PACLITAXEL / CARBOPLATIN / EPIRUBICIN

Malignant mixed mesodermal tumours (MMMTs) and recurrent sarcoma – not NICE approved

Drugs/Dosage:	Epirubicin	50mg/m^2	IV	D1
	Paclitaxel	175mg/m^2	IV	D1
	Carboplatin	AUC 5	IV	D1

Administration: Epirubicin via fast running infusion 0.9% Sodium Chloride,
followed by:
Paclitaxel in 500ml 0.9% Sodium Chloride over 3 hrs via non-PVC administration set,
followed by:
Carboplatin in 250ml 5% Glucose over 30 minutes

Frequency: 3 weekly cycle
6 courses
Clinical review after Course 3

Main Toxicities: Infusion-related reactions during paclitaxel infusion;
Myelosuppression; Alopecia; Myalgia / Arthralgia;
Peripheral neuropathy; Cardiomyopathy; Mucositis

Anti-emetics: Highly emetogenic

Extravasation: Paclitaxel and epirubicin are vesicants

Regular investigations:	FBC	D1
	U&Es	D1
	LFTs	D1
	CA 125	D1
	EDTA	Prior to Course 1
	MUGA	see Comments

Comments:

Premedication:	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

Maximum Cumulative Dose of Epirubicin = 950mg/m^2

A baseline MUGA scan should be performed where the patient is considered at risk of having impaired cardiac function e.g. significant cardiac history, hypertension, obese, smoker, elderly, previous exposure to anthracyclines, previous thoracic radiotherapy. MUGA scan should be repeated if there is suspicion of cardiac toxicity at any point during treatment.

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

Course 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 courses. EDTA should only be repeated if there is a 30% change in serum creatinine.

Reason for Update: Complete review of gynaecological protocols	Approved by Matron: I Patterson
Version: 1	Approved by Consultant: Professor Thomas
Supersedes: All other versions	Date: 1-12-04
Prepared by: S Taylor	Checked by: J Turner

Dose Modifications

Haematological Toxicity

WBC < 3.0 x 10^9/l or Neutrophils < 1.5 x 10^9/l or Platelets < 100 x 10^9/l	Delay treatment for 1 week. Repeat FBC, and if within normal parameters, give 100% dose.

Renal Impairment

Carboplatin is contra-indicated if CrCl < 20ml/min

Hepatic Impairment

Bilirubin (µmol/litre)	Epirubicin Dose
24 – 51	Give 50%
> 51	Give 25%

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 for all subsequent cycles. If progressive neuropathy is observed after this dose reduction, then treatment with paclitaxel should be discontinued.

Myalgia / Arthralgia

Often co-exist, usually Grade 1 or 2. Management consists of prescribing NSAIDs and reassuring patient that it is self-limiting.

Reference:
Modified from EORTC 55981Trial