxel is a vesicant

Regular investigations:	FBC	D1
	U&Es	D1
	LFTs	D1
	CA 125	D1
	EDTA	Prior to Cycle 1

Comments: Pre-medication:

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

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. Carboplatin dose should be re-calculated using the EDTA result for subsequent cycles. EDTA should only be repeated if there is a 30% change in serum creatinine.

Reason for Update: Update in NICE guidance and layout	Approved by Lead Chemotherapy Nurse: C Palles-Clark
Version: 2	Approved by Consultant: Dr S Essapen
Supersedes: Version 1	Date: 11.3.07
Prepared by: S Taylor	Checked by: S Punter

Dose Modifications

Haematological Toxicity:

	Neuts ≥ 1.5 x 10^9/l	**Neuts < 1.5 x 10^9/l**
Platelets ≥ 100 x 10^9/l	Give 100% doses	Delay for 1 week, then give 100% paclitaxel dose and carboplatin AUC 5
Platelets < 100 x 10^9/l	Delay for 1 week, then give 100% doses	Delay for 1 week, then give 75-100% paclitaxel dose and carboplatin AUC 4-5, depending on patient status. If in doubt, discuss with Consultant.

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

Hepatic Impairment: Paclitaxel dose reduction may be required with impaired hepatic function. Due to lack of data, dose recommendations not available. If in doubt, contact the relevant Consultant.

Peripheral Neuropathy: If a Grade 2 or worse 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: ICON 3 Trial, Medical Research Council, April 1995