

Summary of the risk management plan (RMP) for Taxespira (docetaxel)

This is a summary of the risk management plan (RMP) for Taxespira, which details the measures to be taken in order to ensure that Taxespira is used as safely as possible. For more information on RMP summaries, see [here](#).

This RMP summary should be read in conjunction with the EPAR summary and the product information for Taxespira, which can be found on [Taxespira's EPAR page](#).

Overview of disease epidemiology

Taxespira is a chemotherapy medicine that contains the active substance docetaxel and is used to treat several cancers.

Breast cancer

Breast cancer is the most common cancer in women in many countries, including developing countries, and is the leading cause of cancer death in women. In the European Union (EU), the incidence rate of breast cancer is 109.8 per 100,000 women per year and the mortality rate is 38.4 per 100,000 women per year. The incidence increases rapidly with age during the reproductive years and then at a slower rate after the age of 50 years. Since 1990, the incidence rate has increased by 1.5% annually. Due to advances both in early detection and in treatment, mortality rates from breast cancer have been decreasing steadily in most western countries. Approximately 6% of breast cancers are metastatic (have spread to other parts of body) at diagnosis and the 5-year survival rate in women with metastatic cancer is 21%. The prevalence of metastatic disease is high because many women live with the disease for several years.

Prostate cancer

Prostate cancer is the most frequent cancer amongst men in Europe, with an incidence rate (currently at 214 cases per 1,000 men) that has increased rapidly over the past 2 decades. Globally, prostate cancer has become the third most common cancer in men. The incidence rates are influenced by early diagnosis by prostate specific antigen testing in men, with or without symptoms, as well as by detecting latent cancer during prostate surgery. It affects elderly men more often than young men. It is therefore a bigger health concern in developed countries with their greater proportion of elderly men. In 2008, almost 90,000 deaths from prostate cancer were reported in Europe, making it the third most common cause of cancer death amongst men.

Lung cancer

Lung cancer is one of the most common cancers among men and the fourth most common cancer among women. A type of lung cancer called non-small cell lung cancer accounts for 80% of all lung cancers. The most important risk behaviour for lung cancer is tobacco smoking. In the EU 381,500 new cases of lung cancer are diagnosed and 341,800 people die of the cancer every year. Survival rates are

low: 30% at one year and 10% at five years. Worldwide during 2002, 5% of lung cancer cases were diagnosed in people aged below 45 years, 14% in the 45 to 54 age group, 25% in the 55 to 64 age group, and 55% in those aged 65 years and over. The distribution was the same in both sexes. Worldwide, the majority of lung cancer patients are diagnosed after the disease has progressed to an advanced stage. Despite advances in chemotherapy, prognosis for lung cancer patients remains poor, with a 5-year relative survival rate of less than 14% among males and less than 18% among females in most countries.

Head and neck cancer

Head and neck cancer is common in several regions of the world. The primary risk factors associated with head and neck cancer include tobacco use, alcohol consumption, human papillomavirus infection (for oropharyngeal cancer), and Epstein-Barr virus infection (for nasopharyngeal cancer). Overall, head and neck cancer accounts for more than 550,000 cancer cases annually worldwide. Males are affected significantly more than females with a male to female ratio ranging from 2:1 to 4:1.

Gastric cancer

Gastric, or stomach, cancer is the fourth most common cancer and the second leading cause of cancer-related death worldwide. The incidence rate rises sharply from around the age of 60-64, with the highest rate seen in the 85+ age group. The main risk factors for stomach cancer are *Helicobacter pylori* bacterial infection and dietary factors. In the EU, in 2008, around 83,000 new cases of stomach cancer were diagnosed. Within the EU there is approximately a fourfold difference in incidence across countries. Prognosis of this disease is generally poor, with a 5-year relative survival of 10-20% in European countries.

Summary of treatment benefits

Taxespira is a 'generic medicine' of Taxotere. The company provided data from the published literature on docetaxel and provided data to show that Taxespira solution for infusion has comparable quality to that of Taxotere.

Because Taxespira is a generic medicine, its benefits and risks are taken as being the same as Taxotere's.

Unknowns relating to treatment benefits

The benefit of docetaxel in children aged 1 month to less than 18 years with nasopharyngeal cancer is unknown.

Summary of safety concerns

Important identified risks

Risk	What is known	Preventability
Myelosuppression (decrease in bone marrow activity) and complications	Reduction in the production of blood cells (red cells, white cells, and platelets that are important for normal blood clotting) is a frequent side effect of docetaxel	Frequent monitoring of complete blood counts for all patients receiving Taxespira is recommended.
Severe hypersensitivity	Hypersensitivity reactions may	Patients should inform their doctor

Risk	What is known	Preventability
(allergic) reactions	occur within a few minutes of docetaxel infusion. The allergic reactions can be minor symptoms such as flushing or local skin reaction. Severe allergic reactions cause decreased blood pressure, bronchospasm (excessive and prolonged contraction of the airway muscle) or generalised rash/erythema.	regarding any allergic reaction they may have had in the past. Patients should be closely monitored especially during the first and second infusion of Taxespira for signs of hypersensitivity. Treatment should be discontinued in the event of a severe allergic reaction.
Severe skin reactions such as eruptions/desquamations, Steven-Johnson syndrome, toxic epidermal necrolysis	Localised skin changes such as redness of skin (erythema) of the palms of the hands and soles of the feet with accumulation of fluid (oedema) followed by skin peeling (desquamation) have been observed with use of docetaxel.	Patients should contact their doctor in case of localized skin changes. Premedication with oral corticosteroid (dexamethasone) is recommended to reduce the incidence and severity of skin reactions.
Severe fluid retention	Excess fluid usually in the legs (peripheral oedema) has been reported with use of docetaxel.	Patients should contact their doctor in case of excess of fluid accumulation in the legs. The doctor should closely monitor patients with severe fluid retention and provide premedication with oral corticosteroid (dexamethasone) to reduce the incidence and severity of fluid retention.
Severe respiratory disorders	Serious lung diseases (acute respiratory distress syndrome, interstitial pneumonia/pneumonitis, interstitial lung disease, pulmonary fibrosis and respiratory failure) have been reported with use of docetaxel.	Patients should inform their doctor in case of difficulty in breathing. The doctor should closely monitor patients, promptly perform tests, provide appropriate treatment, and stop treatment with Taxespira until a diagnosis is available.
Severe cardiac disorder such as congestive heart failure or heart attack	Heart failure has been seen when docetaxel is given along with another cancer medicine, trastuzumab.	The doctor should perform baseline heart assessment before starting treatment with Taxespira, and monitor patients' heart function every three months during treatment. It is also recommended that the development of congestive heart failure should be monitored during treatment and follow-up.
Cystoid macular oedema	Vision problems/blurred vision due	Patients should inform their doctor

Risk	What is known	Preventability
(CMO), a condition that causes swelling in the retina (the light sensitive membrane at the back of the eye)	to cystoid macular oedema has been reported in patients treated with docetaxel.	in case of any vision problem. The doctor should discontinue treatment with Taxespira in the event of blurred vision due to swelling of the retina.
Severe gastrointestinal (stomach and gut) events and complications: colitis, perforation, haemorrhage	Abdominal pain, tenderness, fever, diarrhoea have been reported with use of docetaxel.	Patients should inform their doctor in case of any gastrointestinal problems.
Severe liver impairment	In patients with liver impairment (serum transaminase levels, ALT and/or AST greater than 1.5 times the upper limit of normal concurrent with serum alkaline phosphatase levels greater than 2.5 times the upper limit of normal) there is a high risk of developing infections (sepsis), intestinal bleeding that can lead to death.	Liver function test should be conducted before each cycle of treatment with Taxespira.
Severe peripheral neuropathy (nerve damage)	Nerve tissue damage in legs (neurosensory toxicity) has been reported very commonly with use of docetaxel.	The doctor should reduce the dose of Taxespira in case of severe peripheral neurotoxicity.
Delayed myelodysplasia or myeloid leukaemia (type of blood cancers)	When docetaxel is given along with other cancer medicines (doxorubicin and cyclophosphamide) there is a risk of blood or bone marrow cancer developing sometime after treatment with docetaxel has stopped.	Patients should inform their doctor immediately in case of experiencing any blood related problems. Doctors should perform blood tests to monitor for any signs of cancer that can develop after treatment with docetaxe.
Increased docetaxel toxicity when concomitant administration of strong CYP3P4 inhibitors (antifungals, ritonavir, and macrolides)	Treatment with medicines taken to treat bacterial infections (macrolide antibiotics) or fungal infections, or human immunodeficiency virus (HIV) infection (ritonavir) should be avoided during treatment with docetaxel as these medicines may increase the level of docetaxel in the blood thereby increasing the side effects of docetaxel.	Patients should inform their doctor if they are taking or have recently taken any medicine for an infection, including medicines obtained without a prescription.

Important potential risks

Risk	What is known
Foetal harm (harm to an unborn baby)	Women of childbearing age receiving Taxespira should be advised to avoid becoming pregnant, and to inform the treating doctor immediately should this occur. There is no information on the use of docetaxel in pregnant women, however docetaxel is found to be both embryotoxic and foetotoxic in rabbits and rats, and to reduce fertility in rats. Docetaxel may cause foetal harm when administered with other cytotoxic medicines to pregnant women. Therefore, Taxespira must not be used during pregnancy unless clearly indicated.
Male fertility	Men who are receiving treatment with Taxespira are advised not to father a child during and up to 6 months after treatment, as docetaxel can damage the cells' genetic material and may affect male fertility.

Missing information

Risk	What is known
Use in patients with kidney impairment	There are no data available in patients with severely impaired kidney function treated with docetaxel.
Breastfeeding	It is not known if docetaxel passes into breast milk. Therefore, breastfeeding should be discontinued during treatment with Taxespira to avoid potential side effects in breastfed infants.
Use in children aged 1 month to less than 18 years with nasopharyngeal cancer	The safety and efficacy of docetaxel in nasopharyngeal carcinoma in children aged 1 month to less than 18 years have not yet been established.
Use in combination with other cancer medicines for the treatment of breast cancer, non-small cell lung cancer, prostate cancer and head and neck cancer in patients with severe liver impairment	No data are available in patients with liver impairment for the use of docetaxel in combination with other cancer medicines for the treatment of breast cancer, non-small cell lung cancer, prostate cancer and head, and neck cancer.

Summary of risk minimisation measures by safety concern

All medicines have a summary of product characteristics (SmPC) which provides physicians, pharmacists and other healthcare professionals with details on how to use the medicine, and also describes the risks and recommendations for minimising them. Information for patients is available in lay language in the package leaflet. The measures listed in these documents are known as 'routine risk minimisation measures'.

The SmPC and the package leaflet are part of the medicine's product information. The product information for Taxespira can be found on [Taxespira's EPAR page](#).

This medicine has no additional risk minimisation measures.

Planned post-authorisation development plan

No post-authorisation development plan is planned.

Summary of changes to the risk management plan over time

Not applicable.

This summary was last updated in 07-2015.

Medicinal product no longer authorised