

## Regimen Monograph

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## A - Regimen Name

**DOCE(RT-W) Regimen**

DOCEtaxel (weekly, with radiotherapy)

**Disease Site** Head and Neck  
Squamous Cell

**Intent** Adjuvant  
Curative

**Regimen Category** **Evidence-informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

**Rationale and Uses** Treatment of non-metastatic, locally advanced head and neck squamous cell carcinoma, in patients who are ineligible for cisplatin

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**B - Drug Regimen**[DOCEtaxel](#)15 mg /m<sup>2</sup>

IV

Day 1

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During radiotherapy (up to 7 cycles), unless disease progression or unacceptable toxicity

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Also refer to [CCO Antiemetic Summary](#)

**Pre-medications (prophylaxis for infusion reaction):**

- Dexamethasone\* 8 mg PO BID for 3 days, starting 1-day pre-infusion<sup>†</sup>

\* Do **not** discontinue dexamethasone, even in the absence of an IR, due to the benefits on other adverse effects (e.g. pain and edema).

<sup>†</sup>Dexamethasone 10-20 mg IV can be given if patient forgot to take oral doses.

**Screen for hepatitis B virus in all cancer patients starting systemic treatment.** Refer to the [hepatitis B virus screening and management](#) guideline.

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## J - Administrative Information

Approximate Patient Visit	1 hour
Pharmacy Workload (average time per visit)	23.936 minutes
Nursing Workload (average time per visit)	39.167 minutes

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## K - References

Docetaxel drug monograph. Ontario Health (Cancer Care Ontario).

Patil VM, Noronha V, Menon N, et al. Results of Phase III Randomized Trial for Use of Docetaxel as a Radiosensitizer in Patients With Head and Neck Cancer, Unsuited for Cisplatin-Based Chemoradiation. *J Clin Oncol*. 2023 Jan 27;JCO2200980. doi: 10.1200/JCO.22.00980.

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## M - Disclaimer

### **Regimen Abstracts**

*A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.*

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### **Regimen Monographs**

*Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.*

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