Cisplatin and weekly paclitaxel

Indication

Ovarian cancer, primary peritoneal cancer, fallopian tube cancer, endometrial cancer, cervical cancer – where there has been a hypersensitivity reaction to carboplatin

Regimen details

Days 1, 8 & 15:
Paclitaxel 80mg/m^2 IV in 250ml 0.9% sodium chloride over 1 hour

Day 1:
Frusemide 20mg 1 hour pre cisplatin oral
Potassium chloride 20mmol and magnesium sulphate 10mmol in 1 litre sodium chloride 0.9% over 2 hours
Cisplatin 75mg/m^2 IV in 1000ml 0.9% sodium chloride over 2 hours
Potassium chloride 20mmol and magnesium sulphate 10mmol in 1 litre sodium chloride 0.9% over 2 hours

Cycle frequency

Every 21 days

Number of cycles

Up to 6 cycles

Administration

Paclitaxel must be administered via a compatible giving set with a 0.2micron in-line filter
Paclitaxel must be given before cisplatin

Pre-medication

Prior to each dose of paclitaxel:

- Chlorphenamine IV 10mg
- Ranitidine 50mg IV (or alternative H_2 antagonist)
- Dexamethasone 10mg IV

For subsequent weeks reduce dexamethasone dose to 8mg. If patient experiences any hypersensitivity reaction do not reduce the dose further but continue on the same or increased dose of dexamethasone.

Emetogenicity

High (day 1)
Minimal (days 8 & 15)

Additional supportive medication

Olanzapine, ondansetron, omeprazole, movicol, aprepitant

Extravasation

Paclitaxel is a vesicant
Cisplatin is an exfoliant

Investigations – pre first cycle

Investigation	Validity period
FBC	14 days
U+E (including creatinine)	14 days
LFT (including AST)	14 days
Bone	14 days
Magnesium	14 days
CA125	Baseline

Investigations –pre subsequent cycles

FBC, U+E (including creatinine), LFT (including AST), bone, magnesium, CA125,

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 10^9/L (discuss with consultant if 1.2-1.5)
Platelet count	≥ 100 x 10^9/L
Creatinine clearance	≥ 60 mL/min
Bilirubin	≤ 1.25 x ULN
AST	< 3x ULN

Dose modifications

Renal impairment:

Calculated Cr Clearance (mL/min)	Paclitaxel Dose	Cisplatin Dose
≥ 60	100%	100%
50-59	100%	80%
40- 50	100%	Absolute mg=ml/min. Hold if GFR <40ml/min

Hepatic impairment:

bilirubin	Paclitaxel Dose
≤1.25 X ULN	80mg/m²
1.26-2 X ULN	60mg/m^2
2.01-5 X ULN	Not recommended
>5 X ULN	Not recommended

Neuropathy:
Both drugs can cause neuropathy
Consider reducing dose if grade II+ neuropathy

Adverse effects –

for full details consult product literature/ reference texts

Infusion reactions/hypersensitivity
Anaphylaxis
Alopecia
Neuropathy
Ototoxicity/tinnitus
Nephropathy
Myelotoxicity
Nausea / emesis
Skin rash
Myalgias

Significant drug interactions

– for full details consult product literature/ reference texts

Avoid nephrotoxic drugs

Paclitaxel is metabolised by CYP2C8 and CYP3A4. Medicines which inhibit these enzymes may increase paclitaxel toxicity. Medicines that induce these enzymes may decrease paclitaxel efficacy.

Additional comments

References

THIS PROTOCOL HAS BEEN DIRECTED BY DR YIANNAKIS, DESIGNATED LEAD CLINICIAN FOR

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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