

Non small cell lung cancer metastatic DOCEtaxel three weekly

ID: 213 v.4 **Endorsed** Essential Medicine List

Check for clinical trials in this patient group. Link to [Australian Clinical Trials](#) website

Link to [Clinical practice guidelines for the treatment of lung cancer](#)

The anticancer drug(s) in this protocol may have been included in the ADDIKD guideline. Dose recommendations in kidney dysfunction have yet to be updated to align with the ADDIKD guideline. Recommendations will be updated once the individual protocol has been evaluated by the reference committee. For further information refer to the ADDIKD guideline. To assist with calculations, use the [eviQ Estimated Glomerular Filtration Rate \(eGFR\) calculator](#).

International Consensus Guideline for Anticancer Drug Dosing in Kidney Dysfunction (ADDIKD)

2022

[Click here](#)



Related pages:

- [Non small cell lung cancer metastatic DOCEtaxel weekly SUPERSEDED](#)

Treatment schedule - Overview

Cycle 1 to 4

Drug	Dose	Route	Day
DOCEtaxel	75 mg/m ²	IV infusion	1

Frequency: 21 days

Cycles: 4 unless otherwise indicated

Notes:

If treatment is to be used as second-line therapy the low response rate and short duration of remissions should be considered and discussed with the patient.

Drug status: Docetaxel is on the [PBS general schedule](#)

Cost: ~ \$80 per cycle

Treatment schedule - Detail

The supportive therapies (e.g. antiemetics, premedications, etc.), infusion times, diluents, volumes and routes of administration, if included, are listed as defaults. They may vary between institutions and can be substituted to reflect individual institutional policy.

Antiemetics if included in the treatment schedule are based upon recommendations from national and international guidelines. These are **defaults only** and may be substituted to reflect individual institutional policy. [Select here for recommended doses of alternative antiemetics.](#)

Cycle 1 to 4

Day before chemotherapy

Day before chemotherapy		
Dexamethasone	8 mg (PO)	TWICE a day with or after food
Day 1		
Dexamethasone	8 mg (PO)	TWICE a day with or after food
DOCEtaxel	75 mg/m ² (IV infusion)	in 250 mL to 500 mL sodium chloride 0.9% over 60 minutes
Day 2		
Dexamethasone	8 mg (PO)	TWICE a day with or after food

Frequency: 21 days

Cycles: 4 unless otherwise indicated

Indications and patient population

- Locally advanced, recurrent or metastatic NSCLC
 - may be considered for first line therapy in patients who cannot tolerate doublet therapy and who have a WHO performance status less than 2

Clinical information

Venous access required	IV cannula (IVC) or central venous access device (CVAD) is required to administer this treatment. Read more about central venous access device line selection
Hypersensitivity/infusion related reaction	High risk with docetaxel Read more about Hypersensitivity reaction
Premedication	The product information states that premedication is required for this treatment. Please refer to the treatment schedule for the suggested premedication regimen. This may be substituted to reflect institutional policy. Read more about premedication for prophylaxis of taxane hypersensitivity reactions
Emetogenicity LOW	Suggested default antiemetics have been added to the treatment schedule, and may be substituted to reflect institutional policy. Ensure that patients also have sufficient antiemetics for breakthrough emesis: Metoclopramide 10 mg three times a day when necessary (maximum of 30 mg/24 hours, up to 5 days) OR Prochlorperazine 10 mg PO every 6 hours when necessary. Read more about preventing anti-cancer therapy induced nausea and vomiting
Peripheral neuropathy	Assess prior to each treatment. If a patient experiences grade 2 or greater peripheral neuropathy, a dose reduction, delay, or omission of treatment may be required; review by medical officer before commencing treatment. Read more about peripheral neuropathy Link to chemotherapy-induced peripheral neuropathy screening tool
Blood tests	FBC, EUC, eGFR and LFTs at baseline and prior to each cycle.
Hepatitis B screening and prophylaxis	Routine screening for HBsAg and anti-HBc is NOT usually recommended for patients receiving this treatment. Read more about hepatitis B screening and prophylaxis in cancer patients requiring cytotoxic and/or immunosuppressive therapy

Vaccinations	<p>Live vaccines are contraindicated in cancer patients receiving immunosuppressive therapy and/or who have poorly controlled malignant disease.</p> <p>Refer to the recommended schedule of vaccination for immunocompromised patients, as outlined in the Australian Immunisation Handbook.</p> <p>Read more about COVID-19 vaccines and cancer.</p>
Fertility, pregnancy and lactation	<p>Cancer treatment can have harmful effects on fertility and this should be discussed with all patients of reproductive potential prior to commencing treatment. There is a risk of foetal harm in pregnant women. A pregnancy test should be considered prior to initiating treatment in females of reproductive potential if sexually active. It is important that all patients of reproductive potential use effective contraception whilst on therapy and after treatment finishes. Effective contraception methods and adequate contraception timeframe should be discussed with all patients of reproductive potential. Possibility of infant risk should be discussed with breastfeeding patients.</p> <p>Read more about the effect of cancer treatment on fertility</p>

