

Chemotherapy protocol

Drug regimen

Weekly paclitaxel in metastatic bladder cancer

Indications for use

Second line treatment for metastatic bladder cancer in patients with good performance status

Regimen

Week 1

Pre-medicate 30 mins pre chemo with:

Chlorphenamine 10mg I.V. bolus
Ranitidine 50mg in 50mls NaCl
Dexamethasone 20mg in 100mls NaCl

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 IV

Week 3 dexamethasone 4mg IV

Week 4 and subsequent no dexamethasone required

DRUG	FLUID	TIME	ROUTE
Paclitaxel 70mg/m ²	250mls 0.9% sodium chloride	1 hour	I.V

Regimen to be given weekly for an initial period of 12 weeks then review radiologically and clinical findings
If responding, consider a further 12 weeks of treatment

Review patient 4 weekly in clinic

Investigation prior to initiating treatment

FBC, U&Es, LFTs, Calcium

Cautions

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

Investigations and consultations prior to each cycle

FBC, U&Es, and LFTs

Monthly consultation

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

Acceptable levels for treatment proceed

(If outside these levels delay one week or contact consultant)

Delay treatment 1 week or until platelets ≥ 100 and neutrophils ≥ 1.5

If Neutrophils 1.2 – 1.5 contact **consultant**

Side effects

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

Dose Modification Criteria

Nil specific

Specific Information on Administration

Important – Use non PVC IV giving set with paclitaxel.

THIS PROTOCOL HAS BEEN DIRECTED BY DR BIRTLE, CLINICIAN FOR BLADDER CANCER.

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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