DOCETAXEL

1. Treatment option for men with hormone-refractory metastatic prostate cancer, only if Karnofsky performance-status score is 60% or more (NICE approved 2006)

2. For use in hormone naive metastatic prostate cancer

Drugs / Dosage: **Docetaxel** 75mg/m^2 IV Day 1

Administration: Docetaxel in 250ml 0.9% sodium chloride over 1 hour

Other Drugs: **Dexamethasone** 8mg po approximately 12 hours, 3 hours and 1 hour before each dose (to prevent hypersensitivity reactions and fluid retention).
In practice, patients should be counselled to take the first dose the evening before treatment, the 2nd dose with breakfast on the morning of treatment, then the 3rd dose when they arrive at hospital for docetaxel administration.

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.

Primary G-CSF may be routinely administered to all patients aged > 65

For hormone-refractory disease only;
Prednisolone 5mg po bd throughout treatment

- may be omitted on the days that dexamethasone pre-medication required
- may also be omitted according to Consultant preference, either from cycle 1 or if early evidence of significant steroid toxicity

Frequency: 3 weekly cycle
Hormone-refractory disease: up to a maximum of 10 cycles
Hormone naïve metastatic disease: 6 cycles (to start within 12 weeks of starting ADT)

Main Toxicities: myelosuppression; hypersensitivity (infusion-related & ↑ risk with 1st/ 2nd treatment); cutaneous reactions and nail changes; fluid retention; alopecia; peripheral neurotoxicity; stomatitis; diarrhoea; infertility; +/- steroid side effects

Anti-emetics: moderately emetogenic

Extravasation: non-vesicant

Regular Investigations:

FBC	Day 1
LFTs	Day 1
U&Es	Day 1
PSA	Day 1

Reason for Update: dex pre-med dosing amended to 3 doses only	Approved by Consultant: Dr R Laing
Version: 6	Approved by Lead Chemotherapy Nurse: S Wills-Percy
Supersedes: Version 5	Date: 29.6.17
Prepared by: S Taylor	Checked by: C Tucker

Dose Modifications

Haematological Toxicity:	WBC < 3.0 x 10^9/l or Neutrophils < 1.5 x 10^9/l or Platelets < 100 x10^9/l	Delay treatment for 1 week, then repeat FBC

In the event of febrile neutropenia or neutrophils < 0.5 x 10^9/l for more than 1 week, ensure adequate G-CSF prophylaxis prescribed with all further cycles, and consider a dose reduction of docetaxel to 60mg/m^2 for all further cycles.
If platelets < 50 x 10^9/l, consider dose reduction to 60mg/m^2 after recovery - discuss with Consultant first.
If the patient continues to experience these side effects at the lower dose, treatment should be discontinued.

Hepatic Impairment:	Note that a raised ALP in isolation is usually indicative of bone metastases, and in those circumstances is not an indication for a dose reduction.	
	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:
Tannock, IF et al; NEJM 2004; 351: 1502 – 1512
Sweeney, CJ et al; NEJM 2015; 373: 737 – 746
James, ND et al; Lancet 2016; 387 (10024) : 1163 - 1177