**DRUG NAME:** Paclitaxel

**SYNONYM(S):** benzenepropanoic acid

**COMMON TRADE NAME(S):** TAXOL®, ONXOL®

**CLASSIFICATION:** antimicrotubule agent

*Special pediatric considerations are noted when applicable, otherwise adult provisions apply.*

**MECHANISM OF ACTION:**

Paclitaxel is a taxane. Paclitaxel binds to tubulin, the protein component of microtubules, simultaneously promoting their assembly and disassembly to form stable, nonfunctional microtubules. Although some reports indicate a cross-reactivity rate of 90% between docetaxel and paclitaxel, others suggest it does not occur consistently. Stabilization of microtubules blocks cells in the M phase of the cell cycle, inhibiting cell division and causing cell death. Paclitaxel acts as a radiosensitizing agent by blocking cells in the G2 phase. Paclitaxel is an immunosuppressant.

**PHARMACOKINETICS:**

<table>
<thead>
<tr>
<th>Oral Absorption</th>
<th>no information found</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution</td>
<td>biphasic: initial distribution to peripheral compartment, then slow efflux from the peripheral compartment; widely distributed into body fluids and tissues; small changes in dose may lead to large changes in peak plasma concentrations and total drug exposure due to saturable, nonlinear pharmacokinetics</td>
</tr>
<tr>
<td>cross blood brain barrier</td>
<td>no</td>
</tr>
<tr>
<td>volume of distribution</td>
<td>67 L/m² for 1-6 h infusion; varies with dose and infusion time; 198-688 L/m² for 24 h infusion</td>
</tr>
<tr>
<td>plasma protein binding</td>
<td>88-98%</td>
</tr>
<tr>
<td>Metabolism</td>
<td>extensively metabolized in liver via CYP 2C8 (primarily) and CYP 3A4; activity of metabolites is unknown</td>
</tr>
<tr>
<td>metabolite(s)</td>
<td>• 67% as 6α-hydroxypaclitaxel via CYP 2C8;</td>
</tr>
<tr>
<td></td>
<td>• 37% as 3-p-hydroxypaclitaxel and 6α,3-p-dihydroxypaclitaxel via CYP 3A4</td>
</tr>
<tr>
<td>Excretion</td>
<td>primarily via bile</td>
</tr>
<tr>
<td>urine</td>
<td>14% (1-13% as unchanged drug)</td>
</tr>
<tr>
<td>feces</td>
<td>71% (5% as unchanged drug)</td>
</tr>
<tr>
<td>terminal half life</td>
<td>10 h; varies with dose and infusion time</td>
</tr>
<tr>
<td>clearance</td>
<td>12 L/h/m²; varies with dose and infusion time</td>
</tr>
<tr>
<td>Children</td>
<td>clearance: 19 to 260 L/m²</td>
</tr>
</tbody>
</table>

Adapted from standard reference unless specified otherwise.
USES:

Primary uses:  
*Breast cancer  
*Lung cancer, non-small cell  
*Ovarian cancer  
*Kaposi's Sarcoma  

Other uses:  
Lung cancer, small cell  
Esophageal cancer  
Bladder cancer  
Head and Neck cancer  
Cervical cancer  
Endometrial cancer

*SPECIAL PRECAUTIONS:  

Caution:  
• Preexisting liver impairment may impair elimination of paclitaxel; dose reduction is suggested; see Dosage Guidelines.

Special populations:  
• Elderly patients may have more myelosuppression, neuropathy and cardiovascular toxicities  
• Patients with AIDS-related Kaposi's sarcoma may have more hematologic toxicities, infections and febrile neutropenia.

Carcinogenicity: no information found

Mutagenicity: Not mutagenic in Ames test and mammalian in vitro mutation test. Paclitaxel is clastogenic in human lymphocytes in vitro but not in other mammalian in vivo chromosome tests.

Fertility: In animal studies, reduced fertility has been observed, with decreased pregnancy rates and increased embryo loss in females and testicular atrophy/degeneration in males.

Pregnancy: FDA Pregnancy Category D. There is positive evidence of human fetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective). Paclitaxel has shown to be embryotoxic and fetotoxic in animal studies; soft tissue and skeletal malformations have been reported.

Breastfeeding is not recommended due to the potential secretion into breast milk.

