Docetaxel, 3 weekly, for Advanced Kaposi Sarcoma

Indication: Second line Palliative therapy, for Advanced Kaposi Sarcoma

Regimen details: Docetaxel 60mg/m² IV D1

Administration: Docetaxel in 250mls Sodium Chloride 0.9% IV over 1 hour

Premedication: Dexamethasone 8mg po bd for 3 days, starting the morning of the day prior to each Docetaxel administration, to reduce the incidence and severity of fluid retention and hypersensitivity reactions. If the patient has not taken the oral pre-med for any reason, Dexamethasone 20mg IV should be administered 1 hour prior chemotherapy.

Frequency: 21 days, for 12 cycles

Extravasation: Vesicant

Anti-emetics: Low emetogenic

Follow Local Anti-emetic Policy

Regular investigation: FBC D1, LFTs D1, U&Es D1, Clinical Toxicity Assessment Every 3 cycles

Comments: Hypersensitivity reactions may occur, during the first and second infusions, within a few minutes following the initiation of the infusion.

Degree of symptoms Hypersensitivity reactions Action

Minor Flushing Localised cutaneous reaction Do not require interruption of therapy. Administer prophylactic anti-anaphylactic medication before further cycles of Docetaxel

Severe Severe hypotension Bronchospasm Generalised rash/erythema Require immediate discontinuation of Docetaxel

Administer appropriate aggressive therapy

DOSE MODIFICATIONS

Haematological Toxicity

Day 1

WBC < 2.0 x 10⁹/L or Neutrophils < 1.0 x 10⁹/L or Platelets < 100 x 10⁹/L Delay for 1 week. Repeat FBC - If within normal parameters, resume treatment with 100% dose

Reduce dose if subsequent cycles are also delayed (see below)
Subsequent cycles:

Docetaxel dose should be reduced to 45mg/m² and GCSF given with each cycle if:

- Neutrophils < 0.5 x 10⁹/L for more than 5 days, OR
- Febrile neutropenia is diagnosed, OR
- Platelets < 50 x 10⁹/L

Do not escalate for subsequent cycles. If the patient continues to experience these side effects at the lower dose, treatment should be discontinued.

Renal Impairment:  No dose adjustment required. Assess renal function when clinically indicated.

Hepatic Impairment

<table>
<thead>
<tr>
<th>ALP</th>
<th>AST/ALT</th>
<th>Bilirubin</th>
<th>Docetaxel dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 2.5 x ULN</td>
<td>≤ 1.5 x ULN</td>
<td>&gt; 22µmol/L</td>
<td>Full dose</td>
</tr>
<tr>
<td>2.5 – 6 x ULN</td>
<td>1.6 – 3.5 x ULN</td>
<td>&gt; 22µmol/L</td>
<td>75% dose</td>
</tr>
<tr>
<td>&gt; 6 x ULN</td>
<td>&gt; 3.5 x ULN</td>
<td>&gt; 22µmol/L</td>
<td>Not recommended. Docetaxel should be administered with Consultant approval</td>
</tr>
</tbody>
</table>

DOSE MODIFICATIONS FOR OTHER TOXICITIES AS APPROPRIATE

CUTANEOUS REACTIONS / PERIPHERAL NEUROPATHY - DOCETAXEL

<table>
<thead>
<tr>
<th>Grade</th>
<th>Cutaneous reactions</th>
<th>Neuropathy-sensory</th>
<th>Docetaxel dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Erythema without associated symptoms</td>
<td>Paresthesia (including tingling) but not interfering with function</td>
<td>Give 60mg/m²</td>
</tr>
<tr>
<td>2</td>
<td>Localized erythema of the palms of the hands and soles of the feet with oedema followed by desquamation</td>
<td>Paresthesia interfering with function, but not interfering with activities of daily living</td>
<td>May consider reduce Docetaxel dose to 45mg/m²</td>
</tr>
<tr>
<td>3</td>
<td>Severe, generalised eruptions followed by desquamation</td>
<td>Paresthesia interfering with activities of daily living</td>
<td>Delay Docetaxel until recovery to grade ≤ 2, thereafter, reduce Docetaxel dose to 45mg/m². If symptoms return, discontinue Docetaxel</td>
</tr>
<tr>
<td>4</td>
<td>Generalised exfoliative, ulcerative, or bullous dermatitis</td>
<td>Disabling</td>
<td>Discontinue Docetaxel, permanently</td>
</tr>
</tbody>
</table>

Toxicities:  Severe neutropenia (reversible); anaemia; nausea; vomiting; diarrhoea; stomatitis; asthenia; peripheral neuropathy; hypersensitivity reactions; fluid retention; cutaneous reactions (reversible); alopecia; nail disorder; ovarian failure; infertility
Drug interactions: Concomitant administration of substrates, inducers or inhibitors of cytochrome P450-3A e.g. ciclosporin, terfenadine, ketoconazole, erythromycin etc, may alter the pharmacokinetics of docetaxel, presenting a theoretical interaction

References:  
www.medicines.org.uk  
BHIVA guidelines  
SELCN Kaposi Sarcoma guidelines 2008  
GSTT guidelines for treating nausea and vomiting in adult patients.Sept 2007  
UCLH- Dosage Adjustment for Cytotoxics in Renal Impairment. Nov 2003  
UCLH- Dosage Adjustment for Cytotoxics in Hepatic Impairment. Nov 2003  
CTCAE v 3.0. August 2006