

Docetaxel 75 / Cisplatin 75, Non-Small Cell Lung Carcinoma

Protocol-ID: 144 V1.1 (Complete), DOCE75/CISP75, NSCLC

Indication(s)

• Lung Carcinoma, Non-Small Cell; ICD-10 C34.-

Protocol classification

· Classification: current standard

Intensity: Standard doseTherapy mode: First lineTherapy intention: palliative

Cycles

Cycle length 21 days, recommended cycles: 6

Risks

- Emetogenicity (MASCC/ESMO): high (>90%)
- Neutropenia: very high (>41%)
- Febrile Neutropenia: intermediate (10-20%)
- Thrombocytopenia below 50 000/µl: low (<10%)
- Anemia Hb below 8g/dl: moderate (6-15%)
- Cardiotoxicity: low (<10%)

Therapy

Aller	gy prophylaxis: Docetaxel allergy prophylax	is, Dexamethas	one					АР
Acce	ss: - none -							
Doce	taxel SmPC							
Day	Substance	Dosage	Solution		Appl.	Inf. time	Procedure	
-1	Dexamethasone	8 mg			p.o.		1-0-1-0	
From	day before therapy with Docetaxel, antihistamin	ne therapy not pr	ovided for in s	ummary	of product c	haracteristics.		
Hydr	ration: Hydration to Cisplatin (from 50 mg/m²)						HYD
Acce	ss: peripheral venous							
Modi	fied from Crona DJ et al 2017 and Hamroun A e	et al 2019.						
Day	Substance	Dosage	Solution	Appl.	Inf. time	Procedure		
1	Balanced Crystalloid Solution	3000 ml		i.v.	6 h	60 min before [Docetaxel (d1)	
Paral	llel to cisplatin and beyond. 20 mmol KCl and 4	mmol (10 ml) Mg	SO4 added to	1000 m	l balanced cı	rystalloid solution		
1	Potassium chloride	60 mmol	none	i.v.	6 h	60 min before [Docetaxel (d1)	
1	Magnesium sulfate	12 mmol	none	i.v.	6 h	60 min before [Docetaxel (d1)	

Antiemesis: Emetogenicity high, FOSAP, GRAN i.v., DEXA i.v.

Access: peripheral venous

DGHO 2016, DKG 2016, MASCC/ESMO 2016

Day	Substance	Dosage	Solution	Appl.	Inf. time	Procedure
1	Fosaprepitant	150 mg	NaCl 0.9% 150 ml	i.v.	20 min	30 min before Docetaxel (d1)
1	Dexamethasone	12 mg	NaCl 0.9% 50 ml	i.v.	5 min	30 min before Docetaxel (d1)
1	Granisetron	1 mg	NaCl 0.9% 50 ml	i.v.	5 min	15 min before Docetaxel (d1)
or oth	er 5-HT3 receptor antagonist					
2-4	Dexamethasone	8 mg		p.o.		1-0-0-0
altern	atively 4 mg 1-0-1					

Antineoplastic therapy: CISP75/DOCE75

ANTX

ΑE

Access: peripheral venous

Palliative therapy in advanced NSCLC

Day	Substance	Dosage	Solution	Appl.	Inf. time	Procedure
1	Docetaxel	75 mg/m² BSA	NaCl 0.9% 250 ml	i.v.	60 min	Sequence
Give d	ocetaxel concurrently w	ith hydration before cisplatin.				
1	Cisplatin	75 mg/m² BSA	NaCl 0.9% 500 ml	i.v.	60 min	Sequence

Hematopoietic growth factors: FN risk 10-20%, G-CSF long-acting, pegylated

HW

Access: - none -

Risk of febrile neutropenia (FN) 10-20% and 1 risk factor: age > 65 y, laboratory parameters (anemia, lymphocytopenia < 700/µl, hypalbuminemia, hyperbilirubinemia) previous chemotherapy, comorbidities, low performance status, advanced symptomatic tumor disease (DKG 2016)

Day	Substance	Dosage	Solution	Appl.	Inf. time	Procedure
2	Pegfilgrastim	6 mg		subc	Bolus	24 h after Cisplatin (d1)
Use at	risk: FN 10-20% and 1 risk factor	sk: FN 10-20% and 1 risk factor, other long-acting G-CSF		sible.		

Supportive therapy: Magnesium p.o.

SUP

Access: - none -

For magnesium substitution in cisplatin therapies from 50mg/m².

Day	Substance	Dosage	Solution	Appl.	Inf. time	Procedure
1-3	Magnesium	150 mg		p.o.		1-0-1-0
For Cispl	latin-containing therapies, 150 mg N	Magnesium corresponds	s to about 6.2 mmol.			