SIDE EFFECTS:

The table includes adverse events that presented during drug treatment but may not necessarily have a causal relationship with the drug. Because clinical trials are conducted under very specific conditions, the adverse event rates observed may not reflect the rates observed in clinical practice. Adverse events are generally included if they were reported in more than 1% of patients in the product monograph or pivotal trials.

<table>
<thead>
<tr>
<th>ORGAN SITE</th>
<th>SIDE EFFECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>blood and lymphatic system/febrile neutropenia</td>
<td>anemia (62-78%, severe 6-16%)&lt;sup&gt;1,7&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>febrile neutropenia (2%)&lt;sup&gt;9&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>leukopenia (86-90%, severe 4-17%)&lt;sup&gt;1,7&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>neutropenia (87-90%, severe 27-52%); nadir 10-12 days, recovery 15-21 days; may require dose reduction</td>
</tr>
<tr>
<td></td>
<td>thrombocytopenia (6-20%, severe 1-7%); nadir 8-9 days&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

Clinically important side effects are in **bold, italics**.
<table>
<thead>
<tr>
<th>ORGAN SITE</th>
<th>SIDE EFFECT</th>
</tr>
</thead>
</table>
| cardiac    | bradycardia (3-4%); first 3 h of infusion\(^{1,7}\); see paragraph following Side Effects table  
  cardiovascular events (severe 1-2\(%\))\(^{1,7}\); see paragraph following Side Effects table |
| ear and labyrinth | hearing loss, tinnitus, vertigo, ototoxicity (<1%) |
| eye | optic nerve and/or visual disturbances, photopsia, visual floaters (<1%); generally reversible, may be dose-related |
| gastrointestinal | emetogenic potential: low-moderate\(^{15}\)  
  abdominal pain; with intraperitoneal administration\(^{6}\)  
  anorexia (25\%\(^{1}\))  
  constipation (18\%\(^{1}\))  
  diarrhea (25-79\%)  
  intestinal obstruction (4\%)\(^{1}\)  
  mucositis (20-31\%); more common with 24 h infusion\(^{1,7}\)  
  nausea and vomiting (44-52\%)  
  taste changes\(^{2}\) |
| general disorders and administration site conditions | extravasation hazard: irritant\(^{16,17}\), treat as vesicant\(^{18}\); see paragraph following Side Effects table  
  edema (17-21\%, severe 1\%); localized under skin at no specific site  
  fever (12\%)\(^{7}\)  
  injection site reactions (4-13\%)\(^{1,7}\) |
| immune system | hypersensitivity reactions (5-42\%, severe 1-2\%)\(^{1,7,19}\); see paragraph following Side Effects table |
| infections and infestations | infections (18-30\%, severe 1\%); primarily urinary tract and upper respiratory tract\(^{1,7}\) |
| injury, poisoning, and procedural complications | radiation recall dermatitis\(^{2}\) |
| investigations | ECG abnormalities (8-14\%, severe <1\%\(^{1,2,7}\); see paragraph following Side Effects table  
  alkaline phosphatase, elevated (18-22\%, severe 1\%)\(^{1,7}\)  
  AST, elevated (18-19\%, severe 1\%)\(^{1,7}\)  
  bilirubin, elevated (4-7\%, severe 1\%)\(^{1,7}\) |
| musculoskeletal and connective tissue | arthralgia/myalgia (54-60\%, severe 8-12\%)\(^{1,7}\); see paragraph following Side Effects table |
| nervous system | autonomic neuropathy, resulting in paralytic ileus and orthostatic hypotension (<1\%)  
  motor neuropathy, with resultant minor distal weakness (<1\%)  
  peripheral neuropathy (52-64\% severe 2-4\%)\(^{1,7}\); see paragraph following Side Effects table |
| respiratory, thoracic and mediastinal | dyspnea (2\%)\(^{5,6}\)  
  radiation recall pneumonitis\(^{2}\) |
<p>| skin and subcutaneous tissue | alopecia (87-93%)(^{1,7}); usually complete, generally occurs 14-21 days after administration of paclitaxel; onset sudden, often occurring in a single day(^{2}) |</p>
<table>
<thead>
<tr>
<th>ORGAN SITE</th>
<th>SIDE EFFECT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clinically important side effects are in <strong>bold, italics</strong></td>
</tr>
<tr>
<td></td>
<td>nail discoloration (2%)&lt;sup&gt;7&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>rash (12-14%)&lt;sup&gt;1,7&lt;/sup&gt;</td>
</tr>
<tr>
<td>vascular</td>
<td>hypotension (11-24%); during first 3 h of infusion&lt;sup&gt;1,7&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>phlebitis&lt;sup&gt;1,7&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

Adapted from standard reference<sup>7</sup> unless specified otherwise.

