

Role of Taxotere in metastatic castration-resistant prostate cancer in Sudanese patients and the effective number of cycle and dose (2013–2017)

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Background

Prostate cancer remains the most common cancer in men worldwide and in Sudanese people. The initial treatment of choice for prostate cancer is androgen deprivation. If resistant to treatment, this leads to a state termed metastatic castration-resistant prostate cancer (mCRPC) which leads to the use of docetaxel (Taxotere) which has been a mainstay of therapy for patients with mCRPC.

Objectives

- > To evaluate the benefit of docetaxel in patients with mCRPC after initial good response to first-line hormonal therapy.
- > To determine the effective number of cycles and doses of docetaxel.

Methods

- > Study design; retrospective study (duration, 2013–2017).
- > Area; The Radiation and Isotopes Centre of Khartoum (RICK).
- > Population; mCRPC in RICK.
- > Inclusion criteria; any prostatic cancer patient who became castration-resistant and was receiving docetaxel therapy.
- > Exclusion criteria; prostatic cancer patients not castration-resistant and not on docetaxel therapy.
- > Data collection; RICK record.
- > Procedure; patient files, sample size 60 patients.
- > Permission; from Ministry of Health and from RICK.

Results and conclusion

To determine the optimal number of cycles of docetaxel for mCRPC, we retrospectively collected data from 60 patients receiving varying numbers of docetaxel plus prednisolone and analysed the clinical outcomes including performance status,

prostate-specific antigen (PSA) response and pain. According to this study we found that docetaxel has an effective role in the treatment of mCRPC patients with an optimal number of 6–8 cycles every 3 weeks and with a dose of 75 mg. ■

Conflict of interest statement

None declared.

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