Dose modifications

Evidence for dose modifications is limited, and the recommendations made on eviQ are intended as a guide only. They are generally conservative with an emphasis on safety. Any dose modification should be based on clinical judgement, and the individual patient's situation including but not limited to treatment intent (curative vs palliative), the anti-cancer regimen (single versus combination therapy versus chemotherapy versus immunotherapy), biology of the cancer (site, size, mutations, metastases), other treatment related side effects, additional co-morbidities, performance status and patient preferences. Suggested dose modifications are based on clinical trial findings, product information, published guidelines and reference committee consensus. The dose reduction applies to each individual dose and not to the total number of days or duration of treatment cycle unless stated otherwise. Non-haematological gradings are based on [Common Terminology Criteria for Adverse Events \(CTCAE\)](#) unless otherwise specified. Renal and hepatic dose modifications have been standardised where possible. For more information see dosing considerations & disclaimer.

The dose recommendations in kidney dysfunction (i.e. renal impairment) displayed may not reflect those in the ADDIKD guideline and have been included for historical reference only. Recommendations will be updated once the individual protocol has been evaluated by the reference committee, with this version of the protocol then being archived. Clinicians are expected to refer to the ADDIKD guideline prior to prescribing in kidney dysfunction.

[International Consensus Guideline for Anticancer Drug Dosing in Kidney Dysfunction \(ADDIKD\)](#).

Note: All dose reductions are calculated as a percentage of the starting dose

Haematological toxicity	
ANC x 10 ⁹ /L (pre-treatment blood test)	
1.0 to less than 1.5	Refer to local institutional guidelines; it is the view of the expert clinicians that treatment should continue if patient is clinically well.
0.5 to less than 1.0	Delay treatment until recovery
less than 0.5	Delay treatment until recovery and reduce docetaxel by 25% for subsequent cycles
Febrile neutropenia	Delay treatment until recovery and reduce docetaxel by 25% for subsequent cycles
Platelets x 10 ⁹ /L (pre-treatment blood test)	
75 to less than 100	The general recommendation is to delay, however if the patient is clinically well it may be appropriate to continue treatment; refer to treating team and/or local institutional guidelines.
50 to less than 75	Delay treatment until recovery
less than 50	Delay treatment until recovery and reduce docetaxel by 25% for subsequent cycles

Renal impairment

No dose modifications necessary

Hepatic impairment

Hepatic dysfunction

Minimal	Reduce docetaxel by 25%
Mild	Reduce docetaxel by 50%
Moderate/Severe	Omit docetaxel

Peripheral neuropathy

Grade 2 which is present at the start of the next cycle	Reduce docetaxel by 25%; if persistent, reduce docetaxel by 50%
Grade 3 or Grade 4	Omit docetaxel

Mucositis and stomatitis

Grade 2	Delay treatment until toxicity has resolved to Grade 1 or less and reduce the dose for subsequent cycles as follows: 1 st occurrence: No dose reduction 2 nd occurrence: Reduce docetaxel by 25% 3 rd occurrence: Reduce docetaxel by 50% 4 th occurrence: Omit docetaxel
Grade 3 or Grade 4	Delay treatment until toxicity has resolved to Grade 1 or less and reduce the dose for subsequent cycles as follows: 1 st occurrence: Reduce docetaxel by 50% 2 nd occurrence: Omit docetaxel

Interactions

Drug interactions in eviQ protocols are under review and being updated to align with current literature. Further site-wide updates and changes will occur in due course. [References & Disclaimer](#)

The drug interactions shown below are not an exhaustive list. For a more comprehensive list and for detailed information on specific drug interactions and clinical management, please refer to the specific drug product information and the following key resources:

- [MIMS - interactions tab](#) (includes link to a CYP-450 table) (login required)
- [Australian Medicines Handbook \(AMH\) – interactions tab](#) (login required)
- [Micromedex Drug Interactions](#) (login required)
- [Cancer Drug Interactions](#)
- [Cytochrome P450 Drug Interactions](#)

Docetaxel

	Interaction	Clinical management
CYP3A4 and P-gp inhibitors (e.g. amiodarone, aprepitant, azole-antifungals, ritonavir, lapatinib, nilotinib, sorafenib, macrolides, ciclosporin, grapefruit juice etc.)	Increased toxicity of docetaxel possible due to reduced clearance	Avoid combination or monitor for docetaxel toxicity
CYP3A4 inducers (e.g. carbamazepine, phenytoin, phenobarbitone, rifampicin, St John's wort etc.)	Reduced efficacy of docetaxel possible due to increased clearance	Avoid combination or monitor for decreased clinical response to docetaxel

