Indication	**Gynae cancer**: epithelial uterine, cervical, vulval, vaginal and ovarian. **Head and Neck:** Salivary / parotid gland cancer **Upper GI:** Adenocarcinoma of the lower Oesophagus or Type 1 Or 2 Gastro-Oesophageal Junction Cancer. **Urology:** First or second / subsequent line treatment in advanced or metastatic urothelial cancer for patients with platinum sensitive disease.
Treatment Intent	Palliative: Ovarian, cervical, vulval, vaginal, Epithelial uterine and salivary / parotid gland and urothelial Adjuvant: Epithelial uterine and ovarian Neo-adjuvant: Epithelial uterine, ovarian and lower oesophagus or type 1 or 2 GO junction
Frequency and number of cycles	Repeat every 21 days. **Gynae:** 6-8 cycles (stop at 6 for palliative treatment), 4-6 cycles for adjuvant treatment of epithelial uterine cancer. **Head and Neck / Urology:** up to 6 cycles. **UGI:** 1-2 cycles followed by weekly carboplatin and paclitaxel with radiotherapy (UGI-036).
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. • EDTA/DTPA should be used to measure GFR prior to cycle 1. C+G may be used to estimate CrCl if there is a delay in obtaining EDTA result. • Monitor U+Es, LFTs and FBC at each cycle. If CrCl falls by >25%repeat EDTA and d/w consultant. • If neuts <1.5 and/or PLT <100 defer treatment by one week. Consider dose reduction on subsequent cycles • **Hepatic impairment:** o Carboplatin: No dose adjustment required. o Paclitaxel: 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:** o Carboplatin: stop if CrCl<30ml/min o Paclitaxel: no dose reduction necessary. • **Infusion-related reactions:** o **Paclitaxel:** Patients developing hypersensitivity reactions to paclitaxel may be rechallenged 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). o **Carboplatin:** Mild/moderate reactions (grade 1-2): If symptoms resolve after treatment with hydrocortisone and chlorphenamine, the infusion may be restarted at 50% rate for 30 mins, then, if no further reaction, increase to 100% rate. If symptoms do not resolve after treatment with hydrocortisone and chlorphenamine, do not restart the infusion. At consultant's discretion, patients may be rechallenged at a

	later date with additional prophylaxis. In the event of further reaction (grade 1-3), stop infusion and consider alternative treatment. Severe (grade 3): Do not restart infusion. Consider alternative treatment. Anaphylaxis (grade 4): Follow anaphylaxis protocol. Discontinue permanently and consider alternative treatment. • **Dose Modification:** o Paclitaxel: Dose reduce Paclitaxel by 20% in the event of >/= grade 2 neuropathy and consider delay until recovery to </= grade 1. o Consider omitting paclitaxel in event of recurrent grade >/= 3 neuropathy OR recurrent or persistent >/= grade 2 neuropathy following a dose reduction. o Dose reduction of carboplatin and paclitaxel 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. • **<u>Common drug interactions (for comprehensive list refer to BNF/SPC)</u>:** o Paclitaxel: 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. o Carboplatin: Caution with other nephrotoxic drugs.
References	KMCC protocol MULTI-021 V1, KMCC protocol URO-029 V2.1 draft.

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

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration
1	**Give pre-meds 30 minutes prior to paclitaxel**				
	Dexamethasone	16mg	IV	Bolus	
	Chlorphenamine	10mg	IV	Slow bolus	Through the side of a fast running Sodium Chloride 0.9% intravenous infusion.
	Ondansetron	<75yrs 16mg >/=75yrs 8mg	IV	15 min	Sodium chloride 0.9% 50ml
	PACLITAXEL	**175mg/m²**	IV	3 hrs	In 500ml Sodium Chloride 0.9% (if dose <150mg in 250ml Sodium Chloride 0.9%) Use non-PVC bag and non-PVC administration set via in-line 0.22 microns filter. Flush with sodium chloride 0.9%
	CARBOPLATIN **Dose =** **(GFR + 25) x AUC**	**AUC 5** **(dose capped at 790mg on epx system)**	IV	30 mins	Glucose 5% 500ml In clinical practice the dose is usually capped at either 700mg OR for a maximum calculated dose of GFR 125ml/min
TTO	Drug	Dose	Route	Directions	
Day 1	Dexamethasone	6mg	PO	OM for 3 days	
	Metoclopramide	10mg	PO	Take 10mg THREE times a day for 3 days then take 10mg up to THREE times a day when required (Maximum of 30mg per day). Do not take for more than 5 days continuously.	