**Paclitaxel for Ovarian Cancer**

**DRUG ADMINISTRATION SCHEDULE**

<table>
<thead>
<tr>
<th>Day</th>
<th>Drug</th>
<th>Daily Dose</th>
<th>Route</th>
<th>Diluent &amp; Rate</th>
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</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Sodium Chloride 0.9%</td>
<td>100ml</td>
<td>Infusion</td>
<td>Fast Running</td>
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<tr>
<td></td>
<td>Metoclopramide</td>
<td>10mg</td>
<td>Oral</td>
<td></td>
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<tr>
<td></td>
<td>Chlorphenamine</td>
<td>10 mg</td>
<td>Iv bolus</td>
<td>Via saline drip</td>
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<td></td>
<td>Ranitidine</td>
<td>50 mg</td>
<td>Oral</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dexamethasone</td>
<td></td>
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<tr>
<td></td>
<td><strong>PACLtaxel</strong></td>
<td><strong>175 mg/m²</strong></td>
<td>Infusion</td>
<td>500ml NaCl 0.9% over 3hrs (Use PVC Free Bag &amp; Line) (start infusion very slowly)</td>
</tr>
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OR

| Days 1,8 and 15 | **PACLtaxel** | 80 mg/m² | Infusion | 250ml NaCl 0.9% over 1 hour (Use PVC Free Bag & Line) (start infusion very slowly) |

*Ondansetron IV must be infused over 15 minutes in patients over 65 years of age.

**CYCLE LENGTH AND NUMBER OF DAYS**

- **175 mg/m²** dose given every 21 DAYS until disease progression
- **80 mg/m²** dose given every 7 DAYS until disease progression

**APPROVED INDICATIONS**

- Ovarian Cancer: Second-line therapy for patients that are platinum resistant

**PREMEDICATION**

Premedication of dexamethasone, ranitidine and chlorphenamine is given prior to paclitaxel infusion to reduce of risk of hypersensitivity reaction.

- **3 weekly version**: Dexamethasone can be given either as 20mg orally 12 and 6 hours prior to treatment or a 20mg IV bolus 30 minutes prior to treatment.
- **Weekly version**: Dexamethasone should be given as an 8mg IV bolus 30 minutes prior to treatment for weekly regimen

**RECOMMENDED TAKE HOME MEDICATION**

- Dexamethasone as above if oral treatment used
- Metoclopramide 10 mg three times daily as required
  
  *Suggested antiemetic regimen - may vary with local practice. See CINV policy for more details*

**INVESTIGATIONS / MONITORING REQUIRED**

- Prior to each cycle - FBC, U&Es, LFTs as required
- BP and pulse to be monitored half hourly during paclitaxel infusion
- Full review by MDT if interval de-bulking is considered

**ASSESSMENT OF RESPONSE**

- Metastatic: Tumour size and patient symptomatic response
Paclitaxel for Ovarian Cancer

REVIEW BY CLINICIAN
To be reviewed by either a Nurse, Pharmacist or Clinician before every cycle.

NURSE / PHARMACIST LED REVIEW
On cycles where not seen by clinician.

ADMINISTRATION NOTES
- Paclitaxel must be administered via a non-PVC administration set and 0.2-micron filter.
- May not need to stop treatment for minor hypersensitivity e.g. reactions, flushing, localised rash. Must be stopped for major reactions, e.g. hypotension, dyspnoea, angioedema or generalised urticaria.
- If patient has hypersensitivity reaction, follow manufacturers re-challenge guidelines before continuing with treatment.
- Units administering Paclitaxel must have facilities available for the treatment of anaphylaxis and resuscitation.

EXTRAVASATION See NCA/ Local Policy
Paclitaxel is a vesicant; therefore, extreme care must be taken when infusion pumps are used to control rate of administration. The injection site must be regularly monitored during infusion.

TOXICITIES
- Risk of hypersensitivity and anaphylaxis, particularly on first and second cycle, starting within a few minutes of administration
- Hypotension and bradycardia
- Myelosuppression, particularly, thrombocytopenia, anaemia and neutropenia
- Alopecia
- Peripheral neuropathy
- Myalgia
- Back pain on administration

DOSE MODIFICATION / TREATMENT DELAYS
Haematological Toxicity:
Delay 1 week if ANC <1.0, Platelets <100
No dose modification for CTC grade I/II ANC
Grade III/IV ANC → delay chemotherapy until recovered. On recovery give 20% dose reduction

Non- Haematological Toxicity:
- If PS deteriorates to Grade 3 or 4 and on assessment patient is more symptomatic withhold treatment and discuss with Oncologist

Hepatic impairment:
- Dose reduction of 25% in patients with disturbed liver biochemistry.
- Discuss with Oncologist if Bilirubin > x 1.5 ULN, ALT > x 2.5 ULN

TREATMENT LOCATION
Can be given at Cancer Centre or Cancer Unit
**REFERENCES:**


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<tr>
<th>Document Control</th>
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<tbody>
<tr>
<td><strong>Document Title:</strong> Paclitaxel for Ovarian Cancer</td>
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<tr>
<td><strong>Document No:</strong> CRP09 GY003</td>
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<td><strong>Current Version:</strong> 1.4</td>
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| **Reviewer:** Chris Beck  
Cancer Alliance Pharmacist |
| **Date Approved:** 04/09/2018 |
| **Approved by:** Steve Williamson, Consultant Pharmacist,  
Northern Cancer Alliance |
| **Due for Review:** 04/09/2021 |

<table>
<thead>
<tr>
<th>Summary of Changes</th>
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