Systemic Anti Cancer Treatment Protocol

Paclitaxel
Sarcoma

PROTOCOL REF: MPHAPACLI
(Version No: 1.1)

Approved for use in:

Metastatic / locally advanced angiosarcoma

First line if not suitable for doxorubicin

Second line

Dosage:

Drug	Dosage	Route	Frequency
Paclitaxel	80mg	IV	Every 7 days

Give for up to 12 weeks and review

Can also be administered on days 1, 8 and 15 of a 28 day cycle

Supportive treatments:

Anti-emetic risk: Low

Domperidone 10mg oral tablets, up to 3 times a day or as required

Extravasation risk:

Vesicant – follow trust / network extravasation policy

Administration:

Day	Drug	Dosage	Route	Diluent and Rate
1	Dexamethasone	8mg	IV	Bolus
1	Famotidine	20mg	Oral	At least 60 minutes before chemotherapy (can be discontinued after three cycles for those patients who do not experience a drug hypersensitivity reaction).
1	Chlorphenamine	10mg	IV	Bolus
1	**Paclitaxel**	80mg/m^2	IV	In 500mL 0.9% sodium chloride over 60 minutes

Reduce dexamethasone to 4mg from week 2 if treatment tolerated.

Notes:

Give premeds 30/60 minutes before paclitaxel (as per above instructions)

Administer with PVC free giving set with a 0.2 micron in-line filter

Discuss with consultant before administering if patient complains of any tingling of fingers or toes or motor weakness.

Hypersensitivity – 2% risk of severe hypersensitivity – Stop infusion and follow trust anaphylaxis policy (see toxicity management below)

Main Toxicities:

Hypersensitivity reactions (infusion related), alopecia, myelosuppression (mild), neurotoxicity, diarrhoea, myalgia / arthralgia, ovarian failure/infertility

Investigations and treatment plan

	Pre	Week 1	Week 2	Week 3	Week 4	Ongoing
Medical Assessment	X				X	Every 4 weeks
Nursing Assessment	X	X	X	X	X	Every week
FBC	X	X	X	X	X	Every week
U&E & LFTs	X	X	X	X	X	Every week
CT scan	X					After 12 weeks

Informed Consent	X					
Blood pressure measurement	X					If clinically indicated
PS recorded	X	X	X	X	X	
Toxicities documented		X	X	X	X	
Weight recorded	X	X	X	X	X	

Dose Modifications and Toxicity Management:

Haematological toxicity

Proceed on day 1 if:-

ANC ≥ 1.0 x 10^9/L	Platelets ≥ 75 x 10^9/L

Delay 1 week on day 1 if:-

ANC ≤ 0.9 x 10^9/L	Platelets ≤ 74 x 10^9/L

If platelets or ANC still below required levels for treatment at week 2, delay treatment and book for consultant review – for consideration of dose reduction or adjustment to scheduling.

Non-haematological toxicity

Renal	No dose reductions needed
Hepatic	No specific dose adjustments available but: Bilirubin less than 1.25 times ULN and AST < 10 x ULN – Give 100% dose Bilirubin greater than 1.25 times ULN – Consider dose reduction Alk Phos more than 3 times ULN – Consider dose reduction
Neurotoxicity	If Grade 1/2 peripheral neuropathy develops consider a dose reduction of 20%. Discuss with consultant
Myalgia/Arthralgia	Often co-exist, usually grade 1 or 2. Manage with reassurance that the condition is self-limiting. NSAIDs may be considered but they may be ineffective

References:

Schlemmer M, Reichardt P, Verweij J, Hartmann JT, Judson I, Thyss A, et al. Paclitaxel in patients with advanced angiosarcomas of soft tissue: a retrospective study of the EORTC soft tissue and bone sarcoma group. Eur J Cancer. 2008;44(16):2433-6.

Penel N, Bui BN, Bay JO, Cupissol D, Ray-Coquard I, Piperno-Neumann S, et al. Phase II trial of weekly paclitaxel for unresectable angiosarcoma: the ANGIOTAX Study. J Clin Oncol. 2008;26(32):5269-74.

[1]Summerhayes and Daniels, Practical Chemotherapy 2003