Chemotherapy protocol

Drug regimen
Docetaxel and capecitabine

Indication for use
Metastatic or locally advanced breast cancer in patients for whom anthracycline-containing regimens are unsuitable or have failed

Regimen
Premedication: Dexamethasone 8 mg po bd for 3 days to start 24 hours before docetaxel

DAY	DRUG	FLUID	TIME
1	Docetaxel 75mg/m²	250ml 0.9% Saline	1 hour
1 – 14	Capecitabine 1250mg/m² bd	N/A	

Consider 25% reduction in capecitabine starting dose (950 mg/m^2 bd) in patients ≥ 60 years

Repeat cycle every 3 weeks

Capecitabine dose calculation table 1250 mg/m^2

Surface Area (m^2)	Total daily dose (mg)	Prescribe
<1.27	3000	1500 mg bd
1.27 – 1.38	3300	1650 mg bd
1.39 – 1.52	3600	1800 mg bd
1.53 – 1.66	4000	2000 mg bd
1.67 – 1.78	4300	2150 mg bd
1.79 – 1.92	4600	2300 mg bd
1.93 – 2.06	5000	2500 mg bd
2.07 – 2.18	5300	2650 mg bd
>2.18	5600	2800 mg bd

Investigation prior to initiating treatment
FBC
U&Es and LFTs

Dihydropyrimidine dehydrogenase (DPD) deficiency can result in severe toxicity secondary to reduced fluorouracil metabolism (this can present as severe diarrhoea and/or severe stomatitis early in the first cycle). Patients require DPD testing prior to administration. Dose adjustments should be made in accordance with local DPD policy.

Cautions
Docetaxel
Bilirubin must be within normal limits.
AST/ALT must be <2.5 x ULN (consult SPC if ≥ 2.5 x ULN)

Capecitabine
Renal impairment – reduce dose to 75% in moderate renal impairment (creatinine clearance 30 – 50 ml/min) – contraindicated in patients with severe renal impairment (creatinine clearance <30ml/min).

Investigations and consultations prior to each cycle
FBC, U&Es and LFTs
The liver function test may be looked at retrospectively (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 pre-chemotherapy.

Side Effects
Nausea and vomiting, diarrhoea, stomatitis, anorexia, mild skin reactions

Docetaxel
Neutropenia, anaemia, fluid retention, alopecia, neuropathy, hypersensitivity reactions (hypotension, bronchospasm, rash)

Capecitabine
Hand – foot syndrome, fatigue

Acceptable limits for treatment to proceed (if outside these limits defer one week or contact consultant)
If Neutrophils 1.2 – 1.5 contact **consultant**
Delay treatment 1 week if neutrophils <1.5 or platelets <100
Consult Xeloda SPC for treatment delays/ dose modification for Grades 2 and 3 toxicities

Dose Modification Criteria
Discontinue treatment if:

- Life threatening sepsis
- Grade 4 toxicity

Consult Xeloda SPC for treatment delays/ dose modification for Grades 2 and 3 toxicities.

Capecitabine dose calculation table for doses reduced to 75% or 50% of the standard starting dose.

Surface Area (m^2)	75% dose (950 mg/m^2bd)	50% dose (625mg/m^2bd)
<1.27	1150 mg bd	800 mg bd
1.27 – 1.38	1300 mg bd	800 mg bd
1.39 – 1.52	1450 mg bd	950 mg bd
1.53 – 1.66	1500 mg bd	1000 mg bd
1.67 – 1.78	1650 mg bd	1000 mg bd
1.79 – 1.92	1800 mg bd	1150 mg bd
1.93 – 2.06	1950 mg bd	1300 mg bd
2.07 – 2.18	2000 mg bd	1300 mg bd
>2.18	2150 mg bd	1450 mg bd

Specific Information on Administration

Docetaxel
Patients must be prescribed a pre-medication of dexamethasone 8 mg bd to be started 24 hours before treatment and continued for a total of 72 hours. This is to reduce the incidence of allergic reaction.

Capecitabine
The tablets should be swallowed with water within 30 minutes after a meal.

THIS PROTOCOL HAS BEEN DIRECTED BY DR HOGG, DESIGNATED LEAD CLINICIAN FOR BREAST CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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