Regimen Monograph

A - Regimen Name

DOCE+TRAS Regimen

DOCEtaxel-Trastuzumab

Disease Site
Head and Neck
Salivary Gland

Intent
Palliative

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 unresectable locally advanced or recurrent /metastatic HER2-positive salivary gland cancer

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B - Drug Regimen

Cycle 1:

trastuzumab	8 mg /kg	IV (loading dose)	Day 1

(This drug is not currently publicly funded for this regimen and intent)

DOCEtaxel[1]	70 mg /m²	IV	Day 1

Cycle 2 and onwards:

trastuzumab	6 mg /kg	IV (maintenance dose)	Day 1

(This drug is not currently publicly funded for this regimen and intent)

DOCEtaxel[1]	70 mg /m²	IV	Day 1

[1]Reduce docetaxel dose to 55 mg/m^2 in patients ≥ 75 years of age

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For a usual total of 6 cycles. Trastuzumab may continue until disease progression or unacceptable toxicity (refer to TRAS(MNT)).

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low

Other Supportive Care:

Also refer to CCO Antiemetic Summary

Premedications for Docetaxel (prophylaxis for infusion reaction):

- Dexamethasone* 8 mg PO BID for 3 days, starting 1-day pre-infusion†

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

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

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J - Administrative Information

Approximate Patient Visit	First cycle: 3 hours; Subsequent cycles: 2 hours
Pharmacy Workload (average time per visit)	33.025 minutes
Nursing Workload (average time per visit)	71.667 minutes

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K - References

Takahashi H, Tada Y, Saotome T, et al. Phase II trial of trastuzumab and docetaxel in patients with human epidermal growth factor receptor 2-positive salivary duct carcinoma. J Clin Oncol 2019 Jan 10;37(2):125-34.

July 2022 new ST-QBP regimen

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M - Disclaimer

Regimen Abstracts

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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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