DOCETAXEL

Second line treatment for advanced gastro-oesophageal cancer, for patients who are not eligible for a clinical trial

Drug / Dosage:	Docetaxel 75mg/m^2 IV Day 1
Administration:	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 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 2
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:	WBC < 3.0 x 10^9/l or Neutrophils < 1.5 x 10^9/l Delay treatment for 1 week and repeat FBC or Platelets < 100 x10^9/l

In the event of febrile neutropenia or neutrophils < 0.5 x 10^9/l for more than 1 week, give 60mg/m^2 for all further cycles.
If platelets < 25 x 10^9/l, consider dose reduction to 60mg/m^2 after recovery - discuss with Consultant.
If the patient continues to experience these side effects at the lower dose, treatment should be discontinued.

Reason for Update: N/A	Approved by Consultant: Dr S Cummins
Version: 1	Approved by Lead Chemotherapy Nurse: P Deery
Supersedes: None	Date: 14.1.14
Prepared by: S Taylor	Checked by: C Tucker

Hepatic Impairment:	Bilirubin > 22 μmol/l or ALT/AST > 3.5 x ULN with ALP > 6 x ULN	Not recommended - docetaxel should only be administered with consultant approval

Non- Haematological Toxicities:

Grade 3 cutaneous reactions - once patient recovered, reduce dose to 60mg/m^2. If symptoms return, stop docetaxel.

Grade 2 neuropathy - once patient recovered reduce dose to 60mg/m^2. 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

References: Cougar-02 trial; JCO 2012; 30; suppl 34; abstr LBA4