LONDON CANCER ALLIANCE West and South

Breast Pathway Group – Paclitaxel 3-weekly in Early Breast Cancer

Indication:	Neoadjuvant or adjuvant alternative therapy to docetaxel, for high risk patients unable to tolerate docetaxel or where there is a contraindication for high dose steroids			
Regimen details:	Paclitaxel	175mg/m^2	IV	Day 1
Administration:	Paclitaxel in 500ml Sodium Chloride 0.9% or Glucose 5% over 3 hours Paclitaxel to be given via non-PVC infusion bag, with a 0.22 micron in-line filter. Paclitaxel must be diluted to a concentration of 0.3-1.2mg/ml to maintain stability in clinical practice			
Frequency:	Day 1, every 21 days, for 4 cycles			
Premedication:	Dexamethasone	20mg	IV	30 – 60 minutes prior to paclitaxel administration
	OR			
	Dexamethasone	20mg	PO	6 hours and 12 hours prior to paclitaxel administration
	Chlorphenamine	10mg	IV	30 – 60 minutes prior to paclitaxel administration over at least 1 minute
	Ranitidine	50mg	IV	30 – 60 minutes prior to paclitaxel administration over at least 2 minutes
	Paracetamol / Chlorphenamine / Hydrocortisone can be given for administration-related reactions such as chills / fever.			
Anti- emetics:	Low emetogenicity Follow local anti-emetic policy			

Reason for Update: LCA Protocol Development	Approved by LCA Consultant: Mark Harries
Version: 1.0 Supersedes: all other versions	Approved by LCA Breast Pathway Chemotherapy Lead: Mark Harries
Reason for Update: LCA Protocol Development	Approved by LCA Joint Delivery Subgroup Co-Chairs: Pauline McCalla & Rebecca Johl
Prepared by: Lisa Yuen	Approved by LCA Medicines & Chemotherapy Steering Group Chair: Jamie Ferguson
Second check by: Laura Cameron	Date prepared: November 2014 Review Date: November 2016

Supportive medication: Mouthcare as per Local Policy
GCSF as per Local Policy

Extravasation: Vesicant
Paclitaxel should be administered with appropriate precautions to prevent extravasation. If there is any possibility that extravasation has occurred, contact a senior member of the medical team and follow local protocol for dealing with cytotoxic extravasation

Regular investigations:

Prior to Cycle 1:

FBC	Day 1 (within 14 days)
LFTs	Day 1 (within 14 days)
U&Es	Day 1 (within 14 days)

Prior to Day 1 (all cycles):

FBC	Day 1 (within 72 hours)
LFTs	Day 1 (within 72 hours)
U&Es	Day 1 (within 72 hours)

Toxicities: Myelosuppression, anaemia, neutropenia, thrombocytopenia, fatigue, nausea, vomiting, mucositis, diarrhoea, dysgeusia, hypersensitivity reactions (mainly flushing, rash and hypotension); infection; peripheral neuropathy, arthralgia, myalgia, alopecia

DOSE MODIFICATIONS

Haematological Toxicity

Neutrophils (x 10^9/L)		**Platelets (x 10^9/L)**	**Dose**
≥ 1.0	&	≥ 100	100% dose
< 1.0	or	< 100	Delay for 1 week. Repeat FBC, if recovered to above these levels, resume treatment with 100% dose.

In neoadjuvant/adjuvant treatment, dose reduction and delays can compromise outcome.

- GCSF should be considered if more than one delay and/or before dose reduction. If in doubt, seek Consultant advice.
- If during the preceding cycle, the patient has experienced neutrophils < 0.5 x 10^9/L or has febrile neutropenia diagnosed, GCSF should be considered.

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- If despite GCSF treatment, febrile neutropenia occurs or a dose delay is required - seek Consultant advice and consider dose reduction by 25%
- If platelets persistently < 100 x 10^9/L on Day 1 despite dose delay - seek Consultant advice and consider dose reduction by 25%

Non-haematological Toxicities

Renal Impairment

No dose adjustment required. Assess renal function when clinically indicated

Hepatic Impairment

Bilirubin (µmol/L)	Paclitaxel Dose (mg/m^2)
< 22	175
22 - 26	135
27 – 51	75
> 51	50

Dose modifications for other toxicities as appropriate

PERIPHERAL NEUROPATHY

NCI CTCAE Grade	Sensory Neuropathy	Dose
1	Paraesthesia (including tingling), but not interfering with function	100% dose
2	Paraesthesia interfering with function, but not interfering with activities of daily living	75% dose
3	Paraesthesia interfering with activities of daily living	Omit paclitaxel
4	Disabling	Discontinue paclitaxel permanently

ARTHRALGIA / MYALGIA

NCI CTCAE Grade	Arthralgia/Myalgia	Action
1	Joint and muscle pain, not interfering with function	Consider use of NSAIDs
2	Joint and muscle pain, interfering with function, but not interfering with activities of daily living	Consider use of NSAIDs

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Location of regimen delivery:	Outpatient setting Availability of resuscitation equipment must be ensured as a standard precaution.
Comments:	None
Drug interactions:	Concomitant administration of inducers or inhibitors of cytochrome P450 Isoenzymes (CYP2C8 and 3A4) may alter the pharmacokinetics of Paclitaxel, presenting a theoretical interaction Clozapine: avoid concomitant use, increased risk of agranulocytosis

References:

Accord Healthcare Ltd. Summary of product characteristics – paclitaxel. 07/11/2012. Available at www.medicines.org.uk
UCLH-Dosage Adjustment for Cytotoxics in Hepatic Impairment. January 2009
UCLH-Dosage Adjustment for Cytotoxics in Renal Impairment. January 2009
LCA Breast Clinical Guidelines October 2013

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