

Indication	Metastatic prostate cancer (Hormone refractory)
Treatment Intent	Palliative
Frequency and number of cycles	Repeat every 21 days for up to 10 cycles
Monitoring Parameters pre-treatment	<ul style="list-style-type: none"> • Monitor FBC, U&Es and LFT's at each cycle. • If neuts ≥ 1.5 and PLT ≥ 100 continue with treatment. If neuts 1.0-1.4 and Plts ≥ 100 d/w consultant. If neuts < 1.0 or Plts < 100 delay one week and consider dose reduction. • Hepatic Impairment: Consider dose reduction in liver impairment. Not recommended in severe liver impairment. • Renal Impairment: no dose adjustment required. • Dose Modification: • Dose reduction should be considered if grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2 (except N&V and alopecia). Delay until resolution of toxicity to \leq grade 1 • Prednisolone : <ul style="list-style-type: none"> ○ Dose may be omitted on the days of dexamethasone pre-medication. ○ Dose may be adjusted at clinician's discretion. • Common drug interactions: (for comprehensive list refer to BNF/SPC) Concomitant use with medicines which induce, inhibit or are metabolised by cytochrome P450-3A (eg ciclosporin, ketoconazole and erythromycin) may affect levels of docetaxel use with caution. Avoid concomitant use with strong CYP3A4 inhibitors (eg ketoconazole, itraconazole, clarithromycin and ritonavir), if treatment cannot be avoided consider dose reduction of docetaxel and monitor patient closely for signs of toxicity. • Ensure dexamethasone pre-medication (8mg PO BD for 3 days, starting the morning of the day prior to the next cycle of docetaxel) is prescribed and given to the patient at new patient chat
References	KMCC proforma URO-003 v4 SPC accessed online 27/02/20 BNF accessed online 27/02/20

NB For funding information, refer to CDF and NICE Drugs Funding List

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Version	V5	Written by	M.Archer
Supersedes version	V4	Checked by	C.Waters M.Capomir
Date	27.11.20	Authorising consultant (usually NOG Chair)	C.Thomas

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration
Day 1	Metoclopramide	20mg	IV		
	DOCETAXEL	75mg/m²	IV	1 hour	Sodium Chloride 0.9% 250ml
TTO	Drug	Dose	Route	Directions	
	PREDNSIOLONE	5mg	PO	BD continuously (dispense 3 weeks supply) Take with or just after food, or a meal. On the final cycle of treatment the patient should commence a reducing prednisolone dose: 5mg BD for 1 week and then 5mg OD for 2 weeks.	
	Dexamethasone	8mg	PO	BD for 3 days, starting the morning of the day prior to the next cycle of docetaxel. Take with or just after food, or a meal. Do not dispense on last cycle.	
	Metoclopramide	10mg	PO	Up to 3 times a day when required (Maximum of 30mg per day including 20mg pre-chemo dose). Do not take for more than 5 days continuously	

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