Regimen Monograph

A - Regimen Name

DOCE(W) Regimen

DOCEtaxel (weekly)

Disease Site	Gastrointestinal Esophagus Gastric / Stomach
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.
Rationale and Uses	Treatment of advanced gastroesophageal cancer which is refractory to platinum and fluoropyrimidines

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B - Drug Regimen

DOCEtaxel	35 mg /m²	IV	Day 1, 8, 15

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

Until disease progression or unacceptable toxicity.

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low

Other Supportive Care:

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†

* 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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E - Dose Modifications

Doses should be modified according to the protocol by which the patient is being treated.

Dosage with toxicity

Toxicity (worst in previous cycle)	Docetaxel dose*
Febrile neutropenia / Grade 4 ANC ≥ 7 d	75% of previous dose
Grade 3 skin/ neuro/ major organ/ non-hematologic toxicity	75% of previous dose
Any occurrence of cystoid macular edema	Hold and investigate; refer patient promptly an ophthalmic examination. Discontinue if confirmed.
Grade 4 skin/ neuro/ major organ/ non-hematologic toxicity OR Recurrence of Grade 3 toxicity after prior dose reduction	Discontinue
* Do not retreat until ANC ≥ 1.5 x 10^9/L, platelets ≥ 100 x 10^9/L, and toxicity ≤ grade 2.	

Management of Infusion-related reactions:

Also refer to the CCO guideline for detailed description of Management of Cancer Medication-Related Infusion Reactions.

Grade	Management	Re-challenge
1 or 2	• Stop or slow the infusion rate. • Manage the symptoms. **Restart:** • After symptom resolution, restart with pre-medications ± reduced infusion rate.	• Consider re-challenge with pre-medications and at a reduced infusion rate. • After 2 subsequent IRs, replace with a different taxane. Give intensified pre-medications and reduce the infusion rate. • May consider adding oral montelukast ± oral acetylsalicylic acid.
3 or 4	• Stop treatment. • Aggressively manage symptoms.	• Re-challenge is discouraged, especially if vital symptoms have been

		affected. • Consider desensitization if therapy is necessary. • There is insufficient evidence to recommend substitution with another taxane at re-challenge. • High cross-reactivity rates have been reported.

Hepatic Impairment

Patients with hepatic impairment have a higher risk of severe adverse effects, including fatal gastrointestinal hemorrhage, sepsis and myelosuppression.

Bilirubin		**AST and/or ALT**		**Alkaline Phosphatase**	**Docetaxel dose**
> ULN	AND	Any	AND	Any	Do not treat. Discontinue if treatment already started.
Any	AND	> 1.5 X ULN	AND	> 2.5 x ULN	

Renal Impairment

No adjustment required.

Dosage in the Elderly

No adjustment required, but caution should be exercised in elderly patients with poor performance status.

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F - Adverse Effects

Refer to DOCEtaxel drug monograph(s) for additional details of adverse effects.

Very common (≥ 50%)	Common (25-49%)	Less common (10-24%)	Uncommon (< 10%), but may be severe or life-threatening
• Fatigue • Myelosuppression +/- bleeding (may be severe) • Alopecia (may be permanent)	• Edema (may be severe) • Neuropathy (may be severe) • Nausea/vomiting • Mucositis (may be severe) • Diarrhea (may be severe, especially with neutropenia) • Rash (may be severe) • Nail disorder	• Hypersensitivity (may be severe) • Musculoskeletal pain	• Arrhythmia • Cardiotoxicity • Arterial thromboembolism • Venous thromboembolism • GI obstruction / perforation • Radiation and injection site recall reaction • ↑ LFTs • Seizure • Cystoid macular edema • Tear duct obstruction • Pneumonitis/Adult Respiratory Distress Syndrome (ARDS) • Disseminated intravascular coagulation (DIC) • Secondary malignancies • Hand-foot syndrome • Nephrotoxicity

