North West Coast

## Chemotherapy protocol

## Drug regimen

Docetaxel (neo)adjuvant

## Indications for use

Adjuvant and neoadjuvant treatment for breast cancer

## Regimen

N.B. Pre-medicate with 8 mg Dexamethasone bd po for 3 days starting 24 hours pre-treatment.

| DRUG | FLUID | TIME | ROUTE |
| :--- | :--- | :--- | :--- |
| Docetaxel $100 \mathrm{mg} / \mathrm{m}^{2}$ | $250 \mathrm{mls} \mathrm{N} /$ saline | IV | 1 hr |

Regimen to be given every 3 weeks for $3-4$ cycles as part of the following programmes:
FEC-T: for 3 cycles following 3 cycles of FEC100
T-FEC: for 3 cycles prior to 3 cycles of FEC100

## Investigation prior to initiating treatment

## U\&Es

FBC
LFT
Weight

## Cautions

Levels (see below)

## Investigations and consultations prior to each cycle

FBC
Consultation - Each cycle
U\&Es and LFTs
The liver function test may be retrospectively looked at (i.e. after the chemotherapy treatment) unless they are known to be abnormal then they need to be repeated the day before so that the results are available prechemotherapy.

Acceptable levels for treatment to proceed
(if outside these levels defer one week or contact consultant)
Neuts $>1.5$
Platelets $>100$
Bilirubin within normal limits
AST/ALT < 2.5 X ULN
If Neutrophils $1.2-1.5$ contact consultant

## Side Effects

Hair loss, prolonged neutropenia, allergic reactions, diarrhoea, neuropathy

## Dose Modification Criteria

Consider 25\% dose reduction:

- Febrile neutropenia
- Severe / prolonged neutropenia
- Grade 3 diarrhoea
- Grade 2 neuropathy
- Rising ALT / AST

Discontinue treatment:

- Life threatening sepsis
- Grade 4 toxicity


## Specific Information on Administration

Patients must be prescribed a pre-medication of dexamethasone 8 mg bd po to be started 24 hours before treatment and continued for a total of 72 hours. This is to reduce the incidence of allergic reaction.
Primary GCSF prophylaxis should be given
THIS PROTOCOL HAS BEEN DIRECTED BY DR YOUNG, CLINICIAN FOR BREAST CANCER
RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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| :--- | :--- |
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