Treatment of Anthracycline Resistant Metastatic Breast Cancer (for young patients with good performance status)

capecitabine
1,700 mg/m² PO Days 1-14 150 mg & 500 mg tablets
- Divided into BID dosing for 14 days.
- Outpatient prescription available in 150 mg and 500 mg tablets.
- Trade name is Xeloda™

DOCEtaxel
75 mg/m² IV Day 1 Round to nearest 3 mg
- Mix in 250 mL bag 5% Dextrose or Normal Saline to maximum concentration of 0.3-0.74 mg/mL
Doses greater than 185 mg, mix in 500 mL Normal Saline.
- Use non-PVC equipment without a filter; Infuse through main IV line.
- Elasto-gel™ gloves should be placed on both hands during treatment.
- Gloves should be changed as needed to sustain the cold temperature.

First and Second Dose:
- Infuse at a slower rate and then increase incrementally.
- Infuse at 30 mL/hr for 5 minutes, then at 60 mL/hr for 5 minutes, then at 125 mL/hr for 5 minutes, then finally at 250 mL/hr until infusion complete.

Subsequent doses:
- Infuse over 1 hour.

REPEAT EVERY 21 DAYS
dexamethasone
8 mg PO Day 0 4 mg tablet
- Q12H for 3 days starting one day before chemotherapy.
diphenhydrAMINE
50 mg IV Day 1
- Admix in 50-100 mL minibag 5% Dextrose or Normal Saline.
- Give over 10-15 minutes.
- Wait 30 minutes before DOCEtaxel dose started.
- 50 mg PO may be given instead.

PATIENT VISITS and APPOINTMENT TYPE:

Day 1 DOCE (first 2 doses)
2hrs Type D
Day 1 DOCE (subsequent)
2hrs Type C

TESTS:
Baseline Tests - WBC HB PLT ANC Cr Urea T.Bili AST ALT AlkPhosphatase
Day 1 - WBC HB PLT ANC

Test Notes:
- Repeat lfts, urea, Cr, LFTs every 3 cycles or prn.

ANTIEMETIC PRE-CHEMO REGIMEN:

Level B - Day 1
dexamethasone 8 mg PO/IV (If not taken at home prior to treatment).
- May add prochlorperazine 10 mg PO/IV prn.

Level A - Days 1-14
- prochlorperazine 10 mg PO q4-6h prn

TOXICITIES:

Hematologic
1. If ANC less than 1.5 x 10⁹/L, or if PLT less than 100 x 10⁹/L, HOLD chemotherapy for 1 week.

Renal Failure
1. If CrCl equals 0.5-0.8 mL/sec, REDUCE capecitabine to 75% dose.
2. If CrCl less than 0.5 mL/sec, OMIT capecitabine.

Hepatic Dysfunction
1. Decrease DOCEtaxel dose if LFTs greater than 1.5 x ULN.
2. If AST or ALT greater than 53 units/L, or if Alk Phos greater than 180 units/L, REDUCE DOCEtaxel dose by 50%.
3. Use of capecitabine in severe hepatic dysfunction has not been studied.

Gastrointestinal
1. If any Toxicity Score equals Grade 2, HOLD capecitabine until score equals 0 or 1, resume at 100% of dose if second occurrence, at 75% dose, third occurrence at 50%, if fourth occurrence STOP capecitabine.
2. If any Toxicity Score equals Grade 3, HOLD capecitabine until score equals 0 or 1, resume at 75% dose or 1,000 mg/m² BID if second occurrence, resume at 50%, if third occurrence STOP capecitabine.
3. If any Toxicity Score equals Grade 4, STOP capecitabine.

SUGGESTED ACTION

CLINICAL MONITORING:
- Caution is advised in patients with lung toxicities (lung metastases, effusions).
- Clinical assessment of stomatitis; oral examination upon patient complaint of a sore mouth.
- Skin assessment, especially extremities.
- Routine assessment of diarrhea, at each clinic visit and telephone reinforcement.
- Watch for symptoms of fever and infection.
- Skin assessment at each visit, including nails.

Skin Toxicity
4. Desquamation, ulceration, or necrosis

Fluid Retention
0. None 1. Mild peripheral edema 2. Pleural effusion, outpatient management. 3. Pericardial effusion, inpatient management. 4. Intubation required

Diarrhea:
1. Increase of less than 4 stools per day over baseline; mild increase in ostomy output compared to baseline. 2. Increase of 4 - 6 stools per day over baseline; IV fluids indicated less than 24hrs; moderate increase in ostomy output compared to baseline; not interfering with ADL. 3. Increase of greater than 6 stools per day over baseline; incontinence; IV fluids greater than 24 hrs; hospitalization; severe increase in ostomy output compared to baseline; interfering with ADL. 4. Life-threatening consequences (e.g., hemodynamic collapse) 5. Death

Hand-foot skin reaction:
1. Minimal skin changes or dermatitis (e.g., erythema) without pain 2. Skin changes (e.g., peeling, blisters, bleeding, edema) or pain, not interfering with function 3. Ulcerative dermatitis or skin changes with pain interfering with function

Nail Changes:
1. Discoloration; ridging (koilonychias); pitting 2. Partial or complete loss of nail(s) 3. Interfering with ADL

RATED AT EACH CLINIC VISIT

HYPERSENSITIVITY:

DOCEtaxel Hypersensitivity Procedures:
- If hypersensitivity reaction during administration:
  1. Discontinue DOCEtaxel immediately if there are signs or symptoms of moderate or severe hypersensitivity. (Mild symptoms may resolve with a decrease in the rate of infusion).
  2. Rapid IV administration of diphenhydrAMINE 50-100 mg and hydrocortisone 100 mg.
  3. Re-initiate infusion after 30 minutes, or when signs of reaction are resolved. Resume infusion at a slower rate, then increase incrementally to the initial planned rate, eg. infuse at 30 mL/hr (an 8-hour rate) for 5 minutes, then at 60 mL/hr (a 4-hour rate) for 5 minutes, then at 125 mL/hr (a 2-hour rate) for 5 minutes, then finally, resume at 250 mL/hr (1-hour infusion rate).
  4. Depending on the intensity of the reaction, additional oral or IV premedication with an antihistamine should also be given for the nextcycle of treatment and the rate of infusion should be decreased initially and then increased back to the recommended 1-hour infusion.

Notes:
- Port recommended.
- Take tablets WITH FOOD (within 30 minutes of a meal).
- Prophylaxis to Prevent Hand-Foot Skin Reaction: Apply Lac-Hydrin™ Lotion to hands and feet once or twice daily.