

Docetaxel/Taxotere being considered? Three Important Considerations

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DISCLAIMER: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient's viewpoint, to voluntarily help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. There is absolutely no charge for my mentoring – I provide this free service as one who has been there and hoping to make your journey one with better understanding and knowledge than was available to me when I was diagnosed so many years ago. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing your prostate cancer care.

- 1) Important to first recommend you read regarding the importance to NOT DRIVE following a docetaxel/Taxotere infusion - <http://tinyurl.com/kyqqbp5>)
- 2) Nutritional Supplements and Docetaxel: Avoid or Combine?
- 3) A Patient's Experience Prescribed docetaxel/Taxotere

Nutritional Supplements and Docetaxel: Avoid or Combine?

Information in this paper <http://tinyurl.com/kz53crj> is important for patients moving to docetaxel/Taxotere chemotherapy as treatment for prostate cancer since, as explained, there are several supplements that can have negative interactions with docetaxel, while others may improve the apoptotic and cytotoxic effect of docetaxel on tumors as well as reducing the toxicity and side effects involved in the use of this medication. In my opinion, it is important patients take the time to review this information. For a quick look at those herbs/supplements concluded to be okay, you can scroll down to review Tables 2 and Table 3. Table 2 recommends consideration as to reasoning to avoid the herbs/supplements identified. Table 3 recommends those herbs/supplements that have potential

benefit when taken with docetaxel/Taxotere. St. John's Wort is definitely recommended to AVOID as is Grapefruit Juice. Though there was some concern about Glutamine and Garlic, as noted in Table 2, both were still recommended for potential benefit as noted in Table 3. The herb Feverfew was identified as potential benefit in Table 2, but not listed in Table 3.

This paper indicates that it may be a good idea to stop intake of Fish Oil or fish in general during any period of chemotherapy. Not yet proven in humans, but still worthy of considering erring on the side of caution and avoiding fish oil and fish during chemotherapy should you be such a patient.

Fish Oil Consumption Linked to Chemoresistance

<http://tinyurl.com/m38xkur>

A Patient's Experience Prescribed Docetaxel/Taxotere (With Permission) The Experience of Prostate Cancer Patient John Arnold

(1) I started on 10mg. of Prednisone per day a few days before my first treatment, along with 20mg capsules of Omeprazole to minimize stomach upset from it.

(2) We'd done some research on how to avoid neuropathy, and pursued four strategies on that:

- We bought a jar of bulk Glutamine (available in "Health" stores and on-line) and I mixed a teaspoon of it with cold beverages (heat destroys its effectiveness) and drank one of those about four times a day the day before, the day of and for three or four days after each treatment),

(INSERTING A CONCERN HERE: A patient who decided to follow these recommendations did some personal research and found these concerns regarding Glutamine:

"...However, laboratory studies suggest that glutamine may actually stimulate growth of tumors. Much more research is needed before it is

known whether it is safe to use glutamine if you have cancer {and } if you are receiving chemotherapy..."

and

"Certain medications can also interact negatively with glutamine. Medications such as anticonvulsants, chemotherapy treatments, and lactulose may all have a decrease d effectiveness when taken with glutamine." (this was a warning given by a supplier of Glutamine).

In view of this information and that provided above at <http://tinyurl.com/kz53crj> you may want to discuss glutamine with your treating physician or make your own decision as to whether or not to include this product that John included in his treatment)

- During and for an hour or two after treatments I would suck on ice chips (available there at the place I was treated),
- During and for an hour or so after treatments I would press my fingernails to the cold metal water bottle I spooned my ice chips from), and
- I took my shoes off during treatments and otherwise tried to keep my feet at least cool as much as possible the day of and several days after each treatment. [Either as a result of doing those things or just from pure luck, I got through five every 21-day treatments without any neuropathy or mouth-sores issues.] [I listened to recorded music through earphones during treatments to keep my hands free for dealing with the ice. I probably had to unplug my I.V. pole from the wall and get over to the restroom three or four times during each treatment as a result of the amount of liquids I was ingesting. Someone on one of the prostate cancer support lists described that as "doing a pole dance"!]

