DRUG ADMINISTRATION SCHEDULE

<table>
<thead>
<tr>
<th>Day</th>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Diluent &amp; Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sodium Chloride 0.9%</td>
<td>250/500ml</td>
<td>Infusion</td>
<td>Fast Running</td>
</tr>
<tr>
<td></td>
<td>Dexamethasone</td>
<td>20mg</td>
<td>Intravenous</td>
<td>In 50ml NaCl 0.9% over 15 minutes</td>
</tr>
<tr>
<td></td>
<td>Chlorphenamine</td>
<td>10mg</td>
<td>Intravenous</td>
<td>Slow bolus</td>
</tr>
<tr>
<td></td>
<td>Ranitidine</td>
<td>50mg</td>
<td>Intravenous</td>
<td>50ml NaCl 0.9% over 20 minutes</td>
</tr>
<tr>
<td>Day 1</td>
<td>Ondansetron*</td>
<td>8mg</td>
<td>Oral /Slow bolus/15 min infusion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paclitaxel</td>
<td>175mg/m²</td>
<td>IV Infusion</td>
<td>500ml NaCl 0.9% over 3hrs (Use PVC Free Bag &amp; Line) (start infusion very slowly)</td>
</tr>
<tr>
<td></td>
<td>Carboplatin</td>
<td>AUC 5 or 6</td>
<td>IV Infusion</td>
<td>500/250ml 5% Glucose over 30 to 60 Minutes</td>
</tr>
</tbody>
</table>

*Ondansetron IV must be infused over 15 minutes in patients over 65 years of age.

CARBOPLATIN DOSAGE

Dose (mg) = AUC x (GFR + 25)

Where the GFR is the non-corrected EDTA clearance. If estimated GFR is undertaken the Wright formula must be used with AUC 5. Avoid use of Cockcroft & Gault formulae as it is less accurate.

CYCLE LENGTH AND NUMBER OF DAYS

Administered on a 21 day cycle (usually 4 cycles lung, 6 cycles ovary)

APPROVED INDICATIONS

First line treatment for NSCLC

First line treatment for ovarian cancer and option for patients whose disease relapses after 6 months of first-line therapy.

PREMEDICATION

Premedication of dexamethasone, ranitidine and chlorphenamine is given prior to Paclitaxel infusion to reduce risk of hypersensitivity reaction. Dexamethasone can be given either as 20mg orally 12 and 6 hours prior to treatment or a 20mg IV bolus prior to treatment.

RECOMMENDED TAKE HOME MEDICATION

Ondansetron 8mg twice daily for 2 to 3 days
Dexamethasone 4mg twice daily for 1 to 3 days
Metoclopramide 10mg three times daily as required* see CINV policy for precautions

INVESTIGATIONS / MONITORING REQUIRED

*Pre treatment*

FBC, U&E’s, LFT’s, baseline radiology (CXR/ CT). Repeat radiology after 2 cycles

Check renal function before commencing platinum. Use EDTA or Wright formulae to calculate GFR.
Prior to each cycle
FBC, U&E’s, LFT’s as required; GFR doubled checked using Wright formulae

ASSESSMENT OF RESPONSE
Metastatic: Tumour size and patient symptomatic response

REVIEW BY CLINICIAN
To be reviewed by either a Nurse, Pharmacist or Clinician before every cycle.

NURSE / PHARMACIST LED REVIEW
On cycles where not seen by clinician.

ADMINISTRATION NOTES
- May give prophylactic Ciprofloxacin 250mg TWICE daily for SEVEN days starting on day 10 for Lung cancer patients.
- Paclitaxel must be administered via a non-PVC administration set
- There is a risk of infusion reactions with paclitaxel. This is commonly with the first two cycles and often within the first few minutes of starting chemotherapy.
- May not need to stop treatment for minor hypersensitivity e.g. reactions, flushing, localised rash. Must be stopped for major reactions, e.g. hypotension, dyspnoea, angioedema or generalised urticaria.
- If patient has hypersensitivity reaction follow manufacturers re-challenge guidelines before continuing with treatment.
- Units administering paclitaxel must have facilities available for the treatment of anaphylaxis and resuscitation.
- Blood pressure & pulse should be monitored regularly (e.g. every 30 minutes) during paclitaxel infusion

EXTRAVASATION  See NECN/Local Policy

TOXICITIES
- Risk of hypersensitivity and anaphylaxis, particularly on first and second cycle, start within a few minutes of administration
- Nausea and vomiting
- Hypotension and bradycardia
- Myelosuppression, particularly, thrombocytopenia, anaemia & neutropenia
- Nephrotoxicity
- Alopecia
- Peripheral neuropathy
- Otological impairment, especially at 8000 Hz
- Myalgia
- Back pain on administration
DOSE MODIFICATION / TREATMENT DELAYS

Haematological Toxicity:

Proceed On Day 1 If:-

| WCC ≥ 3.0 | PLT ≥ 100 | ANC ≥ 1.5 |

Delay 1 week on DAY 1 if:-

| WCC < 3.0 | PLT <100 | ANC <1.5 |

- If Hb < 10 & patient symptomatic will need blood transfusion, but may proceed with chemotherapy as planned if performance status (PS) stable.
- If pre-treatment U&E’s & LFT’s abnormal, delay treatment 1 week and discuss with Oncologist as may need dose reduction.

Non-Haematological Toxicity:-

- If PS deteriorates to 3 or 4 and on assessment patient is more symptomatic withhold treatment and discuss with Oncologist.

TREATMENT LOCATION

Can be given at Cancer Centre or Cancer Unit

REFERENCES:


Document Control

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Carbo Taxol Lung &amp; Ovary CNTW protocol CRP09 L014</th>
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<td>CRP09 L014</td>
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<tr>
<td>Current Version:</td>
<td>1.4</td>
</tr>
<tr>
<td>Author:</td>
<td>Steve Williamson, Consultant Pharmacist</td>
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<tr>
<td>Approved by:</td>
<td>Calum Polwart, Cancer Pharmacist</td>
</tr>
<tr>
<td>Date Approved:</td>
<td>29.05.14</td>
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<td>Due for Review:</td>
<td>May 2016</td>
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Summary of Changes

1.1 Reformatted from old NCN/CCA versions

1.2 Combined with Ovary protocol and updated GFR calculation advice.

1.3 Typing errors corrected. Protocol reviewed.

1.4 Protocol reviewed and reissued. Antiemetic advice updated.