



Ramucirumab 8 / Paclitaxel 80, adenocarcinoma esophagogastric junction and stomach

Protocol-ID: 327 V1.2 (Complete), RAMU8/PACL80, AEG/Gastric Ca

Indication(s)

- Gastric Cancer; ICD-10 C16.-, C16.0
- Esophageal Cancer (Adenocarcinoma of the esophagogastric junction (AEG)); ICD-10 C15.-

Protocol classification

- Classification: alternative
- Intensity: Standard dose
- Therapy mode: Second line
- Therapy intention: palliative

Cycles

Cycle length 28 days, recommended cycles: 5

Protocol sequences

- [ARMANI: CAPOX \(CAPE1000/OXAL130\), AEG/Gastric Ca \(PID2933\) or mFOLFOX-6 \(OXAL85/CFOL400/FU2400\), AEG/Gastric Ca \(PID2939\) -/- RAMU8/PACL80, AEG/Gastric Ca \(PID327\)](#)

Risks

- Emetogenicity (MASCC/ESMO): low (10-30%)
- Neutropenia: high (21-40%)
- Febrile Neutropenia: low (<10%)
- Thrombocytopenia below 50 000/ μ l: low (<10%)
- Anemia Hb below 8g/dl: moderate (6-15%)
- Hypertension: CTC AE \circ 1-2: 10%; \circ 3-4: 14%
- Proteinuria: CTC AE \circ 1-2: 15%; \circ 3-4: 1%
- Fatigue: CTC AE \circ 1-2: 45%; \circ 3-4: 12%
- Infusion Reaction: CTC AE \circ 1-2: 5%; \circ 3-4: 1%
- Hemorrhage: CTC AE \circ 1-2: 38%; \circ 3-4: 5%
- Neuropathy: CTC AE \circ 1-2: 38%; \circ 3-4: 8%

Therapy

Hydration: Balanced Crystalloid Solution

HYD

Access: peripheral venous

Hydration before, during, or after antitumor therapy

Day	Substance	Dosage	Solution	Appl.	Inf. time	Procedure
1,15	Balanced Crystalloid Solution	500 ml		i.v.	60 min	60 min before Ramucirumab (d1,15)
8	Balanced Crystalloid Solution	500 ml		i.v.	60 min	60 min before Paclitaxel (d8)

Allergy prophylaxis: Paclitaxel**AP**

Access: peripheral venous

Dexamethasone, dimetinden maleate, cimetidine

Day	Substance	Dosage	Solution	Appl.	Inf. time	Procedure
1,15	Dexamethasone	20 mg	NaCl 0.9% 50 ml	i.v.	5 min	30 min before Ramucirumab (d1,15)
8	Dexamethasone	20 mg	NaCl 0.9% 50 ml	i.v.	5 min	30 min before Paclitaxel (d8)
1,15	Dimetinden	4 mg	NaCl 0.9% 50 ml	i.v.	5 min	30 min before Ramucirumab (d1,15)
8	Dimetinden	4 mg	NaCl 0.9% 50 ml	i.v.	5 min	30 min before Paclitaxel (d8)
1,15	Cimetidine	300 mg	NaCl 0.9% 50 ml	i.v.	5 min	30 min before Ramucirumab (d1,15)
8	Cimetidine	300 mg	NaCl 0.9% 50 ml	i.v.	5 min	30 min before Paclitaxel (d8)

Antineoplastic therapy: RAMU8/PACL80**CTX**

Access: peripheral venous

Ramucirumab/paclitaxel in advanced adeno-Ca of the stomach and adeno-Ca of the gastroesophageal junction.

Day	Substance	Dosage	Solution	Appl.	Inf. time	Procedure
1,15	Ramucirumab	8 mg/kg bw	NaCl 0.9% 250 ml	i.v.	60 min	Sequence
Maximum infusion rate 25 mg/min.						
1,8,15	Paclitaxel	80 mg/m ² BSA	NaCl 0.9% 250 ml	i.v.	60 min	Sequence

Substance linksLinks to substances are found [here](#).**Concomitant therapy supplements**

Dexamethasone for antiemesis and Ramucirumab allergy prophylaxis are covered by Paclitaxel allergy prophylaxis. For infusion reactions, see the respective summary of product characteristics.

Notes

Therapy is continued until progression or the occurrence of unacceptable side effects. In the study, a median of 4.5 cycles were administered (range 2.5-8).

Cycle diagram**Hydration: Balanced Crystalloid Solution**

Substance	Week 1 / d							Week 2 / d							Week 3 / d						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Balanced Crystalloid Solution (i.v.)																					
Balanced Crystalloid Solution (i.v.)																					

Allergy prophylaxis: Paclitaxel

Substance	Week 1 / d							Week 2 / d							Week 3 / d						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Dexamethasone (i.v.)																					
Dexamethasone (i.v.)																					
Dimetinden (i.v.)																					
Dimetinden (i.v.)																					
Cimetidine (i.v.)																					
Cimetidine (i.v.)																					

Antineoplastic therapy: RAMU8/PACL80

	Week 1 / d							Week 2 / d							Week 3 / d						
Substance	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Ramucirumab (i.v.)																					
Paclitaxel (i.v.)																					

Cycles

Cycle length 28 days, recommended cycles: 5

Controls:

- Blood count: on day 1 and subsequently weekly
- ECG Risk of developing a conduction disorder during paclitaxel therapy, ECG monitoring every 3 cycles.
- Day 1: GOT, GPT, GGT, Bilirubin, AP, Cholinesterase Liver function monitoring before and during paclitaxel therapy, Ramucirumab: liver function monitoring before therapy.
- Day 1: Blood pressure Ramucirumab: continuous monitoring before and during therapy
- Day 1: Urine protein excretion Ramucirumab: risk of proteinuria during therapy

Pharmacokinetics

Cimetidin: CYP450 Inhibitor, vielschichtige Interaktionen möglich

Original indication

Met. or progressive gastric cancer and adeno-ca of the esophagogastric junction, second line, progression within 4 months after first line, ECOG 0-1

Original author

Wilke H (2014)

Origin

Abteilung für Onkologie/Hämatologie, Kliniken Essen-Mitte, Deutschland, RAINBOW Study Group, RAINBOW Studie

References

- Wilke H, Ramucirumab plus paclitaxel versus placebo plus paclitaxel in patients with previously treated advanced gastric or gastro-oesophageal junction adenocarcinoma (RAINBOW): a double-blind, randomised phase 3 trial. Lancet Oncol 2014 Oct;15(11):1224-35. doi: 10.1016/S1470-2045(14)70420-6. PMID: 25240821. [PMID]
- Randon G, Ramucirumab plus paclitaxel as switch maintenance versus continuation of first-line oxaliplatin-based chemotherapy in patients with advanced HER2-negative gastric or gastro-oesophageal junction cancer (ARMANI): a randomised, open-label, multicentre, phase 3 trial. Lancet Oncol 2024 Dec;25(12):1539-1550. doi: 10.1016/S1470-2045(24)00580-1. PMID: 39557058. [PMID]

Recommendations

- 09/2016: [European Society for Medical Oncology](#)
- 06/2021: [National Comprehensive Cancer Network](#)

Status

Valid since 2021-07-04, Version 1.2, last updated 2021-07-04

Last modification: V1.2: Protocol name changed V1.1: Cato test done. Revision of allergy prophylaxis according to the SmPC, change of H2- antagonist for Paclitaxel from Ranitidine to Cimetidine according to DGHO recommendations 10/2019. V1.0: Duration and sequence of substances according to primary literature in line with the Ramucirumab SmPC.

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