Indication	Untreated metastatic (NOT locally advanced) pancreatic adenocarcinoma cancer only if other combination chemotherapies are unsuitable for the patient and they would otherwise have gemcitabine monotherapy (ie patient is not considered to be a suitable for oxaliplatin- and irinotecan-based combination chemotherapy). The following criteria apply: • No previous systemic chemotherapy for pancreatic cancer unless given as a radiosensitiser in the adjuvant setting and completed at least 6 months previously. • Patient has a performance status of 0 or 1 • No treatment breaks of more than 6 weeks beyond the expected cycle length are allowed (to allow any toxicity of current therapy to settle or intercurrent comorbidities to improve).
Treatment Intent	Palliative treatment
Frequency and number of cycles	Every 28 days Continue until progressive disease or unacceptable toxicity
Monitoring parameters pre-treatment	• Monitor FBC, U&Es and LFTs at each cycle. • **Day 1**, if neutrophils <1.5 and / or PLT <100 delay all treatment until recovery. • On days 8 or 15, if neuts <0.5 or PLT <50 withhold treatment. • **Day 8**, if neuts >/=0.5 but <1.0 and / or PLT >/=50 but <75 reduce by one dose level. • **Day 15 with no dose modification on day 8**, if neuts >/=0.5 but <1.0 and / or PLT >/=50 but <75 treat with day 8 dose level and give GCSF OR reduce by one dose level from day 8 doses. • **Day 15 with previous dose modification on day 8**, if neuts >/=1.0 and PLT>/=75, return to Day 1 dose levels and give GCSF OR treat with same doses as Day 8. If neuts >/=0.5 but <1.0 and / or PLT >/=50 but <75, treat with Day 8 dose levels and give GCSF OR reduce doses 1 dose level from Day 8 doses. • **Day 15 when day 8 doses were withheld**, if neuts >/=1.0 and PLT>/=75, return to Day 1 dose levels and give GCSF OR reduce doses 1 dose level from Day 1 doses. If neuts >/=0.5 but <1.0 and / or PLT >/=50 but <75, reduce 1 dose level and give GCSF, OR reduce 2 dose levels from day 1 doses. • When a **dose reduction** is required the first reduction should be to nab-paclitaxel 100mg/m^2 & gemcitabine 800mg/m^2, and the second reduction to nab-paclitaxel 75mg/m^2 & gemcitabine 600mg/m^2. If this is not tolerated treatment should be discontinued. • Grade 3 or 4 febrile neutropenia, withhold treatment until afebrile and neuts >/=1.5 and resume at next lower dose level of both drugs. • Grade 3 or 4 peripheral neuropathy, withhold dose until </=grade 1 and then resume at next lower dose level of nab-paclitaxel (no dose reduction of gemcitabine). • Grade 2 or 3 cutaneous toxicity, reduce to next lower dose level of both drugs. If cutaneous toxicity persists, discontinue treatment. • Grade 3 mucositis or diarrhoea, withhold doses until </= grade 1, then resume at next lower dose level of both drugs. • Dose reduction should be considered if any other grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2 (except N&V and alopecia). Delay until resolution of toxicity to ≤ grade 1 • For patients with mild **hepatic impairment** (total bilirubin > 1 to ≤ 1.5 x ULN and AST ≤ 10 x ULN), no dose adjustments of nab-paclitaxel are required. Insufficient data in moderate to severe hepatic impairment, d/w consultant. Use gemcitabine with caution in hepatic impairment – d/w consultant. • No dose adjustments of nab-paclitaxel are required in mild to moderate **renal impairment** (CrCl ≥30 to <90 ml/min). Insufficient data in severe renal impairment

	(CrCl <30ml/min). Use gemcitabine with caution in renal impairment – d/w consultant. • **Cautions**: o Patients should be monitored for signs and symptoms of pneumonitis. After ruling out infectious etiology, permanently discontinue treatment with nab-paclitaxel and gemcitabine when a diagnosis of pneumonitis is made and initiate appropriate treatment. o Patients should be advised not to drive and use machines if they feel tired or dizzy. **Drug interactions**:Use with caution in patients receiving concomitant inhibitors (e.g. ketoconazole, erythromycin, fluoxetine, cimetidine) or inducers (e.g.rifampicin, carbamazepine, phenytoin) of CYP2C8 or CYP3A4.
Reference(s)	SpC accessed online 8/8/17

NB For funding information, refer to the SACT funding spreadsheet

Day	Drug	Dose	Route	Infusion Duration	Administration Details
1	Metoclopramide	20mg	IV	Bolus	
	Dexamethasone	8mg	po		
	Nab-PACLITAXEL (PACLITAXEL ALBUMIN BOUND)	**125mg/m²**	IV	30 mins	To be administered undiluted in a sterile PVC or non-PVC type intravenous bag through a 15µm filter. The use of specialized DEHP-free solution containers or administration sets is not necessary to prepare or administer infusions.
	GEMCITABINE	**1000mg/m²**	IV	30 mins	In sodium chloride 0.9% to a final concentration of 0.1mg/ml – 10mg/ml If final volume >500ml consider extending infusion duration

Day	Drug	Dose	Route	Infusion Duration	Administration Details
8	Metoclopramide	20mg	IV	Bolus	
	Dexamethasone	8mg	po		
	Nab-PACLITAXEL (PACLITAXEL ALBUMIN BOUND)	**125mg/m²**	IV	30 mins	To be administered undiluted in a sterile PVC or non-PVC type intravenous bag through a 15µm filter. The use of specialized DEHP-free solution containers or administration sets is not necessary to prepare or administer infusions.
	GEMCITABINE	**1000mg/m²**	IV	30 mins	In sodium chloride 0.9% to a final concentration of 0.1mg/ml – 10mg/ml If final volume >500ml consider extending infusion duration

Day	Drug	Dose	Route	Infusion Duration	Administration Details
15	Metoclopramide	20mg	IV	Bolus	
	Dexamethasone	8mg	po		
	Nab-PACLITAXEL (PACLITAXEL ALBUMIN BOUND)	**125mg/m²**	IV	30 mins	To be administered undiluted in a sterile PVC or non-PVC type intravenous bag through a 15µm filter. The use of specialized DEHP-free solution containers or administration sets is not necessary to prepare or administer infusions.
	GEMCITABINE	**1000mg/m²**	IV	30 mins	In sodium chloride 0.9% to a final concentration of 0.1mg/ml – 10mg/ml If final volume >500ml consider extending infusion duration
TTO MEDICATION	Drug	Dose	Route	Directions	
	Metoclopramide	10mg	po	up to 3 times a day for 3 days, then 10mg up to 3 times a day as required after days 1,8 and 15 (max. 30mg per day including 20mg pre-chemo dose). Do not take for more than 5 days.	
	Dexamethasone	4mg	po	om for 2 /7 after day 1,8 & 15	