Indication	Breast Cancer. For patients who have a severe hypersensitivity reaction which precludes further exposure to paclitaxel or docetaxel or to reduce the risks of treatment in potentially vulnerable patients.
Treatment Intent	Adjuvant/ Neo-adjuvant (unlicensed) Palliative
Frequency and number of cycles	Adjuvant/ Neo-adjuvant: Repeat every 21 days for 4 cycles. Palliative: Repeat every 21 days – continue until progressive disease, unacceptable toxicity or patient 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 each cycle. • **Adjuvant/ neo-adjuvant** - If neuts <1 or PLT <100 delay one week and re check bloods. If neuts >/= 1 and PLT >/= 100 continue with treatment. • **Palliative** - If neuts <1.5 and/or PLT<100 delay one week and re check bloods. • **Hepatic impairment:** • No dose adjustment required in mild impairment (total bilirubin > 1 to </= 1.5 x ULN and aspartate aminotransferase [AST] ≤ 10 x ULN). The recommendation for metastatic breast cancer is that in moderate to severe impairment (total bilirubin > 1.5 to </= 5 x ULN and AST </= 10 x ULN) a 20% dose reduction is recommended. If the reduced dose is tolerated for at least 2 cycles then consider increasing to the standard dose. • **Renal Impairment:** • No dose adjustment required in mild to moderate impairment (CrCl >/=30 to <90 ml/min). No data in severe or end stage renal impairment (CrCl<30ml/min). • **Dose Modification:** • Patients who experience severe neutropenia (neutrophil count < 0.50 x 10^9/l for a week or longer) or severe sensory neuropathy during therapy should have the dose reduced to 220 mg/m^2 for subsequent courses. • Following recurrence of severe neutropenia or severe sensory neuropathy, additional dose reduction should be made to 180mg/m^2. Treatment should not be administered until neutrophil counts recover to >1.5 x 10^9/l. • For grade 3 sensory neuropathy withhold treatment until resolution to grade 1 or 2, followed by a dose reduction for all subsequent courses. • 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. • **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. • **Driving:** Patients should be advised paclitaxel albumin may have an effect on their ability to drive or operate machinery.
References	KMCC proforma BRE-026v5 ARIA regimen BRE-026v1 SPC accessed online 17.08.21 BNF accessed on line 17.08.21

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

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration
Day 1	Metoclopramide	20mg	IV	Bolus	
	Dexamethasone	8mg	PO		
	PACLITAXEL ALBUMIN BOUND* (Abraxane®/Pazenir®)	**260mg/m²**	IV	30 mins	To be administered undiluted in a sterile PVC or non-PVC type intravenous bag. The use of specialized DEHP-free solution containers or administration sets is not necessary to prepare or administer infusions.
TTO	Drug	Dose	Route	Directions	
	Metoclopramide	10mg	PO	3 times a day for 3 days, then 10mg up to 3 times a day as required (max. 30mg per day including 20mg pre-chemo dose). Do not take for more than 5 days continuously.	
	Dexamethasone	6mg	PO	OM for 3 days.	
	Filgrastim **For adjuvant/ Neo-adjuvant treatment**	300 micrograms or consider dose of 480 micrograms if patient > 80kg	SC	OD starting on day 5 for 5 days or as directed by prescriber.	

*Also referred to as nab-paclitaxel.