Weekly Docetaxel and prednisolone

Indication

Hormone refractory metastatic prostate cancer in patients with bone marrow suppression secondary to marrow involvement or poor tolerance of 3 weekly schedule of docetaxel

Regimen details

Drug	Route	Fluid	Time
Docetaxel 25-30mg/m2	IV	100ml 0.9% NaCl	30 mins

Cycle frequency

Treatment given on day **1, 8, 15, 22 and 29** of a **6 week cycle**

Number of cycles

Up to 5 cycles

Pre-medication

Dexamethasone 8mg po to start one hour before docetaxel infusion

Emetogenicity

Low

Additional supportive medication

Prednisolone 10mg daily orally continuously

Extravasation

Exfoliant: Group 4

Investigations – pre first cycle

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

Investigations –pre subsequent cycles

Weekly: FBC, U+E (including creatinine), PSA
Alternate weeks: LFT (including AST)

Standard limits for administration to go ahead

If blood results not within range, authorisation to administer **must** be given by prescriber/ consultant.
Patients should be reviewed weekly by consultant at start of chemotherapy to ensure haematological parameters are satisfactory to proceed with treatment.

Investigation	Limit
Neutrophil count	≥ 1.0 x 10^9/L (1 - 1.5 x 10^9/L discuss with consultant)
Platelet count	≥ 100 x 10^9/L (50 - 100 x 10^9/L discuss with consultant)
Creatinine clearance	≥ 60 mL/min
Bilirubin	≤ ULN
AST/ Alk phosphate	< 2.5 x ULN

Dose modifications

If baseline platelets < 150, start at 25 mg/m2
If baseline platelets < 100, start at 20 mg/m2

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

Adverse effects –

Nausea, vomiting, hypersensitivity, fluid retention, neutropenia, neuropathy, hepatic dysfunction

for full details consult product literature/ reference texts

Significant drug interactions

– for full details consult product literature/ reference texts

Additional comments

References

THIS PROTOCOL HAS BEEN DIRECTED BY DR BIRTLE, DESIGNATED LEAD CLINICIAN FOR UROLOGICAL CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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