North West Coast
Strategic Clinical Networks

Chemotherapy protocol

Drug Regimen
Paclitaxel and Gemcitabine

Indications for use
Metastatic breast cancer in performance status 0, 1 or 2 patients

Regimen

Day	Drug		
Premedication (30 mins pre chemotherapy) Day 1 only			
1	Chlorphenamine 10mg		IV bolus
	Ranitidine 50mg	50ml 0.9% sodium chloride	Stat
	Dexamethasone 20mg	100ml 0.9% sodium chloride	Stat
Chemotherapy regimen			
1	Paclitaxel 175mg/m^2	500ml 0.9% sodium chloride	3 hours
	Gemcitabine 1250mg/m^2	250ml 0.9% sodium chloride	30 minutes
8	Gemcitabine 1250mg/m^2	250ml 0.9% sodium chloride	30 minutes

Regimen to be repeated 3 weekly for 6 cycles at clinician's discretion

Investigations prior to initiating treatment
FBC
U&Es, LFTs
CXR
(CT Thorax or other baseline test to monitor response)
Creatinine clearance

Investigations and consultations prior to each cycle
FBC
U&Es, LFTs
The liver function test may be retrospectively looked at (i.e. after the chemotherapy treatment) **unless** they are known to be abnormal then they need to be repeated the day before so that the results are available pre-chemotherapy

If serum creatinine is raised by >20% repeat creatinine clearance prior to next cycle

Consultation day 1 of each cycle

Cautions
In the event of severe neuropathy or severe hypersensitivity reactions it may be necessary to discontinue paclitaxel.

This regimen should not be administered with radiotherapy; a gap of 6 weeks should separate the two. Regimen may cause haemolytic ureaemic syndrome. It should be used with caution in those patients with abnormal liver function. Elevation of liver transaminases occurs in 2/3 of

patients but should rarely lead to cessation of treatment. Mild proteinuria and haematuria occur in 50% of patients but are generally not clinically significant.

Side Effects
Allergy (rash often with pruritis), hypersensitivity reactions (type 1 and 4), alopecia, nausea and vomiting, bone marrow suppression, flushing effects, myalgia, neuropathy

Acceptable limits for treatment to proceed

(If outside these delay one week or contact consultant)
Delay treatment 1 week or until platelets $\geq$ 100 and neutrophils $\geq$ 1.5 recovers

Dose modification criteria
20% dose reduction if there is a delay >1 week, if there has been a previous delay of more than 2 cycles or if the patient experiences neutropenic sepsis

Specific Information on Administration
Routine use of prophylactic antibiotics is ***not*** indicated

Give pre-medication 30 minutes prior to commencing paclitaxel

Important – Use non PVC IV giving set with paclitaxel.

THIS PROTOCOL HAS BEEN DIRECTED BY DR HOGG, DESIGNATED LEAD CLINICIAN FOR BREAST CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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