Paclitaxel (Sarcoma and Upper GI)

Indication
Angiosarcoma
Palliative gastric or gastro-oesophageal junction (GOJ) adenocarcinoma

Regimen details
Paclitaxel 80mg/m^2 in 250ml 0.9% sodium chloride given over 1 hour

Cycle frequency
Given on days 1, 8 & 15 of a 28 day cycle

Number of cycles
Until disease progression

Administration
Use non PVC IV giving set
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

Pre-medication

Chlorphenamine	10mg	I.V. bolus
Ranitidine	50mg	in 50mls 0.9% sodium chloride (or alternative available H_2 antagonist)
Dexamethasone	20mg	in 100mls 0.9% sodium chloride

For subsequent weeks reduce dexamethasone dose as below. If patient experiences any hypersensitivity reaction do not reduce the dose further but continue on the same dose. If severe reaction consider increasing pre-med dose back to 20mg

Week 2 dexamethasone 8mg
Week 3 dexamethasone 4mg

If tolerated, subsequent doses may be given without steroid and H_2 antagonist premedication

Emetogenicity
Minimal

Additional supportive medication
None

Extravasation
Vesicant

Investigations – pre first cycle
FBC
U&Es
LFTs
Calcium

Investigations –pre subsequent cycles

FBC
Consultation needed prior to each cycle
U&Es and LFTs
The U&Es and LFTs may be retrospectively looked at (i.e. after the chemotherapy treatment) unless they are known to be abnormal, then they need to be checked the day before so that results are available pre-chemotherapy

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	≥ 1.0 x 10^9/L
Platelet count	≥ 100 x 10^9/L
Creatinine clearance	≥ 60 mL/min
Bilirubin	≤ 1.5 x ULN
AST	< 1.5 x ULN

Dose modifications

Reduce dose by 25% if prolonged delays due to neutropenia
Withhold in the event of grade ≥2 neuropathy and restart at 25% dose reduction when resolved to grade ≤1

In the event of severe neuropathy or severe hypersensitivity reactions it may be necessary to discontinue paclitaxel.

Adverse effects –

for full details consult product literature/ reference texts

Hypersensitivity reactions, myalgia, neuropathy, alopecia, nausea and vomiting, fatigue, bone marrow suppression

Significant drug interactions

– for full details consult product literature/ reference texts

Paclitaxel is metabolised by CYP2C8 and CYP3A4 and the efficacy and toxicity of paclitaxel may be affected by drugs which induce or inhibit these enzymes

References

Paclitaxel SPC accessed via medicines.org.uk on 21/07/2020

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

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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