

Docetaxel (Taxotere)

breast
cancer
care

This booklet explains what docetaxel is, how it works, when it may be prescribed and the side effects you may experience.



What is docetaxel?

Docetaxel is a chemotherapy drug. Chemotherapy is a treatment using anti-cancer drugs which aims to destroy cancer cells.

Docetaxel is the generic (non-branded) name of the drug, but you may hear it called by one of its brand names such as Taxotere. You may find it useful to read this booklet alongside our **Chemotherapy for breast cancer** booklet.

How does docetaxel work?

Docetaxel works by stopping the cancer cells from dividing and multiplying, which blocks the growth of the cancer.

When is docetaxel prescribed?

Docetaxel is used to treat primary breast cancer (cancer that has not spread beyond the breast or the lymph nodes under the arm) in combination with other chemotherapy drugs.

Docetaxel is also used alone or with other chemotherapy or anti-cancer drugs to treat breast cancer that has spread to areas around the breast such as the lymph nodes above or below the collarbone (known as regional or locally advanced recurrence), or to other parts of the body (secondary breast cancer).

How is docetaxel given?

Docetaxel is given as a drip into a vein (intravenously) in the hand or arm, although there are other ways of giving it depending on factors such as how easy it is for chemotherapy staff to find suitable veins, and your preferences. For more information see our **Chemotherapy for breast cancer** booklet.

Docetaxel is normally given every three weeks over approximately one hour. The interval between each cycle of treatment gives your body time to recover, and may vary depending on whether the number of blood cells has returned to normal between each cycle.

You will have docetaxel as an outpatient.

Before each cycle you'll be given medication to reduce the chances of any possible reactions. See 'Allergic reaction' on page 10.

Before starting docetaxel

Before starting your treatment many hospitals will arrange a chemotherapy information session. At this appointment a nurse will discuss how and when your chemotherapy will be given and how side effects can be managed. Contact numbers will also be given so you know who to phone if you have any questions or concerns.

How long will I have docetaxel for?

In primary breast cancer three to six treatment cycles are usually given. For locally advanced and secondary breast cancer the number of cycles will vary depending on the individual.

What are the side effects of docetaxel?

Like any treatment, docetaxel chemotherapy can cause side effects. Everyone reacts differently to drugs and some people have more side effects than others. These side effects can usually be managed and those described here will not affect everyone.

If you're concerned about any side effects, regardless of whether they are listed here, talk to your chemotherapy nurse or cancer specialist (oncologist) as soon as possible.

If you're being given other chemotherapy or anti-cancer drugs with docetaxel, you may have additional side effects from these drugs.

For more information about the side effects of chemotherapy, see our **Chemotherapy for breast cancer** booklet.

Blood clots

People with breast cancer have a higher risk of blood clots. Their risk is higher because of the cancer itself and some treatments for breast cancer. If the cancer has spread to other parts of the body (secondary breast cancer), this also increases the risk.

Having docetaxel increases the risk of blood clots such as deep vein thrombosis (DVT). People with a DVT are at risk of developing a pulmonary embolism. This is when part of the blood clot breaks away and travels to the lung.

Blood clots can be harmful but are treatable so it's important to report symptoms as soon as possible.

If you experience any of the following symptoms contact your local A&E department, GP or specialist team straight away:

- pain, redness/discolouration, heat and swelling of the calf, leg or thigh
- swelling, redness or tenderness where a central line is inserted to give chemotherapy, for example in the arm, chest area or up into the neck
- shortness of breath
- tightness in the chest
- unexplained cough (may cough up blood)

Common side effects

Effects on the blood

Docetaxel can temporarily affect the number of healthy blood cells in the body. Blood cells (white blood cells, red blood cells and platelets) are released by the bone marrow (the spongy material found in the hollow part of bones) to replace those that are naturally used up within the body. Chemotherapy reduces the ability of the bone marrow to make these cells.

You will have regular blood tests throughout your treatment to check your blood count. If the number of blood cells is too low, your next course of treatment may be delayed or the dose of the chemotherapy reduced.

Risk of infection

When the white blood cells fall below a certain level, it's known as neutropenia. Not having enough white blood cells can increase the risk of getting an infection. Your resistance to infection is usually at its lowest point around 7–14 days after the docetaxel has been given. The number of white blood cells usually returns to normal before your next course of chemotherapy is due.

Contact your hospital immediately if:

- **you have a high temperature (over 37.5°C) or low temperature (under 36°C), or whatever your chemotherapy team has advised**
- **you suddenly feel unwell, even with a normal temperature**
- **you have any symptoms of an infection, for example a sore throat, a cough, a need to pass urine frequently or feeling cold and/or shivery**

Before starting chemotherapy you should be given a 24-hour contact number or told where to get emergency care by your specialist team. You may need antibiotics. Sometimes your doctor may recommend injections of drugs called growth factors to stimulate the production of white blood cells to reduce your risk of infection.