General		
	Interaction	Clinical management
Warfarin	Anti-cancer drugs may alter the anticoagulant effect of warfarin.	Monitor INR regularly and adjust warfarin dosage as appropriate; consider alternative anticoagulant.
Direct oral anticoagulants (DOACs) e.g. apixaban, rivaroxaban, dabigatran	Interaction with both CYP3A4 and P-gp inhibitors /inducers. DOAC and anti-cancer drug levels may both be altered, possibly leading to loss of efficacy or toxicity (i.e. increased bleeding).	Apixaban: avoid concurrent use with strong CYP3A4 and P-gp inhibitors. If treating VTE, avoid use with strong CYP3A4 and P-gp inducers. Rivaroxaban: avoid concurrent use with strong CYP3A4 and P-gp inhibitors. Dabigatran: avoid combination with strong P-gp inducers and inhibitors. If concurrent use is unavoidable, monitor closely for efficacy/toxicity of both drugs.
Digoxin	Anti-cancer drugs can damage the lining of the intestine; affecting the absorption of digoxin.	Monitor digoxin serum levels; adjust digoxin dosage as appropriate.
Antiepileptics	Both altered antiepileptic and anti-cancer drug levels may occur, possibly leading to loss of efficacy or toxicity.	Where concurrent use of an enzyme-inducing antiepileptic cannot be avoided, monitor antiepileptic serum levels for toxicity, as well as seizure frequency for efficacy; adjust dosage as appropriate. Also monitor closely for efficacy of the anti-cancer therapy.
Antiplatelet agents and NSAIDs	Increased risk of bleeding due to treatment related thrombocytopenia.	Avoid or minimise combination. If combination deemed essential, (e.g. low dose aspirin for ischaemic heart disease) monitor for signs of bleeding.
Serotonergic drugs, including selective serotonin reuptake inhibitors (SSRIs e.g. paroxetine) and serotonin noradrenaline reuptake inhibitors (SNRIs e.g. venlafaxine)	Increased risk of serotonin syndrome with concurrent use of 5-HT3 receptor antagonists (e.g. palonosetron, ondansetron, granisetron, tropisetron, dolasetron, etc.)	Avoid combination. If combination is clinically warranted, monitor for signs and symptoms of serotonin syndrome (e.g. confusion, agitation, tachycardia, hyperreflexia). For more information link to TGA Medicines Safety Update
Vaccines	Diminished response to vaccines and increased risk of infection with live vaccines.	Live vaccines (e.g. BCG, MMR, zoster and varicella) are contraindicated in patients on immunosuppressive therapy. Use with caution in patients on non-immunosuppressive therapy. For more information; refer to the recommended schedule of vaccination for cancer patients, as outlined in the Australian Immunisation Handbook

Administration

eviQ provides safe and effective instructions on how to administer cancer treatments. However, eviQ does not provide every treatment delivery option, and is unable to provide a comprehensive list of cancer treatment agents and their required IV line giving set/filter. There may be alternative methods of treatment administration, and alternative supportive treatments that are also appropriate. Please refer to the individual

Day 1

Approximate treatment time: 90 minutes

Safe handling and waste management

Safe administration

General patient assessment prior to each day of treatment.

Peripheral neuropathy assessment tool

Any toxicity grade 2 or greater may require dose reduction, delay or omission of treatment and review by medical officer before commencing treatment.

Prime IV line(s).

Insert IV cannula or access [TIVAD](#) or [CVAD](#).

Pre treatment medication

Verify antiemetics taken or administer as prescribed.

Verify premedication taken or administer as prescribed.

⌚ Chemotherapy - Time out

Docetaxel

Prior to administration:

- assess patient for fluid retention or weight gain prior to each cycle
 - notify medical officer of any signs of fluid retention or unexplained weight gain.

The medicines information reference publications stipulate the use of non-PVC containing bags and administration sets. However, this is not consistently recommended in the product information, therefore the decision should be at the discretion of the administering unit.

Administer docetaxel (irritant with vesicant properties):

- via IV infusion over 60 minutes
- observe for hypersensitivity reactions
- flush with ~ 100 mL of sodium chloride 0.9%.

Stop infusion at first sign of reaction:

- if symptoms are mild and resolve when infusion is stopped, consider recommencing infusion after review by medical officer at a slower rate.
- for severe reactions seek medical assistance immediately and do not restart infusion.

Remove IV cannula and/or deaccess [TIVAD](#) or [CVAD](#).

Continue [safe handling](#) precautions until 7 days after completion of drug(s)

Discharge Information

Antiemetics

- Antiemetics as prescribed.

Premedication

- Premedication for next cycle of chemotherapy.

Patient information

- Ensure patient receives patient information sheet.

Side effects

The side effects listed below are not a complete list of all possible side effects for this treatment. Side effects are categorised into the approximate onset of presentation and should only be used as a guide.

