DOCETAXEL weekly Prednisolone

INDICATION (ICD10) C61

1. Castrate resistant metastatic prostate cancer. Only for use in certain circumstances eg profound thrombocytopenia or neutropenia

PS 0, 1, 2

REGIMEN

Days 1, 8, 15, 22 and 29

Premedication: Dexamethasone 8mg od po or IV
DOCETAXEL 30mg/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

Every 42 days up to 2 cycles

ANTI-EMETICS

Low risk days 1, 8, 15, 22 and 29

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. Dexamethasone may be reduced to 4mg if docetaxel well tolerated or those patients unable to tolerate high dose steroids. Prednisolone 5mg tablet twice daily (morning and lunchtime) continuously for duration of docetaxel cycles. After completion of last docetaxel cycle start reducing prednisolone dose (5mg od for 1 week then 5mg alternate days for 1 week then stop) Loperamide prn every docetaxel cycle

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 falling counts discuss with consultant
Platelets x 10^9/L falling counts discuss with consultant
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. If the patient continues to experience these reactions at reduced dose, 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:

1. Tax 327 trial. NEJM, 2004, Vol 351, No. 15, 1502-1512.
2. Hainsworth et al. Weekly Docetaxel/estramustine for prostate cancer: a phase II trial. Clin Genitourin Cancer, 2006, 4 (4): 287-92.
3. Joshua et al. Weekly Docetaxel as second-line treatment after Mitoxantrone for androgen independent prostate cancer. Intern Med J. 2005, 35 (8): 468-72.
4. Bertelli et al. Weekly Docetaxel and zoledronic acid every four weeks in hormone refractory prostate cancer. Cancer Chemother Pharmacol. 2006, 57 (1) 46-51.
5. Di Lorenzo et al, Weekly docetaxel and vinorelbine as first line treatment in patients with hormone refractory prostate cancer. Eur Urol, 2004, 46 (6): 712-716.
6. Ferrero et al. A weekly schedule for docetaxel for metastatic hormone refractory prostate cancer. Oncology, 2004, 66 (4): 281-7.
7. Beer et al. Weekly docetaxel in elderly patients with prostate cancer. Clin Prostate Cancer, 2003, 2 (3): 167-72.
8. Gravis et al. Weekly Docetaxel for symptomatic metastatic hormone refractory prostate cancer. Cancer 2003, 98 (8), 1627-34.
9. Petrioli et al. Weekly low dose docetaxel in advanced hormone resistant prostate cancer patients previously exposed to chemotherapy. 2003, Oncology, 64 (4): 300-305.
10. Beer et al, Weekly high dose calcitriol and docetaxel in metastatic androgen independent prostate cancer. 2003, 21 (1): 123-8.
11. Beer et al. Phase II study of weekly docetaxel in symptomatic androgen-independent prostate cancer. Ann Oncol, 2001, 12 (9): 1273-9.