Chemotherapy Protocol

BLADDER CANCER

PACLITAXEL (7 day)

Regimen

- Bladder Cancer – Paclitaxel (7 day)

Indication

- Treatment of locally advanced or metastatic bladder cancer
- WHO Performance status 0, 1, 2

Toxicity

Drug	Adverse Effect
Paclitaxel	Hypersensitivity, hypotension, bradycardia, peripheral neuropathy, myalgia and back pain on administration

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

Monitoring

Regimen

- FBC, U&Es and LFTs on day 1, 8 and 15

Dose Modifications

The dose modifications listed are for haematological, liver and renal function only. Dose adjustments may be necessary for other toxicities as well.

In principle all dose reductions due to adverse drug reactions should not be re-escalated in subsequent cycles without consultant approval. It is also a general rule for chemotherapy that if a third dose reduction is necessary treatment should be stopped.

Please discuss all dose reductions / delays with the relevant consultant before prescribing if appropriate. The approach may be different depending on the clinical circumstances. The following is a general guide only.

Haematological

Consider blood transfusion if patient symptomatic of anaemia or has a haemoglobin of less than 8g/dL

Paclitaxel dose modifications occur from level zero (80 mg/m^2/wk) to level –1 (70 mg/m^2/wk) to level –2 (60 mg/m^2/wk).

For a neutrophil count of less than 1x10^9/L or a platelet count of 50x10^9/L or lower, withhold treatment until recovery, the subsequent weekly paclitaxel dose should be decreased by one dose level.

Liver Impairment

Drug	**Bilirubin (µmol/L)**		**AST/ALT (units/L)**	**Dose (% of original dose)**
Paclitaxel	more than 1.5xULN		more than 5xULN	Consider dose adjustments

Renal Impairment

Drug	**Creatinine Clearance (ml/min)**	**Dose (% of original dose)**
Paclitaxel	N/A	No dose adjustment needed

Other

Dose reductions or interruptions in therapy are not necessary for those toxicities that are considered unlikely to be serious or life threatening. For example, alopecia, altered taste or nail changes.

For all other non-haematologic NCI-CTC grade 2 to 3 toxicities, withhold treatment until toxicity diminishes to NCI-CTC grade 1 or lower, subsequent weekly doses should be decreased by one dose level. Patients who develop any NCI-CTC grade 3 or higher non-haematologic toxicity, those requiring more than two dose reductions, or those who required a treatment delay of longer than 2 weeks for toxicity resolution, then stop treatment.

Neuropathy

Patients who experience a NCI-CTC grade 2 neuropathy should have their weekly paclitaxel dose decreased by one level without interruption of therapy. For a NCI-CTC grade 3 neuropathy, withhold therapy until resolution to NCI-CTC grade 1 or lower, subsequent therapy should be decreased by one dose level.

Regimen

Paclitaxel is highly myelosuppressive and in those with poor bone marrow reserves, for example due to extensive prior treatment, bone metastasis or extensive skeletal radiation, consider a starting dose of 60mg/m² with a view to increase to 80mg/m² if well tolerated.

28 day cycle for 6 cycles

Drug	Dose	Days	Administration
Paclitaxel	80mg/m^2	1, 8, 15	Intravenous infusion in 250ml sodium chloride 0.9% over 60 minutes

Dose Information

- Paclitaxel will be dose banded in accordance with the national dose bands (6mg/ml)

Administration Information

- Hypersensitivity reactions tend to occur with the first or second infusion of paclitaxel. Paclitaxel infusion should be interrupted for minor symptoms such as flushing or localised rashes. If these resolve promptly (within 5 minutes) the infusion may be restarted at a lower rate with intensive monitoring. Immediately discontinue the infusion for severe reactions which include profound hypotension, bronchospasm and generalised erythema.

- Paclitaxel must be administered via a non-PVC administration set containing an in-line 0.22 micron filter.

Extravasation

- Paclitaxel – vesicant

Additional Therapy

- Antiemetics

  15-30 minutes before chemotherapy

  – metoclopramide 10mg oral or intravenous

  As take home medication

  – metoclopramide 10mg three times a day when required oral

- Premedication to reduce of risk of hypersensitivity reaction 30 minutes before chemotherapy

  - chlorphenamine 10mg intravenous
  - dexamethasone 10mg intravenous
  - H_2 antagonist according to local formulary choice and availability

- Gastric protection with a proton pump inhibitor or a H_2 antagonist may be considered in patients considered at high risk of GI ulceration or bleed.

Additional Information

- This is an unlicensed dosage schedule

References
1. Joly F, Houede N, Noal S et al. Do patients with advanced urothelial carcinoma benefit from weekly paclitaxel chemotherapy? A CETUG phase II study. Clin Genitourin Cancer 2009; 7 (2): E28-33.
2. Vaughan DJ, Broome CM, Hussain M et al. Phase II trial of weekly paclitaxel in patients with previously treated advanced urothelial cancer. J Clin Oncol 2002; 20 (4): 937-940.

REGIMEN SUMMARY

Paclitaxel (7day)

Day 1, 8, 15

1. Chlorphenamine 10mg intravenous

2. Dexamethasone 10mg intravenous

3. H_2 antagonist according to local formulary choice and availability

Administration Instructions:
Administer according to local formulary choice and availability one of the following 30 minutes prior to chemotherapy;

- Ranitidiine 50mg intravenous once only
- Famotidine 20mg oral once only
- Nizatidine 150mg oral once only
- Ranitidine 150mg oral once only

If there is no stock of these products due to national shortages treatment may proceed without the H_2 antagonist provided there is no instruction in the ARIA journal indication the patient **must have** H_2 antagonist treatment.

All infusion related reactions must be recorded in the ARIA journal and reported to the appropriate consultant**.** Many Trusts do not administer an H_2 antagonist from cycle three onwards. They have been left in the ARIA protocols so that decisions can be made on an individual Trust and patient basis.

4. Metoclopramide 10mg oral or intravenous

5. Paclitaxel 80mg/m² intravenous infusion in 250ml sodium chloride 0.9% over 60 minutes

Take Home Medicines

6. Metoclopramide 10mg three times a day when required oral*

*This will only appear for dispensing as an original pack on day one. If patients require further supplies this may be added from the supportive therapies folder.

DOCUMENT CONTROL

Version	Date	Amendment	Written By	Approved By
1.3	Nov 2020	Update of premedication due to shortage of IV ranitidine. IV ranitidine changed to H_2 antagonist according to local formulary choice and availability Coding removed Dose banding updated	Donna Kimber Pharmacy Technician	Rebecca Wills Pharmacist
1.2	May 2015	Header changed Metoclopramide dose changed to 10mg Bolus removed from intravenous bolus throughout text OPCS code updated Disclaimer added	Donna Kimber Pharmacy Technician	Rebecca Wills Pharmacist
1.1	April 2013	Paclitaxel volume in cycle table changed to 250ml (previously 500ml).	Dr Deborah Wright Pharmacist	Donna Kimber Pharmacy Technician
1	March 2013	None	Dr Deborah Wright Pharmacist	Dr Joanna Gale Consultant Medical Oncologist Dr Matthew Wheater Consultant Medical Oncologist

This chemotherapy protocol has been developed as part of the chemotherapy electronic prescribing project. This was and remains a collaborative project that originated from the former CSCCN. These documents have been approved on behalf of the following Trusts;

Hampshire Hospitals NHS Foundation Trust
NHS Isle of Wight
Portsmouth Hospitals NHS Trust
Salisbury Hospitals NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
Western Sussex Hospitals NHS Foundation Trust

All actions have been taken to ensure these protocols are correct. However, no responsibility can be taken for errors which occur as a result of following these guidelines.