DOCETAXEL

Advanced breast cancer where initial chemotherapy, including anthracycline therapy, has failed or is inappropriate.
NICE approved Sept 2001
Standard first-line therapy, in combination with pertuzumab and trastuzumab (see separate protocol), for advanced breast cancer in HER2 positive patients.

Drug / Dosage:	Docetaxel	60 - 100mg/m^2	IV	Day 1
	(initial dose is Consultant decision)			

For use with pertuzumab and trastuzumab:
Standard start dose for docetaxel is 75mg/m^2
The docetaxel dose may be increased to 100mg/m^2 for subsequent cycles according to Consultant preference, and only if the side effect profile was acceptable at 75mg/m^2.

Administration: For doses ≤ 185mg, in 250ml sodium chloride 0.9% over 1 hour
For doses > 185mg, in 500ml sodium chloride 0.9% over 1 hour

Pre-medication (to prevent hypersensitivity reactions and fluid retention):
Dexamethasone 8 mg po bd for 3 days, commencing the morning of the day prior to chemotherapy.
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.

Frequency: 3 weekly cycle.
clinical review after 3 cycles. If responding, continue to 6 cycles.
Treatment may be continued beyond 6 cycles, after Consultant review, in patients with continuing response and good tolerability.

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

Anti-emetics: moderately emetogenic

Extravasation: non-vesicant

Regular Investigations:	FBC	Day 1
	LFTs	Day 1
	U&Es	Day 1
	CA 15-3	Cycles 1, 3 and 5 **only** if elevated prior to treatment

Comments: Offer scalp cooling

The use of ciprofloxacin as primary prophylaxis (250mg bd x 5 - 7 days, starting on day 5) is at the discretion of the prescriber, after consideration of the individual case and the dose of docetaxel.

Reason for Update: recommended dosing with pertuzumab added	Approved by Consultant: Dr S Houston
Version: 11	Approved by Lead Chemotherapy Nurse: P Deery
Supersedes: Version 10	Date: 14.11.14
Prepared by: S Taylor	Checked by: C Tucker

Dose Modifications

Haematological Toxicity:	Neutrophils < 1.5 x 10^9/l or Platelets < 100 x 10^9/l	Delay for 1 week. If no recovery after 1 week, review treatment.

If patient has febrile neutropenia or neutrophils < 0.5 x 10^9/l for more than 1 week, give with a 25% dose reduction (with ciprofloxacin cover as stated below) for all further cycles. If this problem re-occurs at the lower dose, the treatment should be discontinued.

Ciprofloxacin 250mg bd x 5 - 7 days, starting on day 5, should be prescribed on all subsequent cycles if a patient suffers neutropenic sepsis or has chemotherapy deferred due to neutropenia.

Hepatic Impairment:	SPC advice for 100mg/m^2 dose:	
	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 should not be administered without consultant approval
Other toxicities:	If Grade 2 neuropathy: If Grade 3 or 4 neuropathy:	reduce dose by 25%. If symptoms return, stop docetaxel 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:
Chevallier, B et al; JCO 1995; 13 (2): 313 – 322
Marty, M et al; JCO 2005; 23 (19): 4265 - 4274
Baselga, J et al; NEJM 2012; 366 (2): 109 - 119