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G - Interactions

Refer to DOCEtaxel drug monograph(s) for additional details

- Avoid concomitant use with CYP3A4 inhibitors. If must use together, consider decreasing docetaxel dose (50% for strong inhibitors).
- Caution with CYP3A4 inducers and substrates
- Avoid concurrent use with dronedarone

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H - Drug Administration and Special Precautions

Refer to DOCEtaxel drug monograph(s) for additional details

Administration:

- Refer to the respective product monographs for preparation instructions. Mix in D5W or NS to a maximum concentration of 0.3-0.74 mg/mL.
- Infuse through main IV line over 1 hour.
- In order to minimize patients' exposure to DEHP leaching from PVC bags or sets, use polyolefin or polypropylene infusion bags and polyethylene-lined administration sets.
- To minimize hypersensitivity reactions, docetaxel infusion should be started at a slow rate, then increased incrementally to planned rate.
- Monitor patient for signs of alcohol intoxication (due to alcohol content in formulation) during and after the infusion.
- Injection site recall reactions (recurrence of skin reaction at a previous extravasation site after docetaxel is administered at a different site) have been observed.

Also refer to the CCO guideline for detailed description of Management of Cancer Medication-Related Infusion Reactions.

Contraindications:

- Patients who have a history of severe hypersensitivity reactions to docetaxel, to other drugs formulated with polysorbate 80 or polyethylene glycol 300, or to any components of the formulation
- Patients with baseline neutrophil counts of $< 1.5 \times 10^9$/L
- Patients with severe liver impairment

Other Warnings/Precautions:

- Patients with:
  - bilirubin > ULN or
  - AST and/or ALT > 1.5 x ULN and ALP > 2.5 x ULN
  - ANC < 1.5 x 10^9/L
  - (refer to dose modifications section)
- Use with caution in patients with pre-existing effusions or ascites.
- Use with caution in patients who have hypersensitivity to paclitaxel.
- Docetaxel contains ethanol (refer to respective product monographs) and may cause drowsiness. Patients should be cautioned regarding driving and the use of machinery immediately after receiving the infusion. Ethanol may be harmful to patients at risk of adverse effects such as those with alcoholism, liver disease, epilepsy and children. Cases of alcohol intoxication have been reported.

Pregnancy/Lactation:

- Docetaxel is **contraindicated in pregnancy and lactation**. Adequate contraception must be used by both sexes, during docetaxel treatment and for at least **6 months** after the last dose. Fertility may be affected.

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I - Recommended Clinical Monitoring

Treating physicians may decide to monitor more or less frequently for individual patients but should always consider recommendations from the product monograph.

Recommended Clinical Monitoring

- CBC, including nadir counts; baseline and before each dose
- Liver function tests; baseline and before each cycle
- Clinical toxicity assessment of infection, bleeding, neurotoxicity, fluid retention, hypersensitivity, lethargy, cutaneous reactions, thromboembolism, cardiovascular, musculoskeletal pain, ophthalmic, GI or respiratory effects or enterocolitis with neutropenia; at each visit

- Grade toxicity using the current NCI-CTCAE (Common Terminology Criteria for Adverse Events) version

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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, Cancer Care Ontario.

Abbrederis K, Lorenzen S, von Weikersthal LF, et al. Weekly docetaxel monotherapy for advanced gastric or esophagogastric junction cancer. Results of a phase II study in elderly patients or patients with impaired performance status. Crit Rev Oncol Hematol 2008;66(1):84-90.

Graziano F, Catalano V, Baldelli AM, et al. A phase II study of weekly docetaxel as salvage chemotherapy for advanced gastric cancer. Ann Oncol 2000;11:1263-6.

Kim JY , Ryoo HM , Bae SH, et al. Multicenter randomized phase II study of weekly docetaxel versus weekly docetaxel plus oxaliplatin as a secondline chemotherapy for patients with advanced gastric cancer. Anticancer Res 2015;35(6):35316.

PEBC Advice Documents or Guidelines

- Systemic Therapy for Advanced Gastric and Gastro-Esophageal Carcinoma

November 2022 Added PEBC guideline

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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

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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.

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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