Chemotherapy Protocol

LUNG CANCER – NON-SMALL CELL (NSCLC)

VINORELBINE

(Intravenous)

Regimen

- NSCLC - Vinorelbine (Intravenous)

Indication

- Second line therapy of stage III or IV NSCLC
- WHO Performance status 0, 1, 2
- Palliative intent

Toxicity

Drug	Adverse Effect
Vinorelbine	Neuropathy, stomatitis, transient elevation of LFTs, pain, constipation

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

Monitoring

Disease

- A baseline chest x-ray should be performed before starting treatment and up to date (ideally within 1 month) cross section imaging should also be performed

Regimen

- FBC, LFTs and U&Es prior to each cycle
- A chest x-ray should be performed before each cycle

Dose Modifications

The dose modifications listed are for haematological, liver and renal function only. Dose adjustments may be necessary for other toxicities as well.

In principle all dose reductions due to adverse drug reactions should not be re-escalated in subsequent cycles without consultant approval. It is also a general rule

for chemotherapy that if a third dose reduction is necessary treatment should be stopped.

Please discuss all dose reductions / delays with the relevant consultant before prescribing if appropriate. The approach may be different depending on the clinical circumstances. The following is a general guide only.

Haematology

Prior to prescribing on day one of cycle one the following criteria must be met;

Criteria	Eligible Level
Neutrophil	equal to or more than $1.5x10^9$/L
Platelets	equal to or more than $100x10^9$/L

Consider blood transfusion if patient symptomatic of anaemia or haemoglobin of less than 8g/dL

If the neutrophils are less than $1.5x10^9$/L then in the first instance delay treatment for 7 days. If counts recover at this point continue at the initial dose. If counts remain low continue with treatment using a 20% dose reduction. If the myelosuppression recurs despite this dose reduction stop treatment.

If the platelets are less than $100x10^9$/L then in the first instance delay treatment for 7 days. If the counts recover at this point continue at the initial dose. If the counts still fall within this range continue using a 20% dose reduction. If the platelet level falls below $50x10^9$ /L reduce the dose by 50%.

Dose adjustments for day eight should be made according to local practice guidelines or procedures.

Hepatic Impairment

Drug	Recommendation
Vinorelbine	For the intravenous preparation consider a dose reduction to 20mg/m^2 in severe liver impairment For the oral preparation consider a dose of 50mg/m^2/week in moderate liver impairment

Renal Impairment

Drug	Dose (% of original dose)
Vinorelbine	No dose adjustment is necessary

Regimen

The maximum dose of intravenous vinorelbine is 60mg.

21 day cycle for 4 cycles

Drug	Dose	Days	Administration
Vinorelbine	30mg/m^2 (max dose 60mg)	1, 8	Intravenous bolus in 50ml sodium chloride 0.9% over 10 minutes

Dose Information

- Vinorelbine will be dose banded as per the CSCCN agreed bands
- The maximum dose of intravenous vinorelbine is 60mg

Administration Information

Extravasation

- Vinorelbine - vesicant

Additional Therapy

- Antiemetics

  15-30 minutes prior to chemotherapy;

  - metoclopramide 10mg oral or intravenous

  As take home medication;

  - metoclopramide 10mg three times a day oral when required

- Gastric protection with a proton pump inhibitor or a H_2 antagonist may be considered in patients considered at high risk of GI ulceration or bleed
- Prophylactic antibiotics can be considered if required

Coding

- Procurement – X70.4
- Delivery – X72.3 / X72.4

References
1.National Institute of Clinical Excellence (2005). CG24. The Diagnosis and Treatment of Lung Cancer. Methods, Evidence and Guidance. DOH: London.
2. Le Chevalier T, Brisgand D, Douillard JY et al. Randomised study of vinorelbine and cisplatin versus vindesine and cisplatin versus vinorelbine alone in advanced non-small cell lung cancer: results of a European multicentre trial including 612 patients. J Clin Oncol 1994; 12: 360-367.

REGIMEN SUMMARY

Vinorelbine IV

Day One

1. Metoclopramide 10mg oral or intravenous

2. Vinorelbine 30mg/m^2 intravenous infusion in 50ml sodium chloride 0.9% over 10 minutes

Take Home Medicines

3. Metoclopramide 10mg three times a day when required oral

Day Eight

4. Metoclopramide 10mg oral or intravenous

5. Vinorelbine 30mg/m^2 intravenous infusion in 50ml sodium chloride 0.9% over 10 minutes

DOCUMENT CONTROL

Version	Date	Amendment	Written By	Approved By
1.2	Feb 2014	Header changed to NHS badge Adverse effects put in table and toxicity removed >and < written in full Dose modification tabulated Renal and hepatic function tabulated and updated Regimen tabulated Vinorelbine changed to intravenous bolus over 10 minutes Twice daily now twice a day Bolus removed from injection Regimen name added to summary Metoclopramide dose changed to 10mg Document control tabulated Hospital representation and disclaimer added	Dr Deborah Wright Pharmacist	Donna Kimber Pharmacy Technician
1.1	Sept 2010	Font changed to Arial Header altered to include “Strength through Partnership” Drug names given capitals in regimen Extravasation moved to under Administration Information Footer changed to include regimen name and review date removed Standard paragraph added to introduction in dose modifications Dose modifications format (not information) changed Coding added Summary page added Document control added	Dr Deborah Wright Pharmacist	Donna Kimber Pharmacy Technician

This chemotherapy protocol has been developed as part of the chemotherapy electronic prescribing project. This was and remains a collaborative project that originated from the former CSCCN. These documents have been approved on behalf of the following Trusts;

Hampshire Hospitals NHS Foundation Trust
NHS Isle of Wight
Portsmouth Hospitals NHS Trust
Salisbury Hospitals NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
Western Sussex Hospitals NHS Trust

All actions have been taken to ensure these protocols are correct. However, no responsibility can be taken for errors which occur as a result of following these guidelines.