Indication	**Breast Cancer:** For the treatment of locally advanced or metastatic breast cancer. **Skin:** Second line treatment for cutaneous squamous carcinoma in patients with disease where surgery and/or radiotherapy is not an option. **Head and Neck:** Palliative treatment for squamous carcinomas of the lip and oral cavity and malignant salivary gland tumours in patients with metastatic disease and/or locally advanced locoregional disease beyond the scope of surgery and radiotherapy. **UGI:** Second line treatment for adenocarcinoma of the oesophagus or Type 1 Or 2 Gastro-Oesophageal junction cancer for patients remaining of good performance status (0-1) following disease progression after first line palliative chemotherapy or radical chemoradiation. Second line treatment of gastric / type 3 gastro-oesophageal junction cancer following disease progression after first line palliative chemotherapy or peri-operative chemotherapy.
Treatment Intent	Palliative
Frequency and number of cycles	Repeat every 28 days. **Breast:** Continue until disease progression, unacceptable toxicity or patient's choice to stop treatment. **Skin**: for a maximum of 6 cycles. **Head and Neck:** for a maximum of 6 cycles **UGI:** Continue until disease progression, unacceptable toxicity or patient's choice to stop treatment.
Monitoring Parameters pre-treatment	• **Virology screening:** All new patients referred for systemic anti-cancer treatment should be screened for hepatitis B and C and the result reviewed prior to the start of treatment. Patients not previously tested who are starting a new line of treatment, should also be screened for hepatitis B and C. Further virology screening will be performed following individual risk assessment and clinician discretion. • Monitor U+Es, LFTs and FBC ~~at~~ on days 1, 8 and 15 of each cycle. • If neuts >/=1.5 and PLT >/=100 proceed with treatment. • If neuts 1.0-1.4 and PLT >/=100 d/w consultant. • If neuts <1.0 or PLT <100 defer 1 week. • **Hepatic impairment:** If bilirubin < 1.25 x ULN and transaminase < 10 x ULN, dose at full dose. Otherwise consider dose reduction, not recommended in severe hepatic impairment. • **Renal impairment:** no dose reduction necessary. • **Infusion related reaction:** • Patients developing hypersensitivity reactions to Paclitaxel may be re-challenged with full dose Paclitaxel following prophylactic medication (e.g. famotidine 40mg po given 4 hours prior to treatment plus Hydrocortisone 100mg iv and chlorphenamine 10mg iv 30 minutes prior to treatment), then give paclitaxel over 3-6 hours (i.e. starting at over 6 hours and gradually increase rate if possible). If patients experience no hypersensitivity reactions after the first two doses of paclitaxel, remove pre-medication with dexamethasone and chlorphenamine from dose 3 onwards. • **Dose Modification:**

	• Dose reduce Paclitaxel by 20% in the event of >/=grade 2 neuropathy and consider delay until recovery to </=grade 1. • Stop paclitaxel in the event of recurrent >/=grade 3 neuropathy OR recurrent or persistent >/=grade 2 neuropathy following a dose reduction. • 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. • **Common drug interactions (for comprehensive list refer to BNF/SPC):** • Caution should be exercised when administering paclitaxel concomitantly with medicines known to inhibit either CYP2C8 or CYP3A4 (e.g. ketoconazole, erythromycin, fluoxetine, clopidogrel, cimetidine, ritonavir and nelfinavir); toxicity may be increased. CYP2C8 or CYP3A4 inducers (e.g. rifampicin, carbamazepine, phenytoin, efavirenz, nevirapine) may reduce efficacy.
References	KMCC proforma BRE-013 KMCC proforma UGI-043 V3 ARIA regimen MULTI-008 V2

NB For funding information, refer to CDF and NICE Drugs Funding List

Repeat every 28 days

Day	Drug	Dose	Route	Infusion Duration	Administration
Day 1, 8 and 15	**Give pre-meds 30 minutes prior to paclitaxel**				
	Dexamethasone	8mg (may be reduced to 4mg in subsequent cycles)	IV	Bolus	
	Chlorphenamine	10mg	IV	Slow bolus Over 3 minutes	Through the side of a fast running Sodium Chloride 0.9% intravenous infusion.
	Metoclopramide	20mg	IV	Bolus	
	PACLITAXEL	**80mg/m²**	IV	1 hr	In 250ml Sodium Chloride 0.9% (non-PVC bag and non-PVC administration set) via in-line 0.22 microns filter. Flush with sodium chloride 0.9%
TTO	Drug	Dose	Route	Directions	
Day 1	Dexamethasone	4mg	PO	OM for 2 days after day 1, 8 and 15. Take with or just after food.	
	Metoclopramide	10mg	PO	10mg up to 3 times a day as required. Maximum 30mg per day including pre-chemo dose. Do not take for more than 5 days continuously.	