Chemotherapy Protocol

BLADDER

VINFLUNINE

Regimen

- Bladder – Vinflunine

Indication

- Bladder cancer that has failed to respond or progressed with in twelve months of receiving a platinum based therapy

Toxicity

Drug	Adverse Effect
Vinflunine	Peripheral neuropathy, abdominal pain, constipation, jaw pain

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

Monitoring

Drugs

- FBC, LFTs, U&Es prior to each cycle

Dose Modifications

The dose modifications listed are for haematological, liver and renal function and drug specific toxicities 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.

Haematological

Dose modifications for haematological toxicity in the table below are for general guidance only. Always refer to the responsible consultant as any dose reductions or delays will be dependent on clinical circumstances and treatment intent.

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

Toxicity	Vinflunine Dose Adjustment				
(NCI CTC 2.0)	initial dose 320 mg/m²			initial dose 280 mg/m²	
	First event	2nd consecutive event	3rd consecutive event	First event	2nd consecutive event
Neutropenia grade 4	280mg/m²	250mg/m²	Discontinue treatment	250mg/m²	Discontinue treatment
Febrile neutropenia					

Hepatic Impairment

The recommended dose of vinflunine is 250mg/m² given once every 3 weeks in patients with mild liver impairment (Child-Pugh grade A) or in patients with a prothrombin time more than 60% of the norm and a bilirubin between 1.5 - 3×ULN and presenting with either transaminases that are above the ULN and / or a GGT that is more than 5xULN.

The recommended dose of vinflunine is 200mg/m² given once every 3 weeks in patients with moderate liver impairment (Child-Pugh grade B) or in patients with a prothrombin time more than 50% above the norm and a bilirubin greater than 3×ULN with transaminases and GGT greater than the ULN.

Vinflunine has not been evaluated in patients with severe hepatic impairment (Child-Pugh grade C) or in patients with a prothrombin time less than 50% or with bilirubin more than 5xULN or with isolated transaminases greater than 2.5xULN (greater than 5xULN only in case of liver metastases) or with GGT greater than15xULN.

Renal Impairment

Drug	Creatinine Clearance (ml/min)	Dose
Vinflunine	40 - 60	280mg/m^2
	20 - 39	250mg/m^2

Other

Dose reductions or interruptions in therapy are not necessary for those toxicities that are considered unlikely to be serious or life threatening. For example, alopecia, altered taste or nail changes.

Toxicity	Vinflunine Dose Adjustment				
(NCI CTC 2.0)	initial dose of 320mg/m²			initial dose of 280mg/m²	
	First Event	2nd consecutive event	3rd consecutive event	First event	2nd consecutive event
Mucositis or constipation grade 2 for more than 5 days or grade 3 for any duration	280mg/m²	250mg/m²	Discontinue treatment	250mg/m²	Discontinue treatment
Any other toxicity grade 3 or above (except nausea and vomiting)					

Regimen

21 day cycle for 6 cycles

The starting dose of vinflunine varies. Where the WHO performance status (PS) is 1 or PS of 0 and prior pelvic irradiation, the treatment should be started at the dose of 280 mg/m². In the absence of any haematological toxicity during the first cycle causing treatment delay or dose reduction, the dose will be increased to 320 mg/m² every 3 weeks for the subsequent cycles.

The doses recommended in patients of at least 75 years old are as follows:

- in patients of at least 75 years old but less than 80 years, the dose of vinflunine to be given is 280 mg/m² every 3 weeks.
- in patients 80 years old and beyond, the dose of vinflunine to be given is 250 mg/m² every 3 weeks.

In all other patients the following applies and will be the schedule set in Aria.

Drug	Dose	Days	Administration
Vinflunine	320mg/m²	1	Intravenous bolus in 50ml sodium chloride 0.9% over 20 minutes

Dose Information

- Vinflunine will be dose banded in accordance with the national dose bands

Administration Information

Extravasation

- Vinflunine - vesicant

Additional Therapy

- Antiemetics

  15-30 minutes prior to chemotherapy

  - dexamethasone 8mg oral or intravenous

  As take home medication

  - metoclopramide 10mg three times a day when required oral

- Laxatives as required to prevent and treat constipation

  - lactulose 15ml twice a day for 5-7 days then when required oral
  - senna 15mg at night for 5-7 days then when required oral

- 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.

- Advise patients to drink at least 1500ml of liquid per day for five days post treatment.

Additional Information

- The National Patient Safety Agency report NPSA/2008/RRR04 must be followed in relation to intravenous administration of vinca alkaloids.

Coding (OPCS 4.6)

- Procurement – X71.5

- Delivery – X72.2

References
1.London Cancer New Drugs Group. Rapid Review. Vinflunine for the second line treatment of advanced or metastatic transitional cell carcinoma of the urothelial tract. February 2013.
2. National Institute for Health and Clinical Excellence. TA272. Urothelial tract carcinoma (transitional cell, advanced, metastatic) – vinflunine. DOH:London

REGIMEN SUMMARY

Vinflunine

Day 1

1. Warning – check dose

2. Dexamethasone 8mg oral or intravenous

3. Vinflunine 320mg/m^2 intravenous bolus in 50ml sodium chloride 0.9% over 20 minutes

Take home medicines

4. Metoclopramide 10mg three times a day oral when required*

5. Lactulose 15ml twice a day oral for 7 days

6. Senna 15mg at night oral for 7 days

*This will only appear for dispensing as an original pack on cycle one. If patients require further supplies this may be added from the supportive therapies folder.

DOCUMENT CONTROL

Version	Date	Amendment	Written By	Approved By
1.2	February 2019	Dose rounding changed to national dose bands Disclaimer updated	Donna Kimber Pharmacy Technician	Dr Deborah Wright Pharmacist
1.1	May 2015	Header changed Metoclopramide dose changed to 10mg Bolus removed from intravenous bolus throughout text OPCS code updated Number of days of laxative treatment added Metoclopramide cycle 1 only Disclaimer added	Donna Kimber Pharmacy Technician	Rebecca Wills Pharmacist
1	March 2013	None	Dr Deborah Wright Pharmacist	Dr Joanna Gale Consultant Medical Oncologist Dr Matthew Wheater Consultant Medical Oncologist

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 Hospital NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
Western Sussex Hospitals NHS Foundation Trust

All actions have been taken to ensure these protocols are correct. However, no responsibility can be taken for errors that occur as a result of following these guidelines. These protocols should be used in conjunction with other references such as the Summary of Product Characteristics and relevant published papers