DOCETAXEL & CYCLOPHOSPHAMIDE

For use in the adjuvant setting for node-negative and node-positive patients

Drugs / Dosage:	**Cyclophosphamide**	600mg/m^2	IV	D1
	Docetaxel	75mg/m^2	IV	D1

Other Drugs: Primary **G-CSF** prophylaxis s/c once daily for 5 days, starting on Day 3

Dexamethasone 8 mg po bd for 3 days, commencing the morning of the day prior to chemotherapy (pre-medication, to prevent hypersensitivity reactions and fluid retention)
If the patient has not taken the oral pre-med for any reason, intravenous dexamethasone is not recommended and can only be substituted if prescribed by a Consultant.

Administration: Cyclophosphamide may be given as a bolus injection
Docetaxel in 250 ml 0.9% sodium chloride over 1 hour

Frequency: 3 weekly cycle for 4 cycles

Main Toxicities: hypersensitivity reactions (infusion-related and ↑ risk with $1^{st}/2^{nd}$ treatment); myelosuppression; alopecia; fluid retention; stomatitis; skin reactions & nail changes; peripheral neurotoxicity; diarrhoea; myalgia/arthralgia; haemorrhagic cystitis; ovarian failure/infertility

Anti-emetics: highly emetogenic

Extravasation: non-vesicants

Regular Investigations:	FBC	D1
	LFTs	D1
	U&Es	D1

Comments: Offer scalp cooling

Dose Modifications

Haematological Toxicity: In **adjuvant treatment**, dose reduction and/or delays can compromise outcome. If any problems with delays, consider a longer course of G-CSF or a dose reduction, according to individual case. **If in doubt, contact the relevant Consultant.**

Neutrophils < 1.5 x 10^9/l or Platelets < 100 x 10^9/l	Delay for 1 week. Repeat FBC - if within normal parameters, resume treatment, as discussed above.

Reason for Update: updated indication; added primary G-CSF and reviewed haem toxicity statements accordingly	Approved by Consultant: Dr S Houston
Version: 5	Approved by Lead Chemotherapy Nurse:: P Deery
Supersedes: Version 4	Date: 20.8.13
Prepared by: S Taylor	Checked by: C Tucker

Renal Impairment:

CrCl (ml/min)	Cyclophosphamide Dose
> 20	Give 100%
10 – 20	Give 75%
< 10	Give 50%

Hepatic Impairment: Bilirubin > 22 µmol/l

or

ALT/AST > 3.5 x ULN

with

ALP > 6 x ULN

Docetaxel should not be administered without consultant approval

Other toxicities: If Grade 2 neuropathy, reduce dose by 25%. If symptoms return, stop docetaxel. If Grade 3 or 4 neuropathy, discontinue treatment.

If Grade 3 or 4 cutaneous reactions, once patient recovered, reduce dose by 25%. If symptoms return, stop docetaxel.

Myalgia/arthralgia: Often co-exist, usually Grade 1 or Grade 2. Management consists of reassuring patients that it is self-limiting. Consider use of NSAIDs, although not always effective.

References:

Jones, SE et al; JCO 2006; 24 (34): 5381 - 5387