Systemic Anti Cancer Treatment Handbook

Paclitaxel
Gastric Cancer

PROTOCOL REF: MPHAUGIPAC
(Version No: 1.1)

Approved for use in:

Second line treatment of locally advanced and metastatic gastric / gastro-oesophageal junction adenocarcinoma

As an alternative to docetaxel

Dosage

Weekly Regimen

Drug	Dose	Route	Frequency
Paclitaxel	**80mg/m^2**	IV Infusion	Days 1,8 and 15 of a 28 day cycle, until disease progression

Supportive Treatments:

Domperidone 10mg tablets, orally three times a day when required

Interactions

Antiepileptics (CYP 3A4 inducers)

Carboplatin can cause a decrease in phenytoin serum levels. This may lead to reappearance of seizures and may require an increase of phenytoin dosages. Phenytoin, carbamazepine and phenobarbital increase the clearance of paclitaxel and increase its maximum tolerated dose.

Ciclosporin

Levels of paclitaxel increased after oral administration of ciclosporin.

Fluconazole/Ketoconazole (CYP3A4 inhibitors)

Paclitaxel levels may be increased

Quinine and Verapamil

Paclitaxel levels possibly increased.

Extravasation risk:

Paclitaxel - vesicant.

Refer to the network guidance for the prevention and management of extravasation

Administration

Days	Drug	Dose	Route	Diluent and rate
1,8,15	Dexamethasone 30 minutes prior to chemotherapy	8mg	IV	Consider reducing to 4mg from week 2 if well tolerated
1,8,15	Famotidine At least 60 minutes prior to paclitaxel	20mg	Oral	Can be discontinued after three cycles for those patients who do not experience a drug hypersensitivity reaction.
1,8,15	Chlorphenamine 30 minutes prior to paclitaxel	10mg	IV	
1,8,15	**Paclitaxel**	**80mg/m^2**	**IV**	**500mL sodium chloride 0.9% over 60 minutes**

Repeated every 28 days until disease progression or unacceptable toxicity

Treatment days are omitted rather than deferred.

Paclitaxel must be administered using a non-PVC giving set with a 0.22 micron filter. Premedication treatment of chlorphenamine, dexamethasone and famotidine is given prior to paclitaxel to reduce the risk of hypersensitivity. The famotidine can be discontinued after three cycles for those patients who do not experience a drug hypersensitivity reaction.

Hypersensitivity

As with all taxane based chemotherapy, patients may experience allergic reaction during administration. The infusion should be stopped and the following should be administered.

- Hydrocortisone 100 to 200mg IV
- Chlorphenamine 10 mg IV

Refer to the Trusts Hypersensitivity Guidelines for further information.

It should be strongly noted that patients who have severe reactions should not be re-challenged.

Main Toxicities

Immunosuppression - neutropenia, anaemia, thrombocytopenia

Nausea, vomiting, diarrhoea, constipation, mucositis

Arthralgia, myalgia

Skin rash, urticaria, erythematous rash

Peripheral neuropathy is very common

Alopecia, fatigue, elevation of liver transaminases, alkaline phosphatase and bilirubin

Investigations

	Pre	C1 D1	C1 D8	C1 D15	C2 D1	Ongoing
Medical Assessment	X				X	Day 1 of alternate cycles
Nursing Assessment	X	X	X	X	X	Every treatment day
FBC	X	X	X	X	X	Every treatment day
U&E & LFT	X	X	X	X	X	Day 1 of each cycle
CT scan	X					As clinically indicated
Informed Consent	X					
PS recorded	X	X	X	X	X	Every treatment day

Toxicities documented	X	X	X	X	X	Every treatment day
Weight recorded	X	X	X	X	X	Day 1 of each cycle

Biochemistry should be monitored on day 8 and day 15 of cycle 1. For subsequent cycles biochemistry is only required on day 1 of cycle unless there are specific symptoms that suggest repeating, for example vomiting or diarrhoea that increase the risk of dehydration

Dose Modifications and Toxicity Management:

Haematological Toxicity

Day of Treatment	FBC			Treatment Delay
	ANC	AND/ OR	PLT	
Day 1	≥ 1.0		≥ 75	Proceed with treatment
	< 1.0		< 75	Delay treatment until counts recovered
Day 8	≥ 1.0		≥ 75	Proceed with treatment
	< 0.9		< 74	OMIT
Day 15	≥ 1.0		≥ 75	Proceed with treatment
	< 0.9		< 74	OMIT

If day 8 and day 15 are both omitted from a cycle, then dose reduce subsequent cycle by 20%

Non-haematological Toxicity

Renal	No dose adjustments needed
Hepatic	If mild to moderate impaired hepatic function discuss with consultant. Dose reduction probably advisable but no data or recommendations available. Severe impairment- discuss with consultant. SPC recommends no treatment
Neuropathy	CTCAE grade 2 peripheral neuropathy withhold paclitaxel only until the neuropathy recovers to grade 1 then dose reduce to 75% of the original dose. Where the peripheral neuropathy is ≥grade 3 omit further paclitaxel.

Myalgia/Arthralgia	Often co-exist, usually grade 1 or 2. Reassure patients that it is self-limiting, NSAIDS probably not useful. If troublesome consider dose reduction by 20%
Infusion / hypersensitivity	Mild – slow or stop infusion until recovered, restart at slower rate. Moderate to severe – stop infusion, follow trust anaphylaxis policy Discuss with consultant and patient before restarting Consider oral dexamethasone starting the day before the infusion (as docetaxel)

References:

Palliative chemotherapy for advanced gastric cancer

Annals Oncol 2004 15:1585-1595