Severe colitis with docetaxel when used in combination with HER-2 receptor blocking antibodies in breast cancer patients

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Background

Use of Taxanes has increased significantly in node positive early breast cancer, locally advanced and metastatic breast cancer, and there is a specific role when given with anti-HER2 antibody therapy. Most common side effects are neutropenia, nausea and vomiting, skin rash, alopecia and oedema. Bowel toxicity is not commonly seen. However severe colitis with or without neutropenia has been reported in patients treated with docetaxel. We evaluated gastrointestinal (GI) toxicity in patients undergoing treatment with docetaxel for breast cancer particularly in combination with targeted HER2 therapy.

Methods

Retrospective analysis of hospital and Medonc electronic notes were studied for patients undergoing docetaxel for bowel toxicity of all grades from December 2012 to December 2013 in UHNM.

Results

101 patients treated with 370 doses of docetaxel. 86 patients for early breast cancer and 15 had metastatic disease. 33 (33%) were HER2 positive, 47 (47%) were ER positive/HER2-negative and 21 (20%) were triple negative. For GI toxicity: 55% no recorded toxicity, 40% grade 1/2 and 5% grade 3/4. All 3 patients who developed grade 4 bowel toxicity were HER2 positive. They were receiving docetaxel in combination with trastuzumab, and one patient also pertuzumab. 9% of HER2-positive patients developed grade 4 enterocolitis but none of 68 HER2-negative patients. Two of them had bowel perforation and one had grade 4 colitis.

Conclusions

For breast cancer patients on docetaxel the majority of GI side effects were grade 1/2 but Grade 4 GI toxicity was seen when used together with HER2 blocking agents. Clinicians need to be aware of these less common but potentially fatal side effects of docetaxel especially when used in combination with HER2 targeted therapy.