

## Paclitaxel – weekly (gynae)

### Indication

Palliative therapy for relapsed ovarian, fallopian tube, endometrial, cervical or vaginal cancers.

### ICD-10 codes

Codes pre-fixed with C52-C57.

### Regimen details

Day	Drug	Dose	Route
1, 8, 15	Paclitaxel	80*mg/m <sup>2</sup>	IV infusion

\* dose may vary from 60-100mg based on performance status

### Cycle frequency

28 days (may also be given continuously on a 21 day cycle)

### Number of cycles

6 cycles

### Administration

Paclitaxel is administered in a 250-500mL sodium chloride 0.9% non-PVC infusion bag with a 0.22 micron in-line filter over 1 hour.

Blood pressure and pulse should be monitored regularly (e.g. every 30 minutes) during paclitaxel infusion.

Patients should be observed closely for hypersensitivity reactions, particularly during the first and second infusions. Hypersensitivity reactions may occur within a few minutes following the initiation of the infusion of paclitaxel. Facilities for the treatment of hypotension and bronchospasm **must** be available.

If hypersensitivity reactions occur, minor symptoms such as flushing or localised cutaneous reactions do not require discontinuation of therapy. The infusion may be temporarily interrupted and when symptoms improve restarted at a slower infusion rate. Chlorphenamine 10mg IV may be administered. Severe reactions, such as hypotension, bronchospasm or generalised rash/erythema require immediate discontinuation of paclitaxel and appropriate therapy should be initiated.

### Pre-medication

30 minutes prior to each infusion:

Chlorphenamine 10mg IV slow bolus

Dexamethasone 8mg IV slow bolus

### Emetogenicity

This regimen has low-moderate emetic potential.

### Additional supportive medication

Mouthwashes as per local policy

H<sub>2</sub> antagonist or PPI, if required, as per local policy

## Extravasation

Paclitaxel – vesicant (Group 5)

### Investigations – pre first cycle

Investigation	Validity period
FBC	14 days
U+E (including creatinine)	14 days
LFTs	14 days
Calcium	14 days
Magnesium	14 days
CA125	28 days

### Investigations – pre subsequent cycles

Investigation	Validity period
FBC*	96 hours
U+E (including creatinine)	7 days
LFTs	7 days
Calcium	7 days
Magnesium	7 days

\* In addition FBC is required within 24 hours of day 8 and 15 doses.

### Standard limits for administration to go ahead

If blood results not within range, authorisation to administer **must** be given by prescriber/ consultant

Investigation	Limit
Neutrophils	$\geq 1.0 \times 10^9/L$
Platelets	$\geq 100 \times 10^9/L$
Bilirubin	$< 1 \times ULN$
AST/ALT	$< 5 \times ULN$

### Dose modifications

- Haematological toxicity**

If neutrophils  $< 1.0 \times 10^9/L$  and/or platelets  $< 100 \times 10^9/L$  omit the dose then resume at 100% for the next scheduled dose. If toxicity persists for  $> 1$  week discuss with consultant.

In the case of febrile neutropenia reduce paclitaxel to  $60\text{mg}/\text{m}^2$  for all future doses.

- Renal impairment**

No dose modifications required.

- Hepatic impairment**

Paclitaxel is not recommended in severe hepatic impairment. If bilirubin  $> 1.5 \times ULN$  at baseline start treatment at a maximum dose of  $70\text{mg}/\text{m}^2$ . For more severe hepatic impairment, treatment may only proceed on consultant's decision, at reduced dose with weekly monitoring of LFTs.

- Other toxicities**

Toxicity	Definition	Paclitaxel dose
Neuropathy	Grade 2	Reduce to a maximum of $70\text{mg}/\text{m}^2$ for all subsequent doses.
	Grade $\geq 3$	Discontinue

For all other grade  $\geq 2$  toxicities (except alopecia) withhold until grade  $\leq 1$  and continue with  $70\text{mg}/\text{m}^2$  dose. If delayed for  $> 1$  week, discuss with consultant.

For any grade 4 toxicity (except alopecia) withhold and discuss with consultant.

**Adverse effects** - for full details consult product literature/ reference texts

- **Rare or serious side effects**

Myelosuppression  
Infertility  
Teratogenicity  
Hypersensitivity reactions  
Pulmonary fibrosis  
Electrolyte disturbances  
Arrhythmias  
Cardiac failure

- **Frequently occurring side effects**

Nausea and vomiting  
Mucositis, stomatitis  
Myelosuppression  
Diarrhoea, constipation  
Peripheral neuropathy  
Oedema  
Phlebitis  
Myalgia, arthralgia  
Alopecia  
Fatigue

- **Other side effects**

Headache  
Abdominal pain

**Significant drug interactions** – for full details consult product literature/ reference texts

**Warfarin/coumarin anticoagulants:** increased or fluctuating anticoagulant effects. Avoid if possible, consider switching patient to a low molecular weight heparin during treatment or if the patient continues taking an oral anticoagulant monitor the INR at least once a week and adjust dose accordingly.

**Clozapine:** increased risk of agranulocytosis

**Paclitaxel** is a CYP 2C8 and CYP 3A4 substrate. Drug levels may be increased by inhibitors of these enzymes and decreased by inducers of these enzymes.

**Additional comments**

Nil

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**References**

- Summary of Product Characteristics Paclitaxel (Hospira) accessed 12 Aug 2021 via [www.medicines.org.uk](http://www.medicines.org.uk)
- Markman M, Hall J, Spitz D, Weiner S, Carson L, Van Le L, and Baker M Phase II Trial of Weekly Single-Agent Paclitaxel in Platinum/Paclitaxel-Refractory Ovarian Cancer. J Clin Oncol 2002; 20:2365-2369.
- Baird RD, Tan DSP, Kaye SB. Weekly paclitaxel in the treatment of recurrent ovarian cancer. Nature Reviews Clinical Oncology 2010; 7: 575–582

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