**Arthralgia/myalgia** may be severe in some patients; however, there is no consistent correlation between cumulative dose and infusion duration of paclitaxel and frequency or severity of the arthralgia/myalgia. Symptoms are usually transient, occurring within 2 or 3 days after paclitaxel administration, and resolving within days.<sup>1,2</sup> If arthralgia/myalgia is not relieved by adequate doses of ibuprofen, or short-term, low-dose dexamethasone or prednisone<sup>20,21</sup>, gabapentin may be tried.<sup>20-22</sup> Dose reducing paclitaxel may lessen the severity of arthralgias/myalgias; however, there is no data on efficacy of reduced doses in a curative setting. Dose reduction should be considered only if symptom severity precludes continuing paclitaxel.<sup>11,12,23</sup>

**Cardiovascular effects** present as bradycardia, hypotension and ECG changes. Bradycardia and hypotension typically occur during the first 3 hours of infusion; however, they are usually asymptomatic and do not require treatment. Paclitaxel administration may require interruption or discontinuation in some cases. Frequency of hypotension and bradycardia is not influenced by dose, schedule or prior anthracycline therapy. Common ECG changes are non-specific repolarization abnormalities, sinus bradycardia, sinus tachycardia, and premature beats. Among patients with normal ECG at baseline, prior therapy with anthracyclines did not influence the frequency of ECG abnormalities. Severe cardiac effects are rarely reported, including cases of atrial fibrillation, supraventricular tachycardia, myocardial infarction, congestive heart failure, and thromboembolic events. When reported, these patients had underlying disease or previous radiotherapy or chemotherapy which was thought to have contributed to the event.<sup>2,7</sup>

Paclitaxel **extravasation** may rarely cause local tissue necrosis, leading to the suggestion that paclitaxel may have vesicant properties. In some reports, patients have experienced recall reactions from previous paclitaxel extravasations. No correlation has been made between concentration or volume of paclitaxel extravasated and the risk of tissue necrosis. Extravasation injuries due to paclitaxel may be either immediate or delayed and thus patients may require an extended follow-up; patient complaints of pain, burning, or stinging at the injection site occurring several days after the infusion should be investigated. Specific treatment recommendations for paclitaxel extravasation are still unclear as experience is anecdotal.<sup>7,16,17</sup> For management of extravasation reactions, see BCCA Policy Number III-20 **Prevention and Management of Extravasation of Chemotherapy**.

**Hypersensitivity reactions** typically occur within the first 10 minutes of the first two cycles.<sup>2,24</sup> Reactions are caused by either a histamine release in response to polyoxyl 35 castor oil (Cremophor® EL), or a non-IgE mediated reaction to the taxane moiety. Frequent, minor hypersensitivity reactions include: flushing (28%), rash (12%), hypotension (4%), dyspnea (2%), tachycardia (2%), and hypertension (1%). Chills, abdominal pain, and back pain are more rare.<sup>4-7</sup> Severe hypersensitivity reactions include: dyspnea requiring bronchodilators, hypotension requiring treatment, flushing, chest pain, tachycardia, angioedema, and generalized urticaria. Severe reactions rarely occur after the third cycle of treatment.<sup>2,7</sup> The incidence and severity of hypersensitivity reactions are reduced with premedication although rare, fatal reactions may occur despite premedication.<sup>7</sup> A single IV dexamethasone dose with an antihistamine and an H<sub>2</sub>-antagonist reduces the incidence of hypersensitivity reactions from 40% to 2-3%.<sup>7,25</sup> The frequency and severity of hypersensitivity reactions are not affected by the dose or duration of infusion of paclitaxel.<sup>7,25</sup> For management of hypersensitivity reactions, see BCCA Protocol Summary for Management of Hypersensitivity Reactions to Chemotherapeutic Agents.

**Rechallenge after a severe hypersensitivity reaction:**

The occurrence of hypersensitivity reactions does not preclude rechallenge with paclitaxel. In the event of a hypersensitivity reaction, the patient may be rechallenged the same day after additional premedication, slowing the rate of infusion, and close monitoring.<sup>23,25</sup> Subsequent cycles may benefit from a regimen of oral dexamethasone.
given 12 and 6 hours before paclitaxel, plus antihistamines and H2-antagonists given 30 minutes to 1 hour before paclitaxel. Consider substituting paclitaxel with docetaxel or implementing a desensitization protocol if a patient develops a reaction following a rechallenge. For management of hypersensitivity reactions, see BCCA Protocol Summary for Management of Hypersensitivity Reactions to Chemotherapeutic Agents or refer to protocol by which patient is being treated.

Peripheral sensory neuropathy presents with numbness and tingling in a stocking-and-glove distribution, perioral numbness, and hyperesthesia. Onset of symptoms can be within days following infusion. Frequency of symptoms increases with repeated exposure and cumulative dose. Pre-existing neuropathies from prior therapies are not a contraindication for treatment with paclitaxel; however, the incidence of neuropathy appears to be increased in this patient population. A dose reduction of 20% is recommended for all subsequent cycles of paclitaxel for patients who experience severe peripheral neuropathy. Sensory neuropathy usually improves or resolves within months of paclitaxel discontinuation.

INTERACTIONS:

<table>
<thead>
<tr>
<th>AGENT</th>
<th>EFFECT</th>
<th>MECHANISM</th>
<th>MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>cisplatin⁵,⁶,⁷,²⁸</td>
<td>may increase neutropenia when paclitaxel is given after cisplatin</td>
<td>paclitaxel clearance is decreased by 25-33% when given after cisplatin</td>
<td>preferred method is to give paclitaxel first when administering as sequential infusions</td>
</tr>
<tr>
<td>dexamethasone¹,⁷</td>
<td>does not affect protein binding of paclitaxel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diphenhydramine¹</td>
<td>does not affect protein binding of paclitaxel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>disulfiram²⁹</td>
<td>development of acute alcohol intolerance reactions</td>
<td>inhibition of aldehyde dehydrogenase by disulfiram, leading to development of toxic metabolites of ethanol (found in the solution)</td>
<td>avoid disulfiram concurrently with paclitaxel administration</td>
</tr>
<tr>
<td>doxorubicin²,⁶,⁷,²⁸</td>
<td>may increase cardiac toxicity from doxorubicin when given concurrently with paclitaxel</td>
<td>doxorubicin clearance is decreased leading to increased plasma levels of doxorubicin and doxorubicinol</td>
<td>monitor for increased cardiotoxicity</td>
</tr>
<tr>
<td>metronidazole and derivatives²⁹</td>
<td>development of acute alcohol intolerance reactions; the risk for most patients appears slight</td>
<td>inhibition of aldehyde dehydrogenase by metronidazole, leading to development of toxic metabolites of ethanol (found in solution)</td>
<td>avoid metronidazole and its derivatives concurrently with paclitaxel administration</td>
</tr>
<tr>
<td>vaccines, live²⁹</td>
<td>enhanced viral replication may increase the risk of disseminated disease</td>
<td>decreased immune response allows live vaccine to produce infection</td>
<td>avoid live vaccines during treatment</td>
</tr>
<tr>
<td>warfarin²⁹</td>
<td>may increase anticoagulant effect of warfarin when given concurrently with paclitaxel</td>
<td>paclitaxel may displace warfarin from plasma protein binding sites when given concurrently</td>
<td>monitor INR and adjust warfarin dosing accordingly; consider use of LMWH with chemotherapy³⁰</td>
</tr>
</tbody>
</table>

Paclitaxel is a substrate of CYP 3A4 and CYP 2C8 isoenzymes. Strong inhibitors of CYP 3A4 or 2C8 may decrease paclitaxel metabolism resulting in increased plasma levels and toxicity. Avoid concurrent use if possible; if unavoidable, consider reducing the
Paclitaxel dose.\textsuperscript{2,7,28} Strong inducers of CYP 3A4 or 2C8 may increase paclitaxel metabolism, potentially resulting in a reduced therapeutic effect of paclitaxel.\textsuperscript{1,2,7}

**SUPPLY AND STORAGE:**

**Injection:**
Accord Healthcare Inc. supplies paclitaxel as 30 mg, 100 mg, and 300 mg vials in a concentration of 6 mg/mL. Store at room temperature. Product may precipitate if refrigerated; precipitate redissolves at room temperature. Non-medicinal ingredients per mL of solution: 527 mg Cremophor\textsuperscript{®} EL (polyethoxylated castor oil) and 39.1\%(w/v) ethanol.\textsuperscript{31}