Immediate (onset hours to days)

Hypersensitivity reaction	Anaphylaxis and infusion related reactions can occur with taxanes. Read more about premedication for prophylaxis of taxane hypersensitivity reactions
Nausea and vomiting	Read more about prevention of treatment induced nausea and vomiting
Taste and smell alteration	Read more about taste and smell changes

Early (onset days to weeks)

Neutropenia	Abnormally low levels of neutrophils in the blood. This increases the risk of infection. Any fever or suspicion of infection should be investigated immediately and managed aggressively. Read more about immediate management of neutropenic fever
Thrombocytopenia	A reduction in the normal levels of functional platelets, increasing the risk of abnormal bleeding. Read more about thrombocytopenia
Oral mucositis	Erythematous and ulcerative lesions of the gastrointestinal tract (GIT). It commonly develops following chemotherapy, radiation therapy to the head, neck or oesophagus, and high dose chemotherapy followed by a blood and marrow transplant (BMT). Read more about oral mucositis
Arthralgia and myalgia	Generalised joint pain or and/or stiffness and muscle aches, often worse upon waking or after long periods of inactivity. Can improve with movement. May be mild or severe, intermittent or constant and accompanied by inflammation. Read more about arthralgia and myalgia
Fatigue	Read more about fatigue
Skin rash	Anti-cancer drugs can cause a number of changes in the skin with maculo-papular rash the most common type of drug-induced skin reaction. Read more about skin rash
Ocular changes	Symptoms may include eye pain, blurred vision, blepharitis, uveitis, optic neuritis, tear duct stenosis, conjunctivitis, hyperlacrimation, watery or dry eyes and photophobia.
Palmar-plantar erythrodysesthesia (PPE) - hand-foot syndrome (HFS)	Bilateral erythema, tenderness, pain, swelling, tingling, numbness, pruritus, dry rash, or moist desquamation and ulceration of the palms and soles. It is also known as hand-foot syndrome (HFS). Symptoms appear to be dose dependent and palms are affected more than soles. Read more about hand-foot syndrome associated with chemotherapy
Peripheral neuropathy	Typically symmetrical sensory neuropathy, affecting the fingers and toes, sometimes progressing to the hands and feet. It is associated with several classes of anti-cancer drugs. These include taxanes, platinum-based compounds, vinca alkaloids and some drugs used to treat multiple myeloma. Read more about peripheral neuropathy
Fluid retention syndrome	Fluid retention, including peripheral oedema and weight gain, may occur with docetaxel treatment. The main risk factor for development is cumulative docetaxel dose. Pre-medication with dexamethasone may be used. Fluid retention will slowly resolve after cessation of treatment. Read more about fluid retention syndrome associated with docetaxel

Late (onset weeks to months)	
Anaemia	Abnormally low levels of red blood cells (RBCs) or haemoglobin in the blood. Read more about anaemia
Alopecia - partial	Hair thinning and/or patchy hair loss. Patients can also experience mild to moderate discomfort of the hair follicles, and rarely pain as the hair is falling out. Read more about alopecia and scalp cooling
Nail changes	Hyperpigmentation, paronychia, onycholysis, splinter haemorrhage, pyogenic granuloma formation, subungal haematoma and subungal hyperkeratosis are some of the nail changes associated with anti-cancer drugs. Read more about nail toxicities

Evidence

Shepherd completed a randomised trial comparing 3 weekly docetaxel to best supportive care. Initially the docetaxel dose was 100 mg/m² but was subsequently reduced to 75 mg/m² after unacceptable toxicity at the higher dose. The response rate to docetaxel was 7.1%. The time to progression was longer for docetaxel than for best supportive care (10.6 versus 6.7 weeks) and the median survival was 7.0 versus 4.6 months. The lower dose of docetaxel was better tolerated and appeared to be slightly more effective.¹

The study by Hanna et al randomised patients who had previously been treated with chemotherapy to either pemetrexed or docetaxel (75 mg/m²). The overall response rate was 9.1% for pemetrexed and 8.8% for docetaxel. The median progression free survival was 2.9 months for each arm and the median survival was 8.3 versus 7.9 months. The one year survival rate for each arm was 29.7%. Patients receiving docetaxel were more likely to have grade 3 or 4 neutropenia (40% versus 5%) and febrile neutropenia (13% versus 2%).²

The Quoix et al study was a randomised phase II comparing 75 mg/m² to 100 mg/m² as second-line monotherapy. The median time to failure for docetaxel was 1.64 months and the median overall survival 6.7 months. The 75 mg/m² dose was better tolerated and recommended.³

Efficacy

Survival:¹

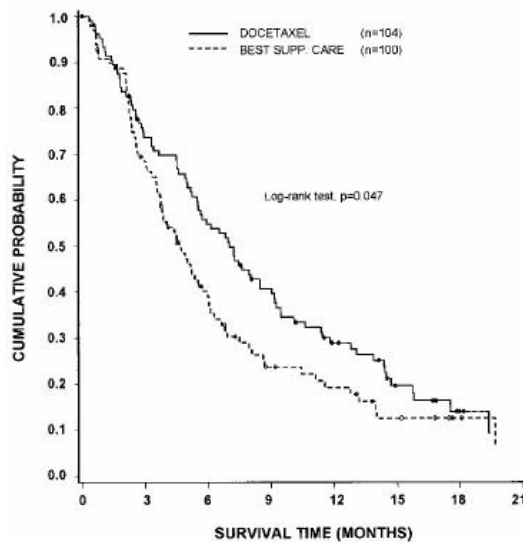


Fig 1. A comparison of survival of all patients treated with docetaxel and all BSC patients.

