

Regimen Monograph

[Regimen Name](#) | [Drug Regimen](#) | [Cycle Frequency](#) | [Premedication and Supportive Measures](#) | [Dose Modifications](#) | [Adverse Effects](#) | [Interactions](#) | [Drug Administration and Special Precautions](#) | [Recommended Clinical Monitoring](#) | [Administrative Information](#) | [References](#) | [Other Notes](#) | [Disclaimer](#)

A - Regimen Name

PACL Regimen

PACLitaxel

Disease Site Gynecologic
Ovary

Intent Palliative

Regimen Category **Evidence-Informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

Rationale and Uses

- For the treatment of platinum-sensitive recurrent ovarian cancer, when platinum is contraindicated (e.g. due to toxicity)
- For the treatment of platinum-resistant recurrent ovarian cancer

[back to top](#)

B - Drug Regimen

[PACLitaxel](#)

135-175 mg /m² IV

Day 1

[back to top](#)

C - Cycle Frequency

REPEAT EVERY 21 DAYS

Until disease progression or unacceptable toxicity

[back to top](#)

D - Premedication and Supportive Measures

Antiemetic Regimen: Low

Other Supportive Care:

Also refer to [CCO Antiemetic Recommendations](#).

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the [hepatitis B virus screening and management](#) guideline.

Pre-medications* (prophylaxis for infusion reaction):

Pre-Medications for Q3W paclitaxel:

- Dexamethasone 20 mg PO 12-and 6-hours OR Dexamethasone 20 mg IV 30 minutes pre-infusion[†]
- Diphenhydramine 25-50 mg IV/PO 30-60 minutes pre-infusion
- Ranitidine 50 mg IV OR Famotidine 20 mg IV 30-60 minutes pre-infusion

* Consider **discontinuing** pre-medications for paclitaxel if there was no IR in the first 2 doses.

[†] Oral and IV dexamethasone are both effective at reducing overall IR rates. Some evidence suggests that oral dexamethasone may be more effective for reducing severe reactions; however, adverse effects and compliance remain a concern.

[back to top](#)

E - Dose Modifications

Doses should be modified according to the protocol by which the patient is being treated.

Dosage with toxicity

Worst toxicity in previous cycle	Dose of paclitaxel
Febrile neutropenia Grade 4 ANC \geq 5-7 days Grade 4 thrombocytopenia	↓ by 20%*
Grade 3 neurotoxicity, mucositis, or other toxicity	↓ by 20%*
Grade 4 neurotoxicity or other toxicity, any grade cystoid macular edema	Discontinue
*Patients should not be retreated with paclitaxel until neutrophils $\geq 1.5 \times 10^9/L$ ($\geq 1 \times 10^9/L$ in AIDS-related Kaposi's sarcoma) and platelet counts $\geq 100 \times 10^9/L$ and other toxicity has recovered to \leq grade 2	

Management of Infusion-related reactions:

Also refer to the CCO guideline for detailed description of [Management of Cancer Medication-Related Infusion Reactions](#).

Grade	Management	Re-challenge
1 or 2	<ul style="list-style-type: none"> Stop or slow the infusion rate. Manage the symptoms. <p>Restart:</p> <ul style="list-style-type: none"> After symptom resolution, restart with pre-medications \pm reduced infusion rate. 	<ul style="list-style-type: none"> Consider re-challenge with pre-medications and at a reduced infusion rate. After 2 subsequent IRs, consider replacing with a different taxane. Give intensified pre-medications and reduce the infusion rate. May consider adding oral montelukast \pm oral acetylsalicylic acid.

3 or 4	<ul style="list-style-type: none"> • Stop treatment. • Aggressively manage symptoms. 	<ul style="list-style-type: none"> • Re-challenge is discouraged, especially if vital signs have been affected. • Consider desensitization if therapy is necessary. • There is insufficient evidence to recommend substitution with another taxane at re-challenge. • High cross-reactivity rates have been reported.
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Hepatic Impairment

Caution and dose reduction advised in patients with moderate to severe hepatic impairment.

Patients with hepatic impairment may be at risk of toxicity, especially severe myelosuppression.

Suggested dose modifications are:

Bilirubin		AST/ALT	Dose (% usual dose)
≤1.25 x ULN	And	2-10 x ULN	75%
1.26 to 2.5 x ULN	And	<10 x ULN	40%
2.6 to 4 x ULN	And	<10 x ULN	25%
>4 x ULN	And/Or	≥10 x ULN	Consider risk-benefit or Omit

Renal Impairment

No adjustment required.

Dosage in the Elderly

No adjustment required, but elderly patients are more at risk for severe toxicity.

[back to top](#)

F - Adverse Effects

Refer to [PACLitaxel](#) drug monograph(s) for additional details of adverse effects.

Very common (≥ 50%)	Common (25-49%)	Less common (10-24%)	Uncommon (< 10%), but may be severe or life-threatening
<ul style="list-style-type: none"> • Alopecia (may be permanent) • Musculoskeletal pain (may be severe) • Neuropathy (may be severe, includes cranial nerves and autonomic) 	<ul style="list-style-type: none"> • Diarrhea (may be severe) • Nausea/vomiting • Myelosuppression +/- infection and bleeding (may be severe) • Hypersensitivity (may be severe) 	<ul style="list-style-type: none"> • Hypotension • ECG changes • Mucositis (may be severe) • Edema • Fatigue • ↑ LFTs (may be severe) 	<ul style="list-style-type: none"> • Arrhythmia • Arterial thromboembolism • Venous thromboembolism • Cardiotoxicity • Injection site reactions • Rash • GI obstruction • GI perforation • Pancreatitis • Secondary malignancy • Encephalopathy • Seizures • Cystoid macular edema • Pneumonitis • Typhlitis • Radiation recall

[back to top](#)

G - Interactions

Refer to [PACLitaxel](#) drug monograph(s) for additional details.

