

CORRESPONDENCE

Pyridoxine Therapy for Palmar-Plantar Erythrodysesthesia Associated With Taxotere

Taxotere (RP 56976) is a semi-synthetic component derived from a precursor extracted from the needles of the European yew tree, *Taxus baccata* (1,2). Taxotere has been tested in several phase I schedules (3,4). The dose-limiting toxic effects were neutropenia, edema, and occasional skin rashes (3,4). Here, we describe two cases of palmar-plantar erythrodysesthesia in patients who received taxotere. These patients were successfully treated for this condition with pyridoxine.

The first patient is a 63-year-old White man with locally advanced, unresectable melanoma that was diagnosed in May 1991 and involved multiple areas of the scalp. In June 1992, this patient was enrolled in a phase II protocol in which taxotere was administered as a 1-hour infusion every 3 weeks at a dose of 100 mg/m². Within 3 days of the first treatment, the patient developed tingling that progressed to pain in the palms of his hands and the soles of his feet. The tingling was associated with erythema and swelling of the palms of both hands and with violaceous papules of the inner soles of both feet. The pain was severe and was described by the patient as "walking on glass." He was unable to wear regular shoes and had difficulty walking. The patient also had difficulty holding objects, driving, and making a fist and experienced a burning sensation even when not using his hands. We initiated treatment with 50 mg pyridoxine given orally 3 times a day. The paresthesia and dysesthesia resolved within 12-24 hours. The skin changes resolved after 3 weeks, with desquamation of the involved areas. Taxotere, given with pyridoxine, was continued at the initial dose without

recurrence of symptoms. The patient received a total of seven cycles of taxotere and continues to have stable disease 2 years later.

The second patient is a 46-year-old White woman who had recurrent metastatic breast cancer. She was enrolled in a phase I protocol and given 115 mg/m² taxotere by continuous infusion for 6 hours every 3 weeks. In June 1992, following her third cycle of taxotere, she developed pain and tingling of the fingertips and feet. The taxotere dose was decreased to 100 mg/m² and then to 80 mg/m², but she continued to have progressive tingling and pain of the fingertips and feet. After the fifth cycle, we began treatment with 50 mg of pyridoxine given orally 3 times a day. Within 24 hours, the patient noted marked improvement of the paresthesia and dysesthesia. Once her symptoms abated, the patient occasionally would forget to take pyridoxine and would re-experience the tingling of fingers that made her unable to use the keyboard of her computer. No further reduction of taxotere dose was initiated. After the fifth cycle, a bone scan showed marked improvement of the metastatic lesions.

Taxotere, a new semisynthetic agent, has demonstrated clinically significant antitumor activity, with responses in a variety of neoplasms (5). The toxicity profile is incomplete; however, toxic effects may lead to reduction of the dose or discontinuation of the therapy, which is a problem in patients with responding neoplasms.

The original report of chemotherapy-associated palmar-plantar erythrodysesthesia was associated with administration of fluorouracil (6). Improvement of palmar-plantar erythrodysesthesia by combining treatment with pyridoxine has been reported (7,8), but there are no data on the use of pyridoxine to ameliorate taxotere-induced dysesthesia. In our patients, once pyridoxine was begun, no reduction in the dose of taxotere was required. However, one should be cautious in attempting to minimize the side effects of new drugs. Administration of an agent to ameliorate toxic effects of a drug may adversely affect

the response to that drug. The negative effect of pyridoxine on response duration reported in a previous study (9) was not observed in either of our patients. Pyridoxine therapy early in the treatment course may allow a patient with tumor response to continue therapy.

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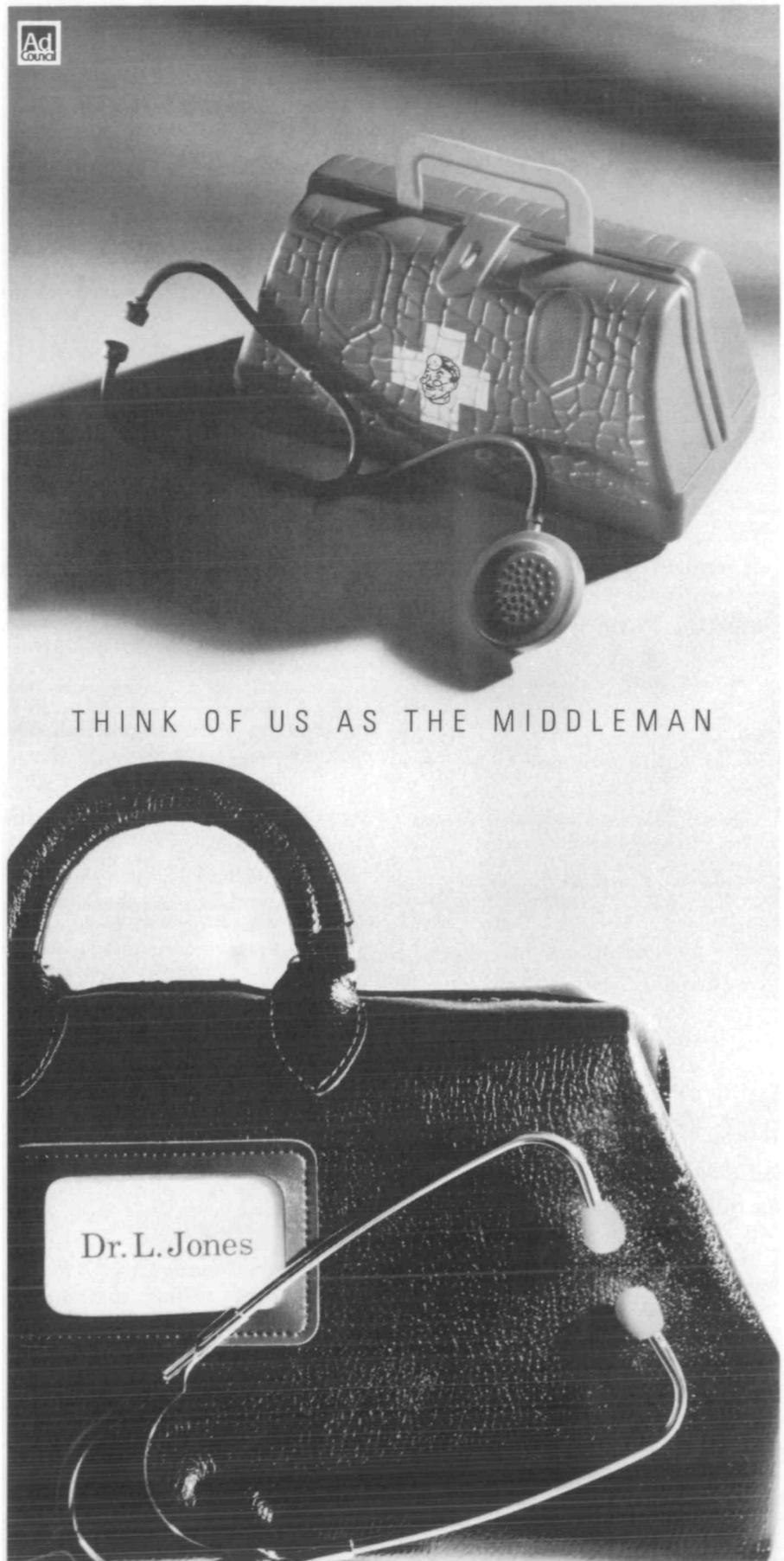
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Note

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