DOCETAXEL

An option for second-line treatment of loco-regional or metastatic recurrence of SCC of Head & Neck

Drug / Dosage:	Docetaxel 100 mg/m^2 IV Day 1 (consider starting at 75mg/m^2, for patients who are heavily pre-treated and/or have a borderline performance status)
Other Drugs:	*Pre-medication (to prevent hypersensitivity reactions and fluid retention):* Dexamethasone 8mg po bd for 3 days, commencing the morning of the day prior to chemotherapy. Primary G-CSF prophylaxis s/c once daily for 5 days, starting on Day 3
Administration:	Docetaxel in 250ml 0.9% sodium chloride over 1 hour
Frequency:	3 weekly cycle for up to 6 cycles, according to response CT scan after cycle 3
Main Toxicities:	myelosuppression; hypersensitivity (infusion-related & ↑ risk with 1st/ 2nd treatment); cutaneous reactions and nail changes; fluid retention; alopecia; peripheral neurotoxicity; stomatitis; diarrhoea; ovarian failure/infertility
Anti-emetics:	moderately emetogenic
Extravasation:	non-vesicant
Regular Investigations:	FBC Day 1 LFTs Day 1 U&Es Day 1
Comments:	If the patient has not taken the oral dexamethasone pre-med for any reason, intravenous dexamethasone is not recommended and can only be substituted if prescribed by a Consultant. Offer scalp cooling

Dose Modifications

Haematological Toxicity:	Neutrophils < 1.5 x 10^9/l Delay treatment for 1 week and repeat FBC or Platelets < 100 x10^9/l
	If patient has febrile neutropenia or neutrophils < 0.5 x 10^9/l for more than 1 week, give 75mg/m^2 for all further cycles. If this problem re-occurs at the lower dose, the treatment should be discontinued.

Reason for Update: general review; WBC cut-off removed; primary G-CSF as standard	Approved by Consultant: Dr S Whitaker
Version: 2	Approved by Lead Chemotherapy Nurse: S Wills-Percy
Supersedes: Version 1	Date: 2.11.17
Prepared by: S Taylor	Checked by: C Tucker

Hepatic Impairment:	ALT/AST > 1.5 X ULN **and** ALP > 2.5 x ULN	Give docetaxel 75mg/m^2
	Bilirubin > 22 µmol/l **or** ALT/AST > 3.5 x ULN with ALP > 6 x ULN	Docetaxel use is not recommended - discuss with Consultant

Non- Haematological Toxicities:

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

Grade 2 neuropathy - once patient recovered, reduce dose by 25%. If symptoms return, stop docetaxel.
Grade 3 or 4 neuropathy - discontinue treatment permanently.

Any other Grade 3 or 4 toxicities - discontinue treatment after discussion with Consultant

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:

Catimel, G et al; Annals of Oncology 1994; 5 (6): 533 - 537
Dreyfuss, AI et al; JCO 1996; 14:1672 - 1678
Couteau, C et al; British Journal of Cancer 1999; 81 (3): 457 - 462