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Toxicity

Toxicity ¹	Docetaxel 75mg/m ² Grade 3-4 (%)
Anaemia	6

Toxicity ¹	Docetaxel 75mg/m2 Grade 3-4 (%)
Neutropenia	67
Febrile neutropenia	2
Septic deaths	0
Asthenia	18
Diarrhoea	2
Cardiac	2
Nausea	4
Neuromotor	2
Neurosensory	2
Pulmonary	20
Stomatitis	2
Vomiting	4

References

- 1 Shepherd, F. A., J. Dancey, R. Ramlau, et al. 2000. "Prospective randomized trial of docetaxel versus best supportive care in patients with non-small-cell lung cancer previously treated with platinum-based chemotherapy." *J.Clin Oncol.* 18(10):2095-2103.
- 2 Hanna, N., F. A. Shepherd, F. V. Fossella, et al. 2004. "Randomized phase III trial of pemetrexed versus docetaxel in patients with non-small-cell lung cancer previously treated with chemotherapy." *J.Clin Oncol.* 22(9):1589-1597.
- 3 Quoix, E., B. Lebeau, A. Depierre, et al. 2004. "Randomised, multicentre phase II study assessing two doses of docetaxel (75 or 100 mg/m²) as second-line monotherapy for non-small-cell lung cancer." *Ann.Oncol.* 15(1):38-44.

History

Version 4

Date	Summary of changes
23/07/2007	Patient information updated and new clinical information added.
15/12/2008	Audit and review of protocol.
25/08/2009	Review, new dose modifications and transferred to eviQ.
02/07/2010	Haematological dose modifications updated (20% changed to 25% dose reduction).
12/10/2010	Dose modifications updated: "consider reducing" changed to " reduce".
21/01/2011	New format to allow for export of protocol information. Protocol version number changed to V.2. Antiemetics and premedications added to the treatment schedule. Additional Clinical Information, Key Prescribing table and Key Administration table combined into new section titled Clinical Considerations. Drug specific information placed behind the drug name link.
30/11/2012	Protocol reviewed at Medical Oncology Reference Committee meeting. CPG link added. No change and next review in 2 years.
02/09/2014	PHC view removed.
12/09/2014	Protocol reviewed by Medical Oncology Reference Committee. Review 2 years

Date	Summary of changes
18/02/2016	Discussed with Medical Oncology Reference Committee Chairs. Review 5 years.
31/05/2017	Transferred to new eviQ website. Version number change to V.3. Hepatitis B screening changed to NOT recommended.
10/05/2018	Haematological dose modifications updated as per consensus of the expert clinician group. Version number changed to V.4.
01/04/2020	Protocol reviewed electronically by Medical Oncology Reference Committee. No changes. Review 4 years.

The information contained in this protocol is based on the highest level of available evidence and consensus of the eviQ reference committee regarding their views of currently accepted approaches to treatment. Any clinician (medical oncologist, haematologist, radiation oncologist, medical physicist, radiation therapist, pharmacist or nurse) seeking to apply or consult this protocol is expected to use independent clinical judgement in the context of individual clinical circumstances to determine any patient's care or treatment. While eviQ endeavours to link to reliable sources that provide accurate information, eviQ and the Cancer Institute NSW do not endorse or accept responsibility for the accuracy, currency, reliability or correctness of the content of linked external information sources. Use is subject to eviQ's disclaimer available at www.eviQ.org.au

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The currency of this information is guaranteed only up until the date of printing, for any updates please check:

<https://www.eviq.org.au/p/213>

08 Aug 2023

Patient information - Lung cancer metastatic - Docetaxel

Patient's name:

Your treatment

The treatment schedule below explains how the drugs for this treatment are given.


Docetaxel

This treatment cycle is repeated every 21 days. Your doctor will advise you of the number of treatments you will have.

Day	Treatment	How it is given	How long it takes
1	Docetaxel (<i>dox-e-tax-elle</i>)	By a drip into a vein	1.5 hours

When to get help

Anticancer drugs (drugs used to treat cancer) can sometimes cause serious problems. It is important to get medical help immediately if you become unwell.

 <p>IMMEDIATELY go to your nearest hospital Emergency Department, or contact your doctor or nurse if you have any of the following at any time:</p>	Emergency contact details Ask your doctor or nurse from your treating team who to contact if you have a problem
<ul style="list-style-type: none">• a temperature of 38°C or higher• chills, sweats, shivers or shakes• shortness of breath• uncontrolled vomiting or diarrhoea• pain, tingling or discomfort in your chest or arms• you become unwell.	Daytime:..... Night/weekend:..... Other instructions:.....

During your treatment immediately tell the doctor or nurse looking after you if you get any of the following problems:

- leaking from the area where the drugs are being given
- pain, stinging, swelling or redness in the area where the drugs are being given or at any injection sites
- a skin rash, itching, feeling short of breath, wheezing, fever, shivers, or feeling dizzy or unwell in any way (allergic reaction).

Other information about your treatment

Changes to your dose or treatment delays

Sometimes a treatment may be started at a lower dose or the dose needs to be changed during treatment. There may also be times when your treatment is delayed. This can happen if your doctor thinks you are likely to have severe side effects, if you get severe side effects, if your blood counts are affected and causing delays in treatment, or if you are finding it hard to cope with the treatment. This is called a dose reduction, dose change or treatment delay. Your doctor will explain if you need any changes or delays to your treatment and the reason why.