(3) The week before my first treatment I got an under-skin "port-a-cath" I.V. port installed in my chest in anticipation of its being used for all things having to do with blood or I.V.'s thereafter, but it turns out that only certain, specially-trained nurses can use it, so all it ever got used for was my first four Taxotere treatments, and then unfortunately in setting up that fourth one the nurse punched the needle through the back of it, ruining it. For me, in retrospect, it was more trouble than it was worth.

(4) At each treatment they would begin by giving me four different medicines via I.V. drips:

- 0.25 mg. Aloxi and
- 20 mg. Decadron to help minimize nausea, and
- 50 mg. Benedryl and
- 20 mg. Pepcid to reduce the chances of my having an allergic reaction to the Taxotere.

(5) Something I very much appreciated: They began all my drips of Taxotere very slowly, at a rate I believe of 15 drips per minute for the first 15 minutes, and then doubled to 30 drips per minute for the next 15 minutes, then to 60 per minute the next 15 minutes, and then to maybe 90 per minute for the duration, so that if I did have an allergic or other unfavorable reaction we'd catch it sooner and with less Taxotere in my body than if they just began at 90 drips a minute. They checked with me every couple of minutes particularly during my first treatment to make sure I was breathing and feeling okay. That is no time for heroism or stoic "toughing it out", because allergic reactions can be life-threatening. At the first inkling of trouble, hit that "Help!" button!I never did have any allergy problems with it.

(6) My doctor prescribed some 'take at home as needed' pills (10 mg. Prochlorperazine) for nausea, and urged that I take one at the first hint of possible nausea, and not to wait until it fully developed. So I did, but only twice, and that was the sum total of my nausea experience during all five treatments. **(MY NOTE ADDITION HERE: There is a new drug, Varubi/rolapitant approved in 2015 for chemotherapy-induced nausea and vomiting you and your physician may want to consider - Please review: <http://tinyurl.com/pulpxmm>)**

(7) I didn't end up changing my diet or habits at all, other than Prednisone (and just nervous jitters?) disrupted my sleep somewhat, and [#s 10, 11, & 12 below]:

(8) My hair (and I had a lot of it) began falling out on Day 16 or 17 after my first treatment, and by probably Day 25 I was down to no body hair left at all, and just white, wispy peach fuzz where my head hair (top of head, eyebrows, eyelashes, beard and mustache) had been. However, on about Day 50 after my last treatment, arm, chest, and head hair have begun reappearing. Likewise, after about three treatments I began to experience difficulty focusing my eyes. I COULD focus them, but it was no longer automatic; I had to force the focus.

That continued through my remaining treatments and for probably 40 days after the fifth and last one, but then completely cleared up.

(9) DURING YOUR TIME ON TAXOTERE, ASK FOR AND MAKE SURE YOU RECEIVE AND CAREFULLY REVIEW ALL BLOOD TEST RESULTS! I

had blood tests the day of or day before each treatment, and 10 days after each treatment. After my first Taxotere treatment, my white blood cell counts dropped like a stone into the danger zone [according to the Cancer Center where I am being treated, 4.0 to 10.0 K/UL is "normal"]. I was flabbergasted when my Oncologist's [the one I fired] response to that was "so just stay away from germs"! Blood cell counts seem to drop for about 10 days after each treatment and then rebound at least somewhat. Because of my Oncologist's lack of concern, I did not get a Neulasta shot after my first treatment, but I did get one the day after all the other ones. Its cost (about \$2,600) and possible side-effects (the usual horrifying list) conspire against its being given willy-nilly, but my using it coincided with the fathers of two participants on the Advanced PCa site's being hospitalized with lifethreatening infections as a result of not being given those shots, so I was in no mood to take chances when avoiding the possibility of such infections was so easy and readily available. The only side-effect I had from the shots were: some bone discomfort from the bones housing the marrow that makes white blood cells as they whipped into hyper-activity, and at one point, a severe over-abundance of white blood cells in my bloodstream (31 K/UL)..... I had no side-effects from it, but I imagined my blood was the consistency of a strawberry milk shake!

