



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

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

### Indication(s)

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

### Protocol classification

- Classification: current standard
- Intensity: Standard dose
- Therapy mode: First line
- Therapy 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/ $\mu$ l: low (<10%)
- Anemia Hb below 8g/dl: moderate (6-15%)
- Cardiotoxicity: low (<10%)

### Therapy

#### Allergy prophylaxis: Docetaxel allergy prophylaxis, Dexamethasone

AP

Access: - none -

Docetaxel SmPC

Day	Substance	Dosage	Solution	Appl.	Inf. time	Procedure
-1	<b>Dexamethasone</b>	8 mg		p.o.		1-0-1-0

From day before therapy with Docetaxel, antihistamine therapy not provided for in summary of product characteristics.

#### Hydration: Hydration to Cisplatin (from 50 mg/m<sup>2</sup>)

HYD

Access: peripheral venous

Modified from Crona DJ et al 2017 and Hamroun A et al 2019.

Day	Substance	Dosage	Solution	Appl.	Inf. time	Procedure
1	<b>Balanced Crystalloid Solution</b>	3000 ml		i.v.	6 h	60 min before Docetaxel (d1)
Parallel to cisplatin and beyond. 20 mmol KCl and 4 mmol (10 ml) MgSO <sub>4</sub> added to 1000 ml balanced crystalloid solution						
1	<b>Potassium chloride</b>	60 mmol	none	i.v.	6 h	60 min before Docetaxel (d1)
1	<b>Magnesium sulfate</b>	12 mmol	none	i.v.	6 h	60 min before Docetaxel (d1)

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

AE

Access: peripheral venous

DGHO 2016, DKG 2016, MASCC/ESMO 2016

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

**Antineoplastic therapy: CISP75/DOCE75**

CTX

Access: peripheral venous

Palliative therapy in advanced NSCLC

Day	Substance	Dosage	Solution	Appl.	Inf. time	Procedure
1	<b>Docetaxel</b>	75 mg/m <sup>2</sup> BSA	NaCl 0.9% 250 ml	i.v.	60 min	Sequence
Give docetaxel concurrently with hydration before cisplatin.						
1	<b>Cisplatin</b>	75 mg/m <sup>2</sup> 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	<b>Pegfilgrastim</b>	6 mg		subc	Bolus	24 h after Cisplatin (d1)
Use at risk: FN 10-20% and 1 risk factor, other long-acting G-CSF possible.						

**Supportive therapy: Magnesium p.o.**

SUP

Access: - none -

For magnesium substitution in cisplatin therapies from 50mg/m<sup>2</sup>.

Day	Substance	Dosage	Solution	Appl.	Inf. time	Procedure
1-3	<b>Magnesium</b>	150 mg			p.o.	1-0-1-0
For Cisplatin-containing therapies, 150 mg Magnesium corresponds to about 6.2 mmol.						

**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

**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<sup>+</sup>, K<sup>+</sup>, Ca<sup>2+</sup>, Mg<sup>2+</sup> Exclusion of electrolyte imbalance during cisplatin and infusion therapy.
- Day 1-2: Weight

## Original author

Joan H. Schiller (2002)

## Origin

Eastern Cooperative Oncology Group

## 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](#)

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