Blood tests and monitoring

Anti-cancer drugs can reduce the number of blood cells in your body. You will need to have regular blood tests to check that your blood cell count has returned to normal. If your blood count is low, your treatment may be delayed until it has returned to normal. Your doctor or nurse will tell you when to have these blood tests.

Other medications given during this treatment

- **Anti-sickness (anti-nausea) medication:** you may be given some anti-sickness medication. Make sure you take this medication as your doctor or nurse tells you, even if you don't feel sick. This can help to prevent the sickness starting.
- **Docetaxel premedication:** before your treatment with docetaxel you may need to take a tablet called a premedication to help prevent you from having a reaction to docetaxel. A steroid tablet called dexamethasone may be used and should be taken with or after food as directed. The following table may be used to remind you when to take your premedication. Ask your doctor, nurse or pharmacist to fill it out for you.

Tablet	Dose	When to take

Tell your doctor or nurse if you have not taken your premedications before you have your treatment.

Side effects

Cancer treatments can cause damage to normal cells in your body, which can cause side effects. Everyone gets different side effects, and some people will have more problems than others.

The table below shows some of the side effects you may get with this treatment. You are unlikely to get all of those listed and you may also get some side effects that have not been listed.

Tell your doctor or nurse about any side effects that worry you. Follow the instructions below and those given to you by your doctor or nurse.

Immediate (onset hours to days)	
Allergic reaction	<ul style="list-style-type: none"> • Allergic reactions are uncommon but can be life threatening. • If you feel unwell during the infusion or shortly after it, or: <ul style="list-style-type: none"> ◦ get a fever, shivers or shakes ◦ feel dizzy, faint , confused or anxious ◦ start wheezing or have difficulty breathing ◦ have a rash, itch or redness of the face <p><u>While you are in hospital:</u> Tell your doctor or nurse immediately.</p> <p><u>After you leave:</u> Contact your doctor or nurse immediately, or go to the nearest hospital Emergency Department.</p>
Nausea and vomiting	<ul style="list-style-type: none"> • You may feel sick (nausea) or be sick (vomit). • Take your anti-sickness medication as directed even if you don't feel sick. • Drink plenty of fluids (unless you are fluid restricted). • Eat small meals more frequently. • Try food that does not require much preparation. • Try bland foods like dry biscuits or toast. • Gentle exercise may help with nausea. • Ask your doctor or nurse for eviQ patient information - Nausea and vomiting during cancer treatment. • Tell your doctor or nurse immediately, or go to the nearest hospital Emergency Department if you have uncontrolled vomiting or feel dizzy or light-headed.
Taste and smell changes	<ul style="list-style-type: none"> • You may find that food loses its taste or tastes different. • These changes are likely to go away with time. • Do your mouth care regularly. • Chew on sugar-free gum or eat sugar-free mints. • Add flavour to your food with sauces and herbs. • Ask your doctor or nurse for eviQ patient information - Taste and smell changes during cancer treatment.

Early (onset days to weeks)	
Infection risk (neutropenia)	<ul style="list-style-type: none"> • This treatment lowers the amount of white blood cells in your body. The type of white blood cells that help to fight infection are called neutrophils. Having low level of neutrophils is called neutropenia. If you have neutropenia, you are at greater risk of getting an infection. It also means that your body can't fight infections as well as usual. This is a serious side effect, and can be life threatening. • Wash your hands often. • Keep a thermometer at home and take your temperature regularly, and if you feel unwell. • Do your mouth care regularly. • Inspect your central line site (if you have one) daily for any redness, pus or swelling. • Limit contact with people who are sick. • Learn how to recognise the signs of infection. • Ask your doctor or nurse for eviQ patient information - Infection during cancer treatment. • Tell your doctor or nurse immediately, or go to the nearest hospital Emergency Department if you get any of the following signs or symptoms: <ul style="list-style-type: none"> ◦ a temperature of 38°C or higher ◦ chills, shivers, sweats or shakes ◦ a sore throat or cough ◦ uncontrolled diarrhoea ◦ shortness of breath ◦ a fast heartbeat ◦ become unwell even without a temperature.