(10) My three most important red blood cell measures all dropped into the "low" range, but none of them ever got low enough to prompt our giving me a shot of Procrit, Epogen or any of the other booster medicines, or of me getting a transfusion. Again, according to my Cancer Center's reports, "normal" is:

4.60-6.20 M/UL for Red blood cell counts

13.5-17.5 GM/DL for Hemoglobin (oxygen-carrying capacity of red blood cells)

41.0-53.0% for Hematocrit (what % of the blood is red blood cells)

.....My question to my new Oncologist was "Isn't getting 'low' on all three of those equal to getting dangerously low on one of them?"but he didn't/doesn't seem to think so, so we never did anything about them.

The unhappy realization that came later was that the drops in those counts isn't just as a result of the killing off of circulating cells, it is also as a result of damage to the bone marrow that produces them [the damage is done not only by the Taxotere, but also, and perhaps more importantly and more permanent is the "displacing" of marrow by cancer cells; apparently they can simply push marrow out of the way,

giving it no place to do the good work it is supposed to do], and so the recovery time from having those low counts is apt to be months and not days. My counts are still low almost 60 days after my last treatment. --What having those low counts can do, among other things, is put immense stress on the heart, as it beats faster and faster in an effort to get enough oxygen circulated. When I found that my sitting/resting "normal" heartbeat was in the mid-90's per minute, and that slowly climbing a single flight of stairs would toss me into the 115 beats per minute range, I broke down and bought (I shopped around: best deal found K-Mart: \$29.99 back in their sporting goods department) a wrist-watch-like heart beat monitor so I can easily monitor and pace myself. Even now I still can't go to the gym, play tennis, or really do anything approaching "exertion"which is a real drag for someone who relies on regular exercise for weight control and mental health preservation.

.....I am trying to think if there is anything I am forgetting..... I think the above is pretty much it. I had anticipated suffering lots of ugly side-effects, but really I feel like I came through it pretty much unscathed in the great scheme of things - hair loss, blood disruption, the eye focus issue - but nothing that sent me to the emergency room* or that won't correct itself in time. *When the nurse punctured the back of my chest I.V. port it let Taxotere leak into my chest tissue, and that produced an angry red swelling that looked so like a major infection that I did end up at the e-room and in the hospital for three days trying to deal with it. But that shouldn't be part of the "normal" Taxotere experience.

My PSA continued to rise through all five treatments, so we stopped at five. I would consider trying Taxotere again sometime in combination with other medicines that might enhance its effectiveness.

In today's mail I got a prostate cancer newsletter that included an article that attributed a guy's developing urinary problems to his having had radiation treatments eight years earlier.....and it touched a little bit a nerve with me because as I've run the gauntlet of treatments one can do for PCa and have experienced side-effects, I've begun wondering more and more how to try to link particular side-effects back to particular treatments? For example, 12 days ago pretty much out of the clear blue sky I:

- lost my sense of taste and appetite,
- began suffering a lot of stomach pain/discomfort,
- began suffering extreme constipation,
- began suffering nausea (that finally has me taking the anti-nausea pills I didn't take when I was on Taxotere, and

-began suffering extreme fatigue (...I'm now sleeping 16-18 hours a day).but at the moment I am not on anything but the Trelstar and Prednisone I've been on for months and months before now.....

.....so what has caused this new array of side-effects? * They actually sound to me like what I expected to suffer while on Taxotere, but I've been off of it for a couple of months. Ditto Zytiga.So where do these side-effects come from? So far I've had blood tests and urine tests come back negative as far as suggesting what the cause might be. Up ahead are stool sample tests and an "upper GI" exam. *A woman friend suggests I should look into whether or not I might be pregnant!

....I've reassured her that I am much too old for that.

I guess the point to my mentioning this latest development in my situation is just to caution you that there is still much that apparently isn't widely known about this disease and the various treatments we get for it, and that surprises are potentially lurking around every corner.Was my doing Taxotere behind this new set of symptoms? Heaven only knows! If they can claim a guy's urinary problem harks back eight years to some radiation, who knows what my stuff harks back to!

The more of us who try to post straightforward accounts of what we're experiencing, the better we're equipping each other and all who follow us in dealing with all that can come with battling this nasty disease. So, I hope you'll join us.