Anaemia

Having too few red blood cells is called anaemia. If you feel particularly tired, breathless or dizzy, let your specialist team know. A blood transfusion may be necessary during your treatment if the number of red blood cells falls significantly.

Bruising and bleeding

Docetaxel can reduce the number of platelets, which help the blood to clot. You may bruise more easily, have nosebleeds or your gums may bleed when you brush your teeth. Tell your specialist team if you experience any of these symptoms.

Hair loss (alopecia)

Docetaxel causes hair loss. Most people will lose all their hair, including eyebrows, eyelashes and body hair.

You may begin to lose your hair about two weeks after the first treatment, but it can happen earlier. Hair loss is usually gradual but it can happen very quickly, possibly over a couple of days. Scalp cooling may stop you losing some, or all, of the hair on your head. This involves wearing a 'cold cap' before, during and for one to two hours after your treatment. How well the cold cap works depends on the drugs and doses used, and it does not work for everyone. Hair loss can be discussed with your chemotherapy nurses.

Any hair loss should be temporary and in most cases your hair will begin to grow back a few weeks after your treatment has ended.

There is some evidence that docetaxel treatment may result in prolonged or permanent hair loss. Permanent hair loss is described as incomplete regrowth of hair six months or more after finishing treatment. At the moment there is no definite evidence to say how often this happens.

If you are concerned about hair loss when making decisions about treatment, talk to your oncologist and breast care nurse.

For more information about hair loss, see our **Breast cancer and hair loss** booklet.

Numbness and tingling in hands or feet

Some people having docetaxel experience numbness or tingling in their hands and feet. This is due to the effect of docetaxel on the nerves and is known as peripheral neuropathy. In most cases it is mild and goes away soon after treatment stops. If it is severe, it may be necessary to reduce the dose of docetaxel or to stop it completely. It normally improves a few months after the treatment has finished, but it may not disappear completely.

If you have tingling or numbness (such as difficulty doing up buttons, or difficulty feeling the difference between hot and cold water with your fingertips), mention this to your specialist team when you see them next, so that the symptoms can be monitored.

Painful muscles and joints

Your muscles or joints may ache or become painful two to three days after you have your treatment. This usually wears off after a few days to a week but may last a bit longer for some people. However, it can be severe and you may need to take mild pain relief or anti-inflammatory drugs. It is a good idea to have some of these available before starting your treatment just in case you need them. It's important to be aware that pain relief such as paracetamol or ibuprofen can mask the signs of infection.

Fluid retention and weight gain

You may develop a build-up of fluid in the body (oedema), which can take a few weeks to resolve. This can appear as swollen ankles and legs and feeling short of breath. The steroid drugs that you are given to prevent an allergic reaction to docetaxel (see the 'Allergic reaction' section on page 10) will help reduce the chance of fluid building up. You may also put on weight, but you will usually lose it again once the treatment has finished. However, this can vary for each person and may take up to several months. Being more active and eating a healthy diet may help with weight gain.

Skin reactions

You may develop a rash anywhere on your body or your skin may discolour. This can be itchy. Your skin can also become dry and flaky or peel. Your doctor may prescribe medicine to help.

Some people have a skin reaction called hand-foot syndrome, often called Palmar-plantar syndrome. It usually affects the palms of the hands and soles of the feet, but you may also have symptoms in other areas such as the skin on the knees or elbows.

For some people, hand-foot syndrome can make it harder to carry out usual daily activities and can have an impact on quality of life. Your specialist team may prescribe drugs as gels or creams to apply to the affected areas.

If you experience skin reactions, mention this to your specialist team so they can monitor the symptoms. Ask your team if they recommend any particular creams for your skin before using anything on it yourself.

Nail reactions

After a few cycles of docetaxel, the colour of your nails may change but this will normally grow out over several months. The nails may also become brittle, crack or change in texture, for example ridges may form. Some people lose nails on their fingers or toes during or shortly after treatment, but they will grow back.

Sore mouth

Your mouth may become sore and ulcers can develop. Your specialist or chemotherapy nurse can advise you about suitable mouthwashes or medicine if a mouth infection develops. For more information on coping with a sore mouth, see our [Chemotherapy for breast cancer](#) booklet.

Taste changes

While you are having docetaxel, your sense of taste can change and some foods may taste different. You may no longer enjoy some of the foods you used to. If this is the case speak to your specialist team – they may be able to suggest ways of managing this. Your taste should return to normal once your treatment has finished.

Diarrhoea

You may have diarrhoea but your specialist team or GP can prescribe medicine to help control it. Contact your chemotherapy team if you have four or more episodes of diarrhoea in a 24-hour period.

Fatigue (extreme tiredness)

You may become extremely tired during your treatment. For some people this fatigue can last for several weeks or even months after the treatment has finished. There are some things that can help improve fatigue – your specialist team may be able to help you with this.

Cognitive impairment or ‘chemo brain’

Your ability to concentrate or think clearly might also be affected, which can be very frustrating. This is known as cognitive impairment, but you might hear it referred to as ‘chemo brain’ or ‘chemo fog’. This usually improves over time after treatment has finished.

Nausea and vomiting

Nausea (feeling sick) is usually mild and most people will not actually vomit (be sick). You may start to feel unwell a few hours after your treatment but you will be prescribed anti-sickness drugs to reduce this or stop it happening.

For more information about nausea and vomiting, see our **Chemotherapy for breast cancer** booklet.

Pain in the injection site

Pain can occur where the needle has been inserted or anywhere along the vein. If you experience pain while the drug is being given, tell your chemotherapy nurse. After a few weeks you may notice tenderness, darkening and hardening around where the needle was inserted. This should fade in time.

Effects on fertility

It is not known exactly what effect docetaxel has on fertility. However, any effects will also depend on other chemotherapy drugs you are having at the same time or have received in the past, and your age. Some women stop having periods (amenorrhoea) during chemotherapy, but this may be temporary. Women aged around 40 and above are less likely to have their periods return after completing chemotherapy than women under this age. It is important to use a barrier method of contraception, such as condoms, to prevent pregnancy while you are having docetaxel, as it may have a harmful effect on a developing baby.

If you are concerned about your fertility, it is important to talk to your specialist team before treatment begins. If you want to know more about fertility or pregnancy after treatment, see our **Fertility and breast cancer treatment** booklet.

Less common side effects

Changes in heart rate and blood pressure

Docetaxel can alter the heart rate and affect blood pressure so you will be carefully monitored for this during your treatment. If changes to your heart rate and blood pressure happen, this can usually be treated easily and you will not have to stop your treatment. This is not the same as having an allergic reaction to docetaxel (see below).

Allergic reaction

Before your treatment starts you will be given drugs called steroids to reduce the risk of an allergic reaction. These are usually given as tablets to take for three days starting the day before each cycle of chemotherapy. Take these as directed by your specialist team and don't stop taking them without talking to the team first.

If you have an allergic reaction to docetaxel, it will probably happen within the first few minutes of your treatment and is most likely the first or second time you have the drug. Reactions can vary from mild to severe, although severe reactions are uncommon.

You will be monitored closely during your treatment so that any reaction can be dealt with immediately. Symptoms include flushing, skin rash, itching, back pain, shortness of breath, faintness, fever or chills. If you have a severe reaction, treatment will be stopped immediately and you may not be given docetaxel again.

Effects on the lungs

This may include scarring or inflammation of the lung tissue. This is a rare side effect, but if you become breathless or develop a dry cough during or in the few weeks after your treatment, let your specialist team know.

Vaccinations

Some vaccines are safe to have during chemotherapy, others are not. If you need a vaccination discuss this with your specialist team first.

You shouldn't have any live vaccines while you're having chemotherapy. Live vaccines include measles, rubella (German measles), polio, BCG (tuberculosis), shingles and yellow fever.

Live vaccines contain a small amount of live virus or bacteria. If you have a weakened immune system, which you may do during chemotherapy, they could be harmful.

It's safe to have these vaccines six months after your chemotherapy finishes. Talk to your GP or specialist before having any vaccinations.

If someone you live with needs to have a live vaccine speak to your specialist or GP. They can advise what precautions you may need to take depending on the vaccination.

Flu vaccination

Anyone at risk of a weakened immune system, and therefore more prone to infection, should have the flu vaccine. This includes people due to have or already having chemotherapy. The flu vaccine is not a live vaccine so doesn't contain any active viruses. If you're already having chemotherapy, talk to your chemotherapy specialist or breast care nurse about the best time to have your flu jab.

Contraception

Having docetaxel while pregnant may be harmful to a developing baby. Some women can still become pregnant even if their periods are irregular or have stopped, so effective barrier contraception such as a condom should be used.

Speak to your oncologist if you are considering trying to get pregnant after chemotherapy.

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About this booklet

Docetaxel (Taxotere) was written by Breast Cancer Care's clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.



For a full list of the sources we used to research it:

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