<p>Low platelets (thrombocytopenia)</p>	<ul style="list-style-type: none"> • This treatment lowers the amount of platelets in your blood. Platelets help your blood to clot. When they are low, you are at an increased risk of bleeding and bruising. • Try not to bruise or cut yourself. • Avoid contact sport or vigorous exercise. • Clear your nose by blowing gently. • Avoid constipation. • Brush your teeth with a soft toothbrush. • Don't take aspirin, ibuprofen or other similar anti-inflammatory medications unless your doctor tells you to. • Tell your doctor or nurse if you have any bruising or bleeding. • Tell your doctor or nurse immediately, or go to your nearest hospital Emergency Department if you have any uncontrolled bleeding.
<p>Mouth pain and soreness (mucositis)</p>	<ul style="list-style-type: none"> • You may have: <ul style="list-style-type: none"> ◦ bleeding gums ◦ mouth ulcers ◦ a white coating on your tongue ◦ pain in the mouth or throat ◦ difficulty eating or swallowing. • Avoid spicy, acidic or crunchy foods and very hot or cold food and drinks. • Try bland and soft foods. • Brush your teeth gently with a soft toothbrush after each meal and at bedtime. If you normally floss continue to do so. • Rinse your mouth after you eat and brush your teeth, using either: <ul style="list-style-type: none"> ◦ 1/4 teaspoon of salt in 1 cup of warm water, or ◦ 1/4 teaspoon of bicarbonate of soda in 1 cup of warm water • Ask your doctor or nurse for eviQ patient information - Mouth problems during cancer treatment. • Tell your doctor or nurse if you get any of the symptoms listed above.
<p>Joint and muscle pain and stiffness</p>	<ul style="list-style-type: none"> • You may get muscle, joint or general body pain and stiffness. • Applying a heat pack to affected areas may help. • Talk to your doctor or nurse about other ways to manage these symptoms. You may need medication to help with any pain.
<p>Tiredness and lack of energy (fatigue)</p>	<ul style="list-style-type: none"> • You may feel very tired, have no energy, sleep a lot, and not be able to do normal activities or things you enjoy. • Do not drive or operate machinery if you are feeling tired. • Nap for short periods (only 1 hour at a time) • Prioritise your tasks to ensure the best use of your energy. • Eat a well balanced diet and drink plenty of fluids (unless you are fluid restricted). • Try some gentle exercise daily. • Allow your friends and family to help. • Tell your doctor or nurse if you get any of the symptoms listed above.
<p>Skin rash</p>	<ul style="list-style-type: none"> • You may get a red, bumpy rash and dry, itchy skin. • Moisturise your skin with a gentle non-perfumed moisturising cream like sorbolene or aqueous cream. • Do not scratch your skin. • Protect your skin from the sun by wearing sun-protective clothing, a wide-brimmed hat, sunglasses and sunscreen of SPF 50 or higher. • Talk to your doctor or nurse about other ways to manage your skin rash.

Eye problems	<ul style="list-style-type: none"> • You may get: <ul style="list-style-type: none"> ◦ eye pain ◦ red, sore or swollen eyes ◦ blurred vision ◦ watery or gritty eyes ◦ changes in your eyesight ◦ sensitivity to sunlight. • Protect your eyes from the weather (sun and wind) by wearing sunglasses, especially if you have lost your eyelashes. • Tell your doctor or nurse if you get any of the symptoms listed above. Eye drops may help with your symptoms.
Hand-foot syndrome (palmar-plantar erythrodysesthesia)	<ul style="list-style-type: none"> • The palms of your hands and soles of your feet may become: <ul style="list-style-type: none"> ◦ red and hot ◦ swollen ◦ painful and tender ◦ blistered. • The skin in the area may also peel. • Moisturise your hands and feet daily with sorbolene or aqueous cream. • Keep your hands and feet clean and dry. • Avoid hot water, instead use lukewarm water to bathe. • Avoid direct sunlight. • Avoid unnecessary walking, jogging or exercise. • Wear cotton socks and avoid tight-fitting shoes. • Tell your doctor or nurse as soon as possible if you notice any skin changes on your hands or feet.
Nerve damage (peripheral neuropathy)	<ul style="list-style-type: none"> • You may notice a change in the sensations in your hands and feet, including: <ul style="list-style-type: none"> ◦ tingling or pins and needles ◦ numbness or loss of feeling ◦ pain. • You may find it difficult to do everyday activities, such as doing up buttons or picking up small objects. • Test water temperature with your elbow when bathing to avoid burns. • Use rubber gloves, pot holders and oven mitts in the kitchen. • Wear rubber shoes or boots when working in the garden or garage. • Keep rooms well lit and uncluttered. • Ask your doctor or nurse for eviQ patient information – Nerve problems during cancer treatment. • Tell your doctor or nurse if you get any of the symptoms listed above.
Extra fluid in the body (fluid retention)	<ul style="list-style-type: none"> • You may gain weight over a short amount of time. • Your hands and feet may become swollen, appear red or feel hot and uncomfortable. • These symptoms are caused by the drug docetaxel. • Wear loose clothing and shoes that are not too tight. • Try not to stand up or walk around too much at one time. • If your ankles or legs get swollen, try raising them. • Make sure that any cuts or areas of broken skin are treated as soon as possible. • Tell your doctor or nurse as soon as possible if you get any of the symptoms listed above. • Tell your doctor or nurse immediately, or go to the nearest hospital Emergency Department if you become short of breath.

