BC Cancer Protocol Summary for Palliative Therapy for Metastatic Breast Cancer using PACLitaxel

***Protocol Code**:* *BRAVTAX*
***Tumour Group**:* *Breast*
***Contact Physician**:* *Dr. Karen Gelmon*

ELIGIBILITY:
- First, second, or third line treatment of metastatic breast cancer patients with ECOG performance status 0, 1, or 2, and greater than 3 month life expectancy
- For more than 6 cycles, a BC Cancer "Compassionate Access Program" request must be approved.

TESTS:
- Baseline: CBC & diff, platelets, bilirubin, ALT
- Before each treatment: CBC & diff, platelets
- If clinically indicated: bilirubin & ALT

PREMEDICATIONS:
- **PACLitaxel must not be started unless the following drugs have been given**:
  45 minutes prior to PACLitaxel:
  - dexamethasone 20 mg IV in NS 50 mL over 15 minutes

  30 minutes prior to PACLitaxel:
  - diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible)

- Additional antiemetics not usually required.

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
PACLitaxel	175 mg/m^2	IV in NS 250 to 500 mL over 3 hours (use non-DEHP bag and non-DEHP tubing with 0.2 micron in-line filter)

- Repeat every 21 days x 6 cycles.
- **Discontinue** if no response after 2 cycles.

DOSE MODIFICATIONS:

1. **Hematological**

ANC ($\times 10^9$/L)		Platelets ($\times 10^9$/L)	Dose	Dose after Neutropenic Sepsis on PACLitaxel
greater than or equal to 1.5	and	greater than or equal to 90	175 mg/m^2	135 mg/m^2
1.0 to less than 1.5	or	70 to less than 90	135 mg/m^2	135 mg/m^2
less than 1.0	or	less than 70	delay	delay

2. **Hepatic Dysfunction**

Bilirubin (micromol/L)		ALT	Dose (mg/m^2)
less than or equal to 25	and	less than 2 x ULN	175 mg/m^2
less than or equal to 25	and	greater than or equal to 2 x ULN with no liver metastases or greater than or equal to 5 x ULN with liver metastases	135 mg/m^2
25 to 50			75 mg/m^2
greater than 50			50 mg/m^2

ULN = upper limit of normal

3. Arthralgia and/or myalgia: If arthralgia and/or myalgia of grade 2 (moderate) or higher is not relieved by adequate doses of NSAIDs or acetaminophen with codeine (e.g., TYLENOL #3®), a limited number of studies report a possible therapeutic benefit using:
   - predniSONE 10 mg po bid x 5 days starting 24 hours post-PACLitaxel
   - gabapentin 300 mg po on day before chemotherapy, 300 mg bid on treatment day, then 300 mg tid x 7 to 10 days

   If arthralgia and/or myalgia persist, reduce subsequent PACLitaxel doses to 135 mg/m^2.
4. Neuropathy: Dose modification or discontinuation may be required (see BC Cancer Drug Manual).

PRECAUTIONS:

1. **Hypersensitivity**: Reactions to PACLitaxel are common. See BC Cancer Hypersensitivity Guidelines.

Mild symptoms (e.g. mild flushing, rash, pruritus)	▪ complete PACLitaxel infusion. Supervise at bedside ▪ no treatment required
moderate symptoms (e.g. moderate rash, flushing, mild dyspnea, chest discomfort, mild hypotension	▪ stop PACLitaxel infusion ▪ give IV diphenhydrAMINE 25 to 50 mg and Hydrocortisone IV 100 mg ▪ after recovery of symptoms resume PACLitaxel infusion at 20 mL/h for 5 minutes, 30 mL/h for 5 minutes, 40 mL/h for 5 minutes, then 60 mL/h for 5 minutes. If no reaction, increase to full rate. ▪ if reaction recurs, discontinue PACLitaxel therapy
severe symptoms (i.e. *one* or more of respiratory distress requiring treatment, generalised urticaria, angioedema, hypotension requiring therapy)	▪ stop PACLitaxel infusion ▪ give IV antihistamine and steroid as above. Add epinephrine or bronchodilators if indicated ▪ discontinue PACLitaxel therapy

2. **Extravasation**: PACLitaxel causes pain and tissue necrosis if extravasated. Refer to BC Cancer Extravasation Guidelines.
3. **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated aggressively.

Call Dr. Karen Gelmon or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.