Biolyse Pharma supplies paclitaxel as 30 mg and 100 mg single dose vials and a 300 mg multi-dose vial in a concentration of 6 mg/mL. Refrigerate. Do not freeze. Potency is not affected when transported or stored for up to 2 months at room temperature. Non-medicinal ingredients per mL of solution: 527 mg Cremophor\textsuperscript{®} EL (polyethoxylated castor oil) and 49.7\%(v/v) alcohol.\textsuperscript{1}

Bristol-Myers Squibb Canada supplies paclitaxel as 30 mg, 100 mg, and 300 mg vials in a concentration of 6 mg/mL. Store at room temperature. Product may precipitate if refrigerated; precipitate redissolves at room temperature. Non-medicinal ingredients per mL of solution: 527 mg Cremophor\textsuperscript{®} EL (polyethoxylated castor oil) and 49.7\%(v/v) ethanol.\textsuperscript{7}

Hospira Healthcare supplies paclitaxel as 30 mg, 100 mg, 150 mg, and 300 mg multi-use vials in a concentration of 6 mg/mL. Store at room temperature. Protect from light. If refrigerated, product may precipitate; precipitate redissolves at room temperature. Non-medicinal ingredients per mL of solution: 527 mg Cremophor\textsuperscript{®} EL (polyethoxylated castor oil) and 46.5\%(v/v) alcohol.\textsuperscript{32}

For basic information on the current brand used at the BC Cancer Agency, see [Chemotherapy Preparation and Stability Chart](#) in Appendix.

**SOLUTION PREPARATION AND COMPATIBILITY:**

For basic information on the current brand used at the BC Cancer Agency, see [Chemotherapy Preparation and Stability Chart](#) in Appendix.

Additional information:
- Concentrated solution must be diluted prior to IV infusion.\textsuperscript{1,7}
- To prevent extraction of plasticizer DEHP from container, prepare solutions in non-DEHP containers and administer using non-DEHP administration sets.\textsuperscript{1,7}

Compatibility: consult detailed reference

**PARENTERAL ADMINISTRATION:**

<table>
<thead>
<tr>
<th>Mode of Administration</th>
<th>BCCA administration guideline noted in <em>bold, italics</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcutaneous</td>
<td>no information found</td>
</tr>
<tr>
<td>Intramuscular</td>
<td>no information found</td>
</tr>
<tr>
<td>Direct intravenous</td>
<td>not recommended; dilution required prior to</td>
</tr>
<tr>
<td></td>
<td>administration\textsuperscript{1}</td>
</tr>
<tr>
<td><strong>Intermittent infusion</strong></td>
<td><em>over 1-3 h (use non-DEHP administration sets)</em>\textsuperscript{5,33-35}</td>
</tr>
<tr>
<td>Continuous infusion</td>
<td>has been given\textsuperscript{1,7}</td>
</tr>
<tr>
<td><strong>Intraperitoneal</strong></td>
<td><em>infuse into abdominal cavity as rapidly as possible by gravity</em> (use non-DEHP equipment)\textsuperscript{1,56-57}</td>
</tr>
</tbody>
</table>
Paclitaxel

BCCA administration guideline noted in **bold, italics**

<table>
<thead>
<tr>
<th>Method</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>hyperthermic intraperitoneal chemotherapy (HIPEC):</em> pump solution into abdominal cavity and circulate as per protocol using hyperthermia pump; solutions and dwell time vary by protocol.³⁸,³⁹</td>
</tr>
</tbody>
</table>

Intrapleural: no information found

Intrathecal: no information found

Intra-arterial: no information found

Intravesical: no information found

**DOSAGE GUIDELINES:**

Refer to protocol by which patient is being treated. Numerous dosing schedules exist and depend on disease, response, and concomitant therapy. Guidelines for dosing also include consideration of absolute neutrophil count (ANC). Dosage may be reduced, delayed or discontinued in patients with bone marrow depression due to cytotoxic/radiation therapy or with other toxicities.

