Docetaxel (lung and upper GI use)

Indication

Non Small Lung Cancer – 2nd line
Advanced Oesophagogastric Cancer – 2nd line

Regimen details

DRUG	FLUID	TIME
Docetaxel 75mg/m^2	250ml 0.9% sodium chloride	1 hour

Cycle frequency

Every three weeks

Number of cycles

3-6 cycles

Administration

Docetaxel is administered as an IV infusion in 250mL or 500mL (concentration dependent) PVC free sodium chloride 0.9% over 60 minutes.
Patients should be observed closely for hypersensitivity reactions, particularly during the first and second infusions.

Pre-medication

Dexamethasone 8mg BD for 3 days starting 24 hours before chemotherapy

Emetogenicity

Mild-moderate

Additional supportive medication

None

Extravasation

Irritant

Investigations – pre first cycle

Investigation	Validity period
FBC	14 days
U+E (including creatinine)	14 days
LFT (including AST)	14 days

Investigations –pre subsequent cycles

FBC, U+E (including creatinine), LFT (including AST), consultation prior to each cycle

Standard limits for administration to go ahead

If blood results not within range, authorisation to administer **must** be given by prescriber/ consultant.

Investigation	Limit
Neutrophil count	≥ 1.5 x 10^9/L (if 1-1.5, contact consultant)
Platelet count	≥ 100 x 10^9/L

Bilirubin	≤ ULN
AST	≤ 1.5 x ULN
Alkaline phosphatase	≤ 2.5 x ULN

Dose modifications

Haematological Toxicity

If neutrophils <1.0 x 10^9/L and/or platelets <100 x 10^9/L delay 1 week or until recovery (check with consultant if neutrophils 1-1.5)

If febrile neutropenia or neutrophils < 0.5 x 10^9/L for more than 1 week reduce dose to 60mg/m^2 for all subsequent cycles.

If platelets <25 x 10^9/L consider dose reduction to 60mg/m^2 after recovery (discuss with consultant)

Hepatic Impairment

AST/ALT (x ULN)		**Alkaline phosphatase* (x ULN)**	**Docetaxel dose**
≤ 1.5	And	< 2.5	100%
> 1.5	Or	≥ 2.5 - 6	60mg/m^2
> 3.0	Or	≥ 6	Discuss with consultant

*Unless due to bone metastases only

If bilirubin > ULN withhold docetaxel (or consultant decision to treat)

Other toxicities

Grade 3 cutaneous reactions – once recovered reduce dose to 60mg/m^2. If symptoms return, discontinue treatment

Grade 2 neuropathy - once recovered reduce dose to 60mg/m^2. If symptoms return, discontinue treatment.

Grade 3 or 4 neuropathy – discontinue treatment permanently.

Any other grade 3 or 4 toxicity- discuss with consultant.

Adverse effects –

for full details consult product literature/ reference texts

- **Serious side effects**

Secondary malignancy
Myelosuppression
Infusion related reactions
Anaphylaxis
Interstitial pneumonitis
Teratogenicity
Infertility
Cardiotoxicity
Peripheral neuropathy

- **Frequently occurring side effects**

Diarrhoea
Constipation
Fatigue
Nausea and vomiting
Myelosuppression
Stomatitis and mucositis
Arthralgia and myalgia

- **Other side effects**

Alopecia
Fluid retention
Deranged liver function
Phlebitis
Skin toxicity
Nail changes

Significant drug interactions

– for full details consult product literature/ reference texts

CYP3A4 Enzyme inducers/inhibitors: in vitro studies suggest that CYP3A inhibitors (such as ketoconazole, ritonavir, clarithromycin and erythromycin) may raise docetaxel levels, whereas CYP3A inducers (such as rifampicin and barbiturates) may reduce docetaxel levels

Additional comments

References

Docetaxel SPC - https://www.medicines.org.uk/emc/product/5762/smpc

SWCN protocol - http://www.swscn.org.uk/guidance-protocols/cancer-protocols/

This protocol has been reviewed by the Lancashire & South Cumbria Lung Oncology Consultants' Group and responsibility for the template lies with the Head of Service.

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