BC Cancer Protocol Summary for Palliative Therapy for Metastatic Breast Cancer using Weekly DOCEtaxel

*Protocol Code:* BRAVDOC7  
*Tumour Group:* Breast  
*Contact Physician:* Dr. Karen Gelmon

**ELIGIBILITY:**
- First, second, or third line treatment of metastatic breast cancer patients with ECOG performance status 0, 1, or 2, and greater than 3 month life expectancy
- Poor tolerance to high doses of dexamethasone used for BRAVDOC
- Patients unable to tolerate BRAVDOC
- For other indications, or for more than 4 cycles, a BC Cancer “Compassionate Access Program” request must be approved.

**TESTS:**
- Baseline: CBC & diff, platelets, liver enzymes
- Before each treatment: CBC & diff, platelets
- Before Cycle 3 and any time if clinically indicated*: liver enzymes

See Precaution #5 for guidelines regarding hepatic dysfunction

**PRE & POST MEDICATIONS:**
- Dexamethasone 8 mg PO 1 hour prior to DOCEtaxel treatment
- Antiemetics not usually required.

**TREATMENT:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>BC Cancer Administration Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOCEtaxel</td>
<td>36 mg/m²</td>
<td>IV in 100 to 250 mL NS over 1 hour (use non-DEHP equipment)</td>
</tr>
</tbody>
</table>

Repeat weekly for 6 weeks followed by 2 weeks rest (1 cycle = 8 weeks) x 4 cycles (32 weeks)  
Discontinue if no response after 1 cycle (8 weeks).
DOSE MODIFICATIONS:

1. Hematological:

<table>
<thead>
<tr>
<th>ANC (x 10^9/L)</th>
<th>Platelets (x 10^9/L)</th>
<th>Dose</th>
<th>Dose after Neutropenic Sepsis on DOCEtaxel</th>
</tr>
</thead>
<tbody>
<tr>
<td>greater than or equal to 1.5</td>
<td>greater than or equal to 90</td>
<td>100%</td>
<td>75%</td>
</tr>
<tr>
<td>1.0 to less than 1.5</td>
<td>70 to less than 90</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>less than 1.0</td>
<td>less than 70</td>
<td>delay</td>
<td>delay</td>
</tr>
</tbody>
</table>

2. Hepatic Dysfunction:

<table>
<thead>
<tr>
<th>Alkaline Phosphatase</th>
<th>ALT</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 2.5 x ULN</td>
<td>And less than or equal to 1.5 x ULN</td>
<td>100%</td>
</tr>
<tr>
<td>2.5 to 5 x ULN</td>
<td>And 1.6 to 5 x ULN</td>
<td>75%</td>
</tr>
<tr>
<td>greater than 5 x ULN</td>
<td>Or greater than 5 x ULN</td>
<td>Discuss with contact physician</td>
</tr>
</tbody>
</table>

ULN = upper limit of normal

3. Severe Fatigue:

For patients who experience severe fatigue, consider:
- dose reduction to 75% (27 mg/m^2) and/or
- schedule adjustment to weekly DOCEtaxel for 3 weeks followed by 1 week rest (1 cycle = 4 weeks) to complete 32 weeks total treatment including previous DOCEtaxel treatments given on 8-week cycle schedule

PRECAUTIONS:

1. Fluid retention: Although fluid retention is less likely to occur with weekly DOCEtaxel, dexamethasone premedication must be given to reduce incidence of severity of fluid retention.

2. Infusion-related reactions: Reactions are common but it is not necessary to routinely initiate the infusion slowly. If slow initiation of infusion is needed, start infusion at 30 mL/h x 5 minutes, then 60 mL/h x 5 minutes, then 120 mL/h x 5 minutes, then complete infusion at 250 mL/h for 5 minutes and then complete infusion at 500 mL/h. Refer to BC Cancer Infusion-Related Reactions Guidelines.

3. Extravasation: DOCEtaxel causes pain and tissue necrosis if extravasated. Refer to BC Cancer Extravasation Guidelines.
4. **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated aggressively.

5. **Hepatic dysfunction**: DOCEtaxel undergoes hepatic metabolism. Hepatic dysfunction (particularly elevated AST or ALT) may lead to increased toxicity and usually requires a dose reduction. Baseline liver enzymes are recommended before cycle 1 and then if clinically indicated (eg. Repeat liver enzymes prior to each treatment if liver enzymes are elevated, liver metastases are present or there is severe toxicity such as neutropenia). If liver enzymes are normal and there is no evidence of liver metastases or severe toxicity, check liver enzymes after 2 cycles (ie, at cycle 3). Note: this information is intended to provide guidance but physicians must use their clinical judgment when making decisions regarding monitoring and dose adjustments.

6. **Lacrimation**: DOCEtaxel is secreted into lacrimal fluid and excessive lacrimation leading to tear duct stenosis may occur, especially with weekly DOCEtaxel. Early intubation should be considered.

Call Dr. Karen Gelmon or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

References: