

<b>Indication</b>	Metastatic prostate cancer (hormone naïve) NB Within this indication, docetaxel is commissioned for use as follows: in men either commencing, or who have commenced within 12 weeks, long-term ADT for metastatic disease for the first time; and men of sufficient performance status to be treated with 6 cycles of docetaxel chemotherapy.
<b>Treatment Intent</b>	Palliative
<b>Frequency and number of cycles</b>	Repeat every 21 days for up to 6 cycles
<b>Monitoring Parameters pre-treatment</b>	<ul style="list-style-type: none"> <li>• Monitor FBC, U&amp;Es and LFT's at each cycle.</li> <li>• If neuts <math>\geq 1.5</math> and PLT <math>\geq 100</math> continue with treatment. If neuts 1.0-1.4 and Plts <math>\geq 100</math> d/w consultant. If neuts <math>&lt; 1.0</math> or Plts <math>&lt; 100</math> delay one week and consider dose reduction.</li> <li>• <b>Hepatic Impairment:</b> Consider dose reduction in liver impairment. Not recommended in severe liver impairment.</li> <li>• <b>Renal Impairment:</b> no dose adjustment required.</li> <li>• <b>Dose Modification:</b></li> <li>• Dose reduction should be considered if grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2 (except N&amp;V and alopecia). Delay until resolution of toxicity to <math>\leq</math> grade 1</li> <li>• Prednisolone: <ul style="list-style-type: none"> <li>○ Dose may be omitted on the days of dexamethasone pre-medication.</li> <li>○ Dose may be adjusted at clinician's discretion.</li> </ul> </li> <li>• <b>Common drug interactions: (for comprehensive list refer to BNF/SPC)</b> 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.</li> <li>• <b>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</b></li> </ul>
<b>References</b>	KMCC proforma URO-026 v3 SPC accessed online 27/02/20 BNF accessed online 27/02/20

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

Protocol No	URO-026	Kent and Medway SACT Protocol Disclaimer: No responsibility will be accepted for the accuracy of this information when used elsewhere.	
Version	V4	Written by	M.Archer
Supersedes version	V3	Checked by	C.Waters M.Capomir
Date	29.06.01	Authorising consultant (usually NOG Chair)	A.Edwards

**Repeat every 21 days**

Day	Drug	Dose	Route	Infusion Duration	Administration
Day 1	Metoclopramide	20mg	IV		
	<b>DOCETAXEL</b>	<b>75mg/m<sup>2</sup></b>	IV	1 hour	Sodium Chloride 0.9% 250ml
TTO	Drug	Dose	Route	Directions	
	<b>PREDNSIOLONE</b>	<b>5mg</b>	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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