Kent and Medway SACT Protocol

Carboplatin & Paclitaxel for Metastatic Urothelial Cancer

Indication	First or second / subsequent line treatment in advanced or metastatic urothelial cancer for patients with platinum sensitive disease.		
Treatment Intent	Palliative		
Funding approval required	No		
Drugs / Doses / Administration	Day 1 Paclitaxel 175mg/m2 iv infusion over 3 hrs in sodium chloride 0.9% 500ml (non-PVC bag) via in-line 0.22 micron filter. (If dose <150mg, 250ml Sodium chloride 0.9%) Carboplatin AUC 5 Dose= (GFR+25) x AUC iv infusion over 30 minutes in 500ml glucose 5%. **NB Cap BSA at 2m^2**		
Frequency and number of cycles	Every 21 days for up to 6 cycles		
Emetogenic potential (follow K&M guidelines for the management of SACT induced nausea and vomiting)	High **Day 1** Pre Chemo: Ondansetron iv 16mg (if <75yrs) / 8mg (if ≥75yrs). N.B. Dexamethasone included as part of pre-med TTO: Dexamethasone 6mg po om for 3 days and metoclopramide 10mg po up to 3 times a day for 3 days, then 10mg up to 3 times a day as required (do not take for more than 5 days continuously).		
Pre-medication (if required) Drugs / doses / adminisitration	Dexamethasone Chlorphenamine	12mg iv slow bolus 10mg iv bolus through the side of a fast running Sodium Chloride 0.9% intravenous infusion.	30 minutes prior to paclitaxel
Hydration (if required, follow K&M cisplatin hydration guidelines if appropriate)	None		
Monitoring parameters pre-treatment	• EDTA 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. Must be >/=30ml/min • Discuss with consultant if Creatinine clearance drops by >/= 25% • Monitor U+Es, LFTs and FBC at each cycle. • If neuts ≥ 1.5 and PLT ≥100 continue with treatment. If neuts 1.0-1.4 and Plts ≥100 d/w consultant. If neuts <1.0 or PLT <100 defer treatment and consider dose reduction • Dose reduce Paclitaxel by 20% in the event of ≥ grade 2 neuropathy and consider delay until recovery to ≤ grade 1 • Consider omitting paclitaxel in event of recurrent ≥ grade 3 neuropathy OR recurrent or persistent ≥ grade 2 neuropathy following a dose reduction. • 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). • 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		
Post treatment observation (if required)	None		
Additional TTOs	None		
Reference(s)	K& M SACT proforma GYN-002 v 6 St Lukes Cancer Alliance Urology protocol for bladder cancer Changes made in line with SOP for removal of ranitidine on KMCC protocols and on aria regimens		
Comments	BSA to be capped at 2.0m^2		

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Document Control

Protocol No:	URO-029	New protocol / Reason for update
Version:	2 Final	New protocol Change to V2 in line with SOP-005
Supersedes version:	1	
Date:	28.09.21	
Authorising consultant (usually NOG Chair)	C Thomas (v1)	
Written by:	S Wade (V1) M Archer (V2)	
Checked by:	C Waters (V1) / B Willis (V1)	

Protocol build in Aria

Built by:	
Validated by (pharmacist):	
Validated by (consultant):	
Validated by (nurse):	