Late (onset weeks to months)	
Low red blood cells (anaemia)	<ul style="list-style-type: none"> You may feel dizzy, light-headed, tired and appear more pale than usual. Tell your doctor or nurse if you have any of these signs or symptoms. You might need a blood transfusion. Tell your doctor or nurse immediately, or go to the nearest hospital Emergency Department if you have any chest pain, trouble breathing, or feel like your heart is racing.
Hair thinning	<ul style="list-style-type: none"> Your hair may become dry and may break easily. You may lose some of your hair. Use a gentle shampoo and a soft hairbrush. Take care with hair products like hairspray, hair dye, bleaches and perms. Protect your scalp from the cold with a hat or scarf. Protect your scalp from the sun with a hat and sunscreen of SPF 50 or higher. Ask your doctor or nurse about the Look Good Feel Better program (www.lgfb.org.au)
Nail changes	<ul style="list-style-type: none"> Your nails may: <ul style="list-style-type: none"> grow more slowly become darker develop ridges or white lines become brittle and flaky In some cases, you may lose your nails completely. Keep your nails clean and short. Avoid things like biting your fingernails, getting a manicure, pedicure or false nails. Wear gloves when you wash the dishes, work in the garden, or clean the house.

General advice for patients having cancer treatment

Chemotherapy safety

- Learn how to keep you and your family safe while you are having anticancer drugs.
- See our patient information sheet - [Chemotherapy safety at home](#).

Blood clot risk

- Cancer and anticancer drugs can increase the risk of a blood clot (thrombosis).
- Tell your doctor if you have a family history of blood clots.
- A blood clot can cause pain, redness, swelling in your arms or legs, shortness of breath or chest pain.
- If you have any of these symptoms go to your nearest hospital Emergency Department.

Medications and vaccinations

- Before you start treatment, tell your doctor about any medications you are taking, including vitamins or herbal supplements.
- Don't stop or start any medications during treatment without talking to your doctor and pharmacist first.
- Paracetamol is safe to take if you have a headache or other mild aches and pains. It is recommended that you avoid taking aspirin, ibuprofen and other anti-inflammatory type medications for pain while you are having treatment. However, if these medications have been prescribed by your doctor, do not stop taking them without speaking with your doctor.
- Vaccinations such as flu and tetanus vaccines are safe to receive while having treatment. Do not have any live vaccines during your treatment or for 6 months after it finishes. If you are unsure, check with your doctor before you have any vaccinations.
- People you live with should be fully vaccinated, including having live vaccines according to the current vaccination schedule. Extra care needs to be taken with hand washing and careful disposal of soiled nappies for infants who have recently received the rotavirus vaccine.

Other medical and dental treatment

- If you go to hospital or any other medical appointment (including dental appointments), always tell the person treating you that you are receiving anticancer drugs.
- Before you have any dental treatment, talk to your doctor.

Diet

- While you are receiving this treatment it is important that you try to maintain a healthy diet.
- Grapefruit and grapefruit juice can interact with your medication and should be avoided while you are on this treatment.
- Speak to your doctor or nurse about whether drinking alcohol is safe with your treatment.
- If you have any concerns about recent weight loss or weight gain or questions about your diet, ask to speak to a dietitian.

Fertility

- Some cancer treatments can reduce your fertility. This can make it difficult or impossible to get pregnant or father a child.
- Talk to your doctor or nurse before you start any treatment. Depending on your situation there may be fertility sparing options available to you and/or your partner, discuss these with your doctor or nurse.

Pregnancy and breastfeeding

- Some cancer treatments can be dangerous to unborn babies. Talk to your doctor or nurse if you think there is any chance that you could be pregnant.
- Do not try to get pregnant or father a child during this treatment. Contraception should be used during treatment and after stopping treatment. Ask your doctor or nurse about what type of contraception you should use.
- If you are planning pregnancy/fatherhood after completing this treatment, talk to your doctor. Some doctors advise waiting between 6 months and 2 years after treatment.
- Do not breastfeed if you are on this treatment, as anti-cancer medications can also pass into breast milk.

Sex life and sexuality

- The desire to have sex may decrease as a result of this treatment or its side effects.
- Your emotions and the way you feel about yourself may also be affected by this treatment.
- It may help to discuss your concerns with your partner and doctor or nurse.

Quitting smoking

- It is never too late to quit smoking. Quitting smoking is one of the best things you can do to help your treatment work better.
- There are many effective tools to improve your chances of quitting.
- Talk to your treating team for more information and referral to a smoking cessation support service.

Staying active

- Research shows that exercise, no matter how small, has many benefits for people during and after cancer treatment.
- Talk to your doctor before starting an exercise program. Your doctor can advise whether you need a modified exercise program.

For more information about cancer treatment, side effects and side effect management see our [Patient and carers section](#).

Where to get more information

Telephone support

- Call Cancer Council on 13 11 20 for cancer information and support
- Call the Lung Foundation Australia on 1800 654 301

Lung cancer information

- Lung Foundation Australia – lungfoundation.com.au
- Lungevity – lungevity.org

General cancer information and support

- Australian Rare Cancer (ARC) Portal – arcportal.org.au/
- Beyondblue – beyondblue.org.au
- Cancer Australia – canceraustralia.gov.au
- Cancer Council Australia – cancer.org.au
- Cancer Voices Australia – cancervoicesaustralia.org
- CanTeen – canteen.org.au
- Carers Australia – carersaustralia.com.au
- Carer Help - carerhelp.com.au
- CHILL Cancer related hair loss - scalpcooling.org

