*consolidation phase can be used in the neo-adjuvant setting prior to chemoradiation

Indication	Patients with stage IIIA/IIIB non-small cell lung cancer.
Treatment Intent	Radical Neoadjuvant prior to chemoradiation (use the consolidation phase of this protocol)
Frequency and number of cycles	Repeat every 7 days for 6 cycles concurrent with radiotherapy. Consolidation doses on day 64 and 85 (see details below).
Monitoring Parameters pre-treatment	• **Virology screening:** All new patients referred for systemic anti-cancer treatment should be screened for hepatitis B and C and the result reviewed prior to the start of treatment. Patients not previously tested who are starting a new line of treatment, should also be screened for hepatitis B and C. Further virology screening will be performed following individual risk assessment and clinician discretion. • EDTA or estimated CrCl using C+G should be used to measure GFR prior to cycle 1. Must be >/=30ml/min. Repeat EDTA if creatinine clearance drops by 25%. For subsequent weekly doses during concurrent therapy, a >10% change in the serum creatinine, will warrant a recalculation of the carboplatin dose. • Monitor FBC, U&E and LFT each cycle. • **For Concurrent therapy**: If neuts <1 or PLT <100 d/w consultant, consider delaying D1 by 1 week. If neuts >/= 1 and PLT >/= 100 continue with treatment. • **For Consolidation therapy**: If neuts <1.5 or PLT <100 d/w consultant, consider delaying D1 by 1 week. If neuts >/= 1.5 and PLT>/= 100 continue with treatment. • GCSF should be considered during concurrent therapy if more than one delay and/or before dose reduction, or if during preceding cycle, the patient has experienced neuts <0.5 or has had febrile neutropenia. • **Hepatic impairment:** o Carboplatin: No dose adjustment required. o Paclitaxel: If bilirubin < 1.25 x ULN and transaminase < 10 x ULN, dose at full dose. Otherwise consider dose reduction, not recommended in severe hepatic impairment. • **Renal impairment:** o Carboplatin: stop if CrCl <30ml/min. o Paclitaxel: no dose reduction necessary. • **Infusion related reactions:** • **Paclitaxel:** Patients developing hypersensitivity reactions to Paclitaxel may be re-challenged with full dose Paclitaxel following prophylactic medication (e.g. famotidine 40mg po given 4 hours prior to treatment plus Hydrocortisone 100mg iv and chlorphenamine 10mg iv 30 minutes prior to treatment), then give paclitaxel over 3-6 hours (i.e. starting at over 6 hours and gradually increase rate if possible). • To begin consolidation, all previous toxicities including neuropathy must have resolved to < grade 2. • **Carboplatin:** Mild/moderate reactions (grade 1-2): If symptoms resolve after treatment with hydrocortisone and chlorphenamine, the infusion may be restarted at 50% rate for 30 mins, then, if no further reaction, increase to 100% rate. If symptoms do not resolve after treatment with hydrocortisone and chlorphenamine, do not restart the infusion. At consultant's discretion, patients may be rechallenged at a later date with additional prophylaxis. In the event of further reaction (grade 1-3), stop infusion and consider alternative treatment. Severe (grade 3): Do not restart infusion. Consider alternative treatment.

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	Anaphylaxis (grade 4): Follow anaphylaxis protocol. Discontinue permanently and consider alternative treatment. • **Dose Reductions:** • For concurrent therapy, paclitaxel and carboplatin will not be reduced. • During consolidation if dose reduction is required, dose reduce paclitaxel to 150mg/m² and carboplatin to AUC 4.5. • In the event of >/= grade 2 neuropathy reduce Paclitaxel to 150mg/m^2 and consider delay until recovery to </= grade 1. • Stop paclitaxel in the event of recurrent >/= grade 3 neuropathy OR recurrent or persistent >/= grade 2 neuropathy following dose reduction • Dose reduction should be considered if any other grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2 (except N&V and alopecia). Delay until resolution of toxicity to </= grade 1 • **Drug interactions: (for comprehensive list refer to SPC/BNF)** ○ **Paclitaxel** Caution should be exercised when administering paclitaxel concomitantly with medicines known to inhibit either CYP2C8 or CYP3A4 (e.g. ketoconazole, erythromycin, fluoxetine, clopidogrel, cimetidine, ritonavir and nelfinavir); toxicity may be increased. CYP2C8 or CYP3A4 inducers (e.g. rifampicin, carbamazepine, phenytoin, efavirenz, nevirapine) may reduce efficacy. ○ **Carboplatin** Caution with other nephrotoxic drugs.
References	KMCC protocol LUN-040 V3 LUNG NOG 14.05.2024

NB For funding information, refer to CDF and NICE Drugs Funding List

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Concurrent: with radiotherapy

Repeat every 7 days for 6 cycles.

Day	Drug	Dose	Route	Infusion Duration	Administration
Day 1	Dexamethasone	8mg (may be reduced to 4mg in subsequent cycles)	IV	bolus	
	Chlorphenamine	10mg	IV	bolus	Over 3 min through a fast running Sodium chloride 0.9% intravenous infusion
	Ondansetron	<75yrs 16mg >/=75yrs 8mg	IV	15 min	Sodium chloride 0.9% 50ml
	Please ensure pre-meds are given 30 mins prior to paclitaxel				
	PACLITAXEL	**45mg/m²**	IV	1 hour	In 250ml Sodium Chloride 0.9% (non-PVC bag and non-PVC giving set) via in-line 0.22 microns filter. Doses <75mg in 100ml sodium chloride 0.9%
	CARBOPLATIN	**AUC=2 Dose = Target AUC x (25 + GFR) (maximum dose=300mg)**	IV	30 minutes	In 250-500ml glucose 5%
TTO	Drug	Dose	Route	Directions	
Day 1	Dexamethasone	4mg	PO	OM 2 days. Take with or just after food, or a meal.	
	Metoclopramide	10mg	PO	10mg TDS for 3 days then 10mg up to 3 times a day when required (Maximum of 30mg per day). Do not take for more than 5 days continuously.	
	Co-trimoxazole	960mg	PO	Once daily on Mondays, Wednesdays and Fridays whilst receiving radiotherapy, the last dose should be taken on the last day of radiotherapy.	

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Consolidation: **First cycle to be given 28 days after last dose of concurrent chemotherapy**.
Repeat every 21 days for 2 cycles

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Dexamethasone	16mg	IV	bolus	
	Chlorphenamine	10mg	IV	bolus	Over 3 min through a fast running Sodium chloride 0.9% intravenous infusion
	Ondansetron	<75yrs 16mg >/=75yrs 8mg	IV	15 minutes	Sodium chloride 0.9% 50ml
	Please ensure pre-meds are given 30 mins prior to paclitaxel				
	PACLITAXEL	**200mg/m²**	IV	3 hours	Diluted in 500ml sodium chloride 0.9% (non-PVC bag and non-PVC giving set) via in-line 0.22micron filter. Doses <150mg in 250ml 0.9% sodium chloride
	CARBOPLATIN	**AUC=6** **Dose = AUC X (GFR + 25)** **Max dose 700mg**	IV	30 minutes	500ml glucose 5%
TTO	Drug	Dose	Route	Directions	
Day 1	Dexamethasone	6mg	PO	OM for 3 days Take with or just after food, or a meal.	
	Metoclopramide	10mg	PO	10mg TDS for 3 days then 10mg up to 3 times a day when required (Maximum of 30mg per day). Do not take for more than 5 days continuously.	
	Filgrastim	5mcg/kg	SC	OD Starting on day 3 for 5 days.	