[back to top](#)

H - Drug Administration and Special Precautions

Refer to [PACLitaxel](#) drug monograph(s) for additional details.

Administration

- In order to minimize patients' exposure to DEHP leaching from PVC bags or sets, use polyolefin or polypropylene infusion bags and polyethylene-lined administration sets (with an in-line filter no greater than 0.22 microns).
- Dilute in 500-1000 mL Normal Saline or 5% Dextrose, in a final concentration of 0.3-1.2 mg/mL and infuse over 3 hours.
- Extended infusion of paclitaxel is not recommended as primary prophylaxis to reduce paclitaxel IRs.
- Excessive shaking, agitation, or vibration may induce precipitation and should be avoided.
- Precipitation may rarely occur with infusions longer than 3 hours.

Also refer to the CCO guideline for detailed description of [Management of Cancer Medication-Related Infusion Reactions](#).

Contraindications:

- Patients with a history of severe hypersensitivity reactions to paclitaxel or other drugs formulated in Cremophor EL (polyethoxylated castor oil)
- Patients with severe baseline neutropenia ($<1.5 \times 10^9/L$)

Other Warnings/Precautions:

- Paclitaxel contains ethanol and is administered with agents such as antihistamines which cause drowsiness. Patients should be cautioned regarding driving and the use of machinery.

Pregnancy/Lactation:

- This regimen is not recommended for use in pregnancy. Adequate contraception should be used by patients and their partners while on treatment and after the last treatment dose. Recommended methods and duration of contraception may differ depending on the treatment. Refer to the drug monograph(s) for more information.
- Breastfeeding is not recommended during this treatment and after the last treatment dose. Refer to the drug monograph(s) for recommendations after the last treatment dose (if available).
- Fertility effects: Probable
Documented in animal studies

[back to top](#)

I - Recommended Clinical Monitoring

Treating physicians may decide to monitor more or less frequently for individual patients but should always consider recommendations from the product monograph.

Refer to the [hepatitis B virus screening and management](#) guideline for monitoring during and after treatment.

Recommended Clinical Monitoring

- CBC; Baseline and before each visit
- Liver function tests; Baseline and before each cycle
- Renal function tests; Baseline and as clinically indicated
- Blood pressure and pulse; During infusion (more frequently during the first hour), or per usual institutional protocol
- Continuous cardiac monitoring in patients who developed serious conduction abnormalities; During subsequent infusions
- Ophthalmology if visual impairment; As clinically indicated
- Clinical assessment of bleeding, infection, diarrhea, mucositis, musculoskeletal, neurologic (sensory) or respiratory effects, hypersensitivity, injection site reactions, thromboembolism; At each visit
- Grade toxicity using the current [NCI-CTCAE \(Common Terminology Criteria for Adverse Events\) version](#)

[back to top](#)

J - Administrative Information

Approximate Patient Visit	5 hours
Pharmacy Workload (average time per visit)	18.663 minutes
Nursing Workload (average time per visit)	54.833 minutes

[back to top](#)

K - References

Buda A, Floriani I, Rossi R, et al. Randomised controlled trial comparing single agent paclitaxel vs epirubicin plus paclitaxel in patients with advanced ovarian cancer in early progression after platinum-based chemotherapy: An Italian Collaborative Study from the 'Mario Negri' Institute, Milan, G.O.N.O. (Gruppo Oncologico Nord Ovest) group and I.O.R. (Istituto Oncologico Romagnolo) group. *Br J Cancer* 2004;90(11):2112-17.

Cantu MG, Buda A, Parma G, et al. Randomized controlled trial of single-agent paclitaxel versus cyclophosphamide, doxorubicin, and cisplatin in patients with recurrent ovarian cancer who responded to first-line platinum-based regimens. *J Clin Oncol* 2002;20:1232-7.

Bolis G, Parazzini F, Scarfone G, et al. Paclitaxel vs epirubicin plus paclitaxel as second-line therapy for platinum-refractory and –resistant ovarian cancer. *Gynecol Oncol* 1999 Jan;72(1):60-4.

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Paclitaxel drug monograph, Ontario Health (Cancer Care Ontario).

Piccart MJ, Green JA, Jimenez Lacave A, et al. Oxaliplatin or paclitaxel in patients with platinum-pretreated advanced ovarian cancer : a randomized phase II study of the European organization for research and treatment of cancer gynecology group. *J Clin Oncol* 2000;18(6):1193-202.

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Torri V, Floriani I, Tinazzi A, et al. Randomized trial comparing paclitaxel + doxorubicin versus paclitaxel as second line therapy for advanced ovarian cancer patients in early progression after platinum based chemotherapy. *Proc Soc Clin Oncol*. 2000(19):A1506.

PEBC Advice Documents or Guidelines

- [Systemic Therapy for Recurrent Epithelial Ovarian Cancer](#)

November 2024 Updated Dose modifications, Adverse effects, Pregnancy/Lactation, and Monitoring sections

[back to top](#)

M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an “as-is” basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information’s quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Regimen Monographs

Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the “Formulary”) is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

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Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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[back to top](#)