DOCETAXEL Prednisolone

INDICATION (ICD10) C61

1. Castrate resistant metastatic prostate cancer
2. Hormone naïve metastatic prostate cancer in men either commencing, or who have commenced within 12 weeks, long-term ADT for metastatic disease for the first time; and men of sufficient performance status to be treated with 6 cycles of docetaxel chemotherapy. (Unlicensed indication)

PS 0, 1, 2

REGIMEN

Day 1 Premedication: Dexamethasone 8mg od PO or IV
DOCETAXEL 75mg/m^2 in 250ml sodium chloride 0.9% IV infusion over 60 minutes
Prednisolone 5mg tablet twice daily (morning and lunchtime) continuously

CYCLE FREQUENCY AND NUMBER OF CYCLES

Hormone naïve prostate - every 21 days up to 6 cycles
Castrate resistant prostate - every 21 days up to 10 cycles

ANTI-EMETICS

Low risk day 1

CONCURRENT MEDICATION REQUIRED

Docetaxel	Ensure premedication given before docetaxel. This can reduce the incidence and severity of fluid retention as well as the severity of hypersensitivity reactions. Prednisolone 5mg tablet twice daily (morning and lunchtime) continuously for duration of docetaxel cycles. 21 days after completion of last docetaxel dose start reducing prednisolone dose (5mg od for 1 week then 5mg alternate days for 1 week then stop).pp Loperamide prn every docetaxel cycle
GCSF	Consider GCSF

EXTRAVASATION AND TYPE OF LINE / FILTERS

Docetaxel – exfoliant

Filter not required
Peripheral line

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs every cycle
Neutrophils x 10^9/L ≥1.0
Platelets x 10^9/L ≥100
Baseline weight and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

Docetaxel	Cutaneous reactions, peripheral neuropathy or fluid retention, hypersensitivity reactions

DOSE MODIFICATIONS

Haematological

Docetaxel

In patients who experienced either febrile neutropenia, neutrophil count <0.5x10^9/L for more than one week, severe or cumulative cutaneous reactions or severe peripheral neuropathy during docetaxel therapy, the dose of docetaxel should be reduced from 75 to 60mg/m². If the patient continues to experience these reactions at 60mg/m², the treatment should be discontinued.

Non haematological

Docetaxel

Discuss dose reductions if severe cutaneous reactions, peripheral neuropathy or fluid retention after previous course.

Hepatic impairment

Docetaxel

ALT and/or AST >1.5xULN and ALP >2.5xULN	recommended SPC dose for 100mg/m^2 is give 75mg/m^2
Bilirubin >ULN and ALT or AST >3.5xULN with ALP >6xULN	should not be used unless strictly indicated.

REFERENCES