

Conclusion: the place of docetaxel (Taxotere®) in future therapy

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Docetaxel (Taxotere®) is a significant compound which will change the attitudes of medical oncologists, and the outcome for patients. The medical oncology community will learn to use this new drug through daily practice in the clinic and this symposium presented a forum for sharing expertise and forming new attitudes.

There are still fundamental questions to be asked about the use of docetaxel. Should this drug be used as a single agent, or in combination with other established agents. If combination regimens are preferred, which combinations should be used, and should the drugs be given sequentially or simultaneously?

A survey of the oncologists attending the symposium indicated that there is considerable heterogeneity of practice in the choice of first-line therapy in patients treated with ≥ 300 mg/m² doxorubicin, or the equivalent dose of epirubicin or anthracenediones, during adjuvant therapy (Table 1).

Similarly, there is heterogeneity of opinion on when chemotherapy for the treatment of metastatic disease should be stopped, although 50% of delegates believed chemotherapy should be stopped once the best response is achieved (Table 1).

At present docetaxel is licensed for use only after the failure of anthracycline therapy. Further develop-

ments in the use of docetaxel will depend on the definition of the best combinations and schedules for its use, and the design of controlled trials for first-line and adjuvant use. These studies will help to ensure that this new drug will eventually be used in many patients for whom cure is a possible outcome of chemotherapy.

Table 1. Results of survey of oncologists at symposium

Before the availability of taxoids, what was your preferred choice of chemotherapy in first-line treatment of patients with metastatic breast cancer who had received ≥ 300 mg/m² doxorubicin as an adjuvant treatment?

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|---|-------|
| 1. A regimen containing anthracyclines | (32%) |
| 2. A regimen containing platinum drugs | (13%) |
| 3. Cyclophosphamide, methotrexate, fluorouracil | (37%) |
| 4. Other regimens | (17%) |

When do you stop chemotherapy in metastatic breast cancer patients?

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|---------------------------------------|-------|
| 1. After a given number of cycles | (22%) |
| 2. At toxicity | (14%) |
| 3. When the best response is achieved | (49%) |
| 4. Other | (15%) |
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