**Adults:**

Cycle Length:

**Intravenous:**

<table>
<thead>
<tr>
<th>Duration</th>
<th>Dosage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 weeks ⁴⁰,⁴¹</td>
<td>80 mg/m² IV for one dose on days 1, 8 and 15 (total dose per cycle 240 mg/m²)</td>
<td></td>
</tr>
<tr>
<td>3 weeks ⁴²-⁵⁸</td>
<td>175 mg/m² (range 135-175 mg/m²) IV for one dose on day 1 (total dose per cycle 135-175 mg/m²)</td>
<td></td>
</tr>
<tr>
<td>3 weeks ⁵⁹-⁶⁴</td>
<td>200 mg/m² IV for one dose on day 1 (total dose per cycle 200 mg/m²)</td>
<td></td>
</tr>
<tr>
<td>4 weeks ³³,³⁴,⁴⁰,⁶³-⁶⁵</td>
<td>80 mg/m² IV for one dose on days 1, 8, 15 and 21 (total dose per cycle 320 mg/m²)</td>
<td></td>
</tr>
<tr>
<td>4 weeks ⁶⁶</td>
<td>110 mg/m² IV for one dose on days 1, 8 and 15 (total dose per cycle 330 mg/m²)</td>
<td></td>
</tr>
</tbody>
</table>

**Premedication regimen:**²,⁷,¹⁹,²⁶,⁶³,⁶⁷

30 minutes before paclitaxel: dexamethasone 20 mg IV plus diphenhydramine 50 mg IV plus ranitidine 50 mg IV

alternate regimen:

12 h and 6 h before paclitaxel: dexamethasone 20 mg PO plus 30 minutes before paclitaxel: diphenhydramine 50 mg IV plus ranitidine 50 mg IV

**Concurrent radiation:** has been given

**Dosage in myelosuppression:** modify according to protocol by which patient is being treated; if no guidelines available, refer to Appendix 6 "Dosage Modification for Myelosuppression"

**Dosage in renal failure:**¹,⁶

no dosage adjustment required for creatinine clearance less than 50 mL/min
Paclitaxel

BCCA usual dose noted in **bold, italics**

**Dosage in hepatic failure**: Suggested guidelines for first course; subsequent courses should be based on individual tolerance

<table>
<thead>
<tr>
<th>ALT or AST</th>
<th>bilirubin</th>
<th>dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;10 X ULN</td>
<td>≤1.25 X ULN</td>
<td>175 mg/m²</td>
</tr>
<tr>
<td>&lt;10 X ULN</td>
<td>1.26-2 X ULN</td>
<td>135 mg/m²</td>
</tr>
<tr>
<td>&lt;10 X ULN</td>
<td>2.01-5 X ULN</td>
<td>90 mg/m²</td>
</tr>
<tr>
<td>≥10 X ULN</td>
<td>&gt;5 X ULN</td>
<td>not recommended</td>
</tr>
</tbody>
</table>

**Dosage in dialysis**: hemodialysis: no significant removal; may give standard dose before or after hemodialysis

chronic ambulatory peritoneal dialysis (CAPD): no significant removal; may give standard dose before or after CAPD

**Children**

**Intravenous**

<table>
<thead>
<tr>
<th>Cycle Length</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 weeks⁶⁻⁷²</td>
<td>135-250 mg/m² IV for one dose on day 1</td>
</tr>
<tr>
<td>3 weeks⁹⁻¹⁰</td>
<td>200-350 mg/m² IV for one dose on day 1</td>
</tr>
</tbody>
</table>

**REFERENCES**

11. Anna Tinker MD. Personal communication. BC Cancer Agency Gynecology Tumour Group; 29 March 2012.
12. Caroline Lohrisch MD. Personal communication. BC Cancer Agency Breast Tumour Group; 05 April 2012.
Paclitaxel

54. BC Cancer Agency Gynecology Tumour Group. (GOOVIPPC) BCCA Protocol Summary for Primary Treatment for Stage III less than or equal to 1 cm Visible Residual Invasive Epithelial Ovarian Cancer or Stage I Grade 3 or Stage II Grade 3 Papillary Serous Ovarian Cancer Using Intravenous and Intraperitoneal PACLitaxel and Intraperitoneal CARBOplatin. Vancouver, British Columbia: BC Cancer Agency; 1 March 2012.
66. Roberta Esau Pharmacist. Personal communication. BC Children's Hospital; 7 March 2012.
67. Jeff Davis MD. Personal communication. BC Children's Hospital; 7 March 2012.

72. Roberta Esau Pharmacist. Personal communication. BC Children's Hospital; 7 March 2012.
74. Jeff Davis MD. Personal communication. BC Children's Hospital; 7 March 2012.