PACLITAXEL - WEEKLY

For recurrent endometrial and ovarian cancer - weekly administration not approved by NICE

Drug/Dosage:	Paclitaxel	60 - 80)mg/m ²		IV	D1		
Administration:	In 250 - 500ml 0.9% Sodium Chloride over 1 hour. Administer with PVC-free giving set.							
Frequency:	Weekly for 18 weeks, given with a "rest" week after 6 doses, then after every 3 doses. Review weekly for first 3 weeks, then after every 3 doses.							
Main Toxicities:	Hypersensitivity reactions (infusion-related); Myelosuppression (mild);Alopecia; Myalgia/Arthralgia							
Anti-emetics:	Mildly emetogenic							
Extravasation:	Paclitaxel is a vesicant							
Regular Investigations: FBC U&Es LFTs CA 125			Weekly Weekly for 1 st 3 weeks, then 3 weekly Weekly for 1 st 3 weeks, then 3 weekly 3 weekly, only if elevated prior to treatment					
Comments:								
Premedication:-	remedication:- Dexamethasone Chlorphenamine Ranitidine		•	IV IV IV	Give 3	30 minu	tes prior to adr	ninistration

To minimise steroid side effects, the dose of dexamethasone may be reduced, and in some cases stopped¹, if there has been no evidence of hypersensitivity.

Dose Modifications

Haematological Toxicity

 $WBC < 3.0 \ge 10^{9}/l$ or Neutrophils < 1.5 $\ge 10^{9}/l$ or Platelets < 100 $\ge 10^{9}/l$

Delay for 1 week. Repeat FBC and if within normal parameters, resume treatment.

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.

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<u>Neuropathy</u>

If Grade 1-2 peripheral neuropathy develops, consider a 20% dose reduction. If in doubt, discuss with Consultant.

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:

¹Summerhayes and Daniels, Practical Chemotherapy, 2003 Abu-Rustum, N et al; Semin Oncol 1997; 24 (5 Supplement 15): S15-62 – S15 - 67

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