Substance links

Links to substances are found here.

Concomitant therapy supplements

For highly emetogenic chemotherapy, additional olanzapine is recommended in the acute (day 1) and delayed phases (days 2-4) at a dosing of 5-10 mg per day (NCCN, ESMO, ASCO, Onkopedia; as of 6/24).

Dexamethasone for allergy prophylaxis is covered by dexamethasone for antiemesis on days 1 and 2.

Notes

in case of response 4-6 cycles, maximum 6

Cycle diagram

Allergy prophylaxis: Docetaxel allergy prophylaxis, Dexamethasone

	Week -1 / d								Week 1 / d							
Substance	-7	-6	-5	-4	-3	-2	7	1	2	3	4	5	6	7		
Dexamethasone (p.o.)																

Hydration: Hydration to Cisplatin (from 50 mg/m²)

	Week -1 / d								Week 1 / d						
Substance	-7	-6	-5	-4	ကု	-2	-1	1	2	3	4	5	6	7	
Balanced Crystalloid Solution (i.v.)															
Potassium chloride (i.v.)															
Magnesium sulfate (i.v.)															

Antiemesis: Emetogenicity high, FOSAP, GRAN i.v., DEXA i.v.

			Wee	ek -1	I / d		Week 1 / d							
Substance	-7	-6	-5	-4	-3	-2	-1	1	2	3	4	5	6	7
Fosaprepitant (i.v.)														
Dexamethasone (i.v.)														
Granisetron (i.v.)														
Dexamethasone (p.o.)														

Antineoplastic therapy: CISP75/DOCE75

		Week -1 / d								Week 1 / d							
Substance	-7	6	-5	-4	ကု	-2	7	1	2	3	4	5	6	7			
Docetaxel (i.v.)																	
Cisplatin (i.v.)																	

Hematopoietic growth factors: FN risk 10-20%, G-CSF long-acting, pegylated

		Week -1 / d								Week 1 / d							
Substance	-7	4	ទុ	-4	ကု	-2	٦-	1	2	3	4	5	6	7			
Pegfilgrastim (subc)																	

Supportive therapy: Magnesium p.o.

			Wee	ek -1	/ d		Week 1 / d								
Substance	-7	-6	-5	-4	-3	-2	-1	1	2	3	4	5	6	7	
Magnesium (p.o.)															

Cycles

Cycle length 21 days, recommended cycles: 6

Controls:

- · Blood count: 1x weekly
- Audiogram Ototoxicity of cisplatin
- Echocardiography, ECG Evaluation of cardiac pump function before cisplatin therapy.
- Day 1: Creatinine, glomerular filtration rate (GFR) Exclusion of renal insufficiency before cisplatin.
- Day 1: GOT, GPT, GGT, Bilirubin, AP, Cholinesterase Liver function prior to Docetaxel and Cisplatin administration, ongoing liver monitoring during therapy.
- Day 1,2: Na⁺, K⁺, Ca²⁺, Mg²⁺ Exclusion of electrolyte imbalance during cisplatin and infusion therapy.
- · Day 1-2: Weight

Original indication

Non-small cell lung Ca Std IIIb, IV or recurrence.

Original author

Joan H. Schiller (2002)

Origin

References

- Schiller JH, Comparison of four chemotherapy regimens for advanced non-small-cell lung cancer. N Engl J Med 2002 Jan 10;346(2):92-8. doi: 10.1056/NEJMoa011954. PMID: 11784875. [PMID]
- Millward MJ, Phase I trial of docetaxel and cisplatin in previously untreated patients with advanced non-small-cell lung cancer. J Clin Oncol 1997 Feb;15(2):750-8. doi: 10.1200/JCO.1997.15.2.750. PMID: 9053501. [PMID]
- Fossella F, Randomized, multinational, phase III study of docetaxel plus platinum combinations versus vinorelbine plus cisplatin for advanced non-small-cell lung cancer: the TAX 326 Study Group J Clin Oncol 2003 Aug 15;21(16):3016-24. doi: 10.1200/JCO.2003.12.046. PMID: 12837811. [PMID]
- Novello S, Metastatic non-small-cell lung cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol 2016 Sep;27(suppl 5):v1-v27. doi: 10.1093/annonc/mdw326. PMID: 27664245. [PMID]

Recommendations

- 09/2021: European Society for Medical Oncology
- 02/2023: National Comprehensive Cancer Network

Status

Valid since 2023-02-22, Version 1.1, last updated 2023-02-22

Last modification: V1.1: Hydration update according to Crona 2017 and Hamroun 2019. V1.0: Cato test done. Hydration modified to Cisplatin, substances of the fluid module merged for Cato export. V0.1: Run times and dosing according to Milward 1997.

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