

H₂ blockers increase risk of docetaxel-induced skin toxicity

Premedication with H₂ blockers [histamine H₂ receptor antagonists] in patients with breast cancer who receive docetaxel appears to be associated with an increased risk of erythrodysesthesia and facial erythema, according to results of a study presented at the Annual Meeting of the American Society of Clinical Oncology.

Japanese researchers collected data from 22 institutions regarding the occurrence of grade 2 or higher erythrodysesthesia and facial erythema among patients treated with docetaxel for breast cancer; patients were treated between April 2007 and March 2008.

Overall, the researchers identified 989 patients, most of whom had received docetaxel 75 mg/m². Of these, 852 patients had received docetaxel monotherapy and 137 patients had received docetaxel in combination with capecitabine or other chemotherapeutic agents. A total of 204 patients received H₂ blockers and these patients had significantly higher incidences of erythrodysesthesia (19.6% vs 8.8%) and facial erythema (14.2% vs 3.7%), compared with those who did not receive H₂ blockers. Patients who received docetaxel combination therapy had higher, but not significant, incidences of erythrodysesthesia (30.2% vs 17.3%) and facial erythema (20.3% vs 12.0%), compared with docetaxel monotherapy recipients.

Kawaguchi K, et al. Correlation between docetaxel-induced skin toxicity and the use of steroids and H₂ blockers: a multi-institution survey. 45th Annual Meeting of the American Society of Clinical Oncology : 492s abstr. 9536, 31 May 2009.
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