

# Nab-paclitaxel (Abraxane)

## Indication

Breast cancer – any setting where docetaxel or paclitaxel are indicated (NICE interim COVID19 guidance)

## Regimen details

Nab-paclitaxel (Abraxane) 260mg/m<sup>2</sup> over 30 minutes

## Cycle frequency

Every 3 weeks

## Number of cycles

Give for up to 8 cycles in metastatic disease or 3 cycles as part of adjuvant treatment following completion of 3 cycles of EC100

## Administration

In-line filters should not be used when administering Abraxane

## Pre-medication

None

## Emetogenicity

Low

## Additional supportive medication

Filgrastim 5mcg/kg for 5 days in adjuvant setting; start on day 3

## Extravasation

Irritant

## Investigations – pre first cycle

Investigation	Validity period
FBC	14 days
U+E (including creatinine)	14 days
LFT	14 days

## Investigations –pre subsequent cycles

FBC, U+E (including creatinine), LFT (including AST)

## Standard limits for administration to go ahead

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

Investigation	Limit
Neutrophil count	≥ 1.5 x 10 <sup>9</sup> /L
Platelet count	≥ 100 x 10 <sup>9</sup> /L
Creatinine clearance	≥ 30 mL/min
Bilirubin	≤ 1.5 x ULN
ALT	< 10 x ULN

## Dose modifications

Severe prolonged neutropenia (< 0.5 for >1week) or severe sensory neuropathy (grade 3) – reduce to 220mg/m<sup>2</sup>  
If patient has recurrence of above – reduce to 180mg/m<sup>2</sup>

Reduce dose by 20% if bilirubin 1.5-5x ULN

## Adverse effects –

for full details consult product literature/ reference texts

Hypersensitivity reactions

Myalgia and arthralgia

Neuropathy

Alopecia

Rash

Nausea and vomiting

Bone marrow suppression

Diarrhoea

## Significant drug interactions

– for full details consult product literature/ reference texts

The metabolism of paclitaxel is catalysed, in part, by cytochrome P450 isoenzymes CYP2C8 and CYP3A4. Therefore, caution should be exercised when administering paclitaxel concomitantly with medicines known to inhibit (e.g. ketoconazole and other imidazole antifungals, erythromycin, fluoxetine, gemfibrozil, cimetidine, ritonavir, saquinavir, indinavir, and nelfinavir) or induce (e.g. rifampicin, carbamazepine, phenytoin, efavirenz, nevirapine) either CYP2C8 or CYP3A4

## Additional comments

## References

Abraxane SPC - <https://www.medicines.org.uk/emc/product/6438>

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**THIS PROTOCOL HAS BEEN DIRECTED BY DR YOUNG, CLINICIAN FOR BREAST CANCER**

**RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE**

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