Chemotherapy Protocol

LYMPHOMA

VINBLASTINE

Regimen

- Lymphoma – Vinblastine

Indication

- Non-Hodgkin's Lymphoma
- Hodgkin's Lymphoma

Toxicity

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

Patients diagnosed with Hodgkin's Lymphoma carry a lifelong risk of transfusion associated graft versus host disease (TA-GVHD). Where blood products are required these patients must receive only irradiated blood products for life. Local blood transfusion departments must be notified as soon as a diagnosis is made and the patient must be issued with an alert card to carry with them at all times.

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 starting therapy and FBC on day one of treatment thereafter

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. Low counts can be a consequence of bone marrow infiltration as well as drug toxicity.

Consider blood transfusion if patient symptomatic of anaemia or has a haemoglobin of less than 8g/dL. **Irradiated blood products must be used in Hodgkin's Lymphoma patients.**

Neutrophils ($x10^9$/L)	**Dose Modifications**
1 or greater	100%
less than 1	Reduce dose and /or frequency as clinically appropriate
Platelets ($x10^9$/L)	**Dose Modifications**
75 or greater	100%
less than 75	Reduce dose and /or frequency as clinically appropriate

Hepatic Impairment

Drug	**Bilirubin µmol/L**		**AST/ALT units/L**	**Dose (% of original dose)**
Vinblastine	*30-51	or	60-180	50%
	more than 51	and	normal	50%
	more than 51	and	more than180	omit

*Limit reflects local practice and may vary from published sources

It is not necessary to monitor LFTs at every cycle. Dose will be modified according to observed toxicity.

Renal Impairment

Drug	**Creatinine Clearance (ml/min)**	**Dose (% of original dose)**
Vinblastine	N/A	No dose adjustment needed.

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.

Vinblastine

Reduce the vinblastine dose to 3mg/m^2 if a NCI-CTC grade 2 motor or a NCI-CTC grade 3 sensory neurological toxicity occurs. For higher toxicity grades or if toxicity increases despite dose reduction stop the vinblastine.

Regimen

14 day cycle until disease progression (6 cycles will be set in Aria)

Drug	Dose	Days	Administration
Vinblastine	6mg/m^2 (max 10mg)	1	Intravenous bolus in 50ml sodium chloride 0.9% over 10 minutes

Dose Information

- Vinblastine will be rounded to the nearest 1mg (up if halfway).

Administration Information

Extravasation

- Vinblastine - 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 when required oral

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 – X70.1
- Delivery – X72.3

REGIMEN SUMMARY

Vinblastine

Cycle One Day 1

1. Warning –Check blood transfusion status
   Administration Instructions
   Patients with HODGKIN'S lymphoma carry a lifelong risk of transfusion associated graft versus host disease. Where blood products are required these patients must receive ONLY IRRADIATED BLOOD PRODUCTS for life. Ensure transfusion departments are notified and the patient has been issued with an alert card to carry with them at all times.

2. Metoclopramide 10mg oral or intravenous

3. Vinblastine 6mg/m^2 (max 10mg) intravenous bolus in 50ml sodium chloride 0.9% over 10 minutes

Take home medicines

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

Cycle Two onwards Day 1

1. Metoclopramide 10mg oral or intravenous

2. Vinblastine 6mg/m^2 (max 10mg) intravenous bolus in 50ml sodium chloride 0.9% over 10 minutes

DOCUMENT CONTROL

Version	Date	Amendment	Written By	Approved By
1.1	Jan 2015	Header changed Toxicities removed Hepatic impairment updated Metoclopramide dose changed to 10mg Bolus removed from intravenous bolus throughout text “Warning – Check blood transfusion status”” added to cycle 1 Disclaimer added	Donna Kimber Pharmacy Technician	Rebecca Wills Pharmacist
1	May 2012	None	Rebecca Wills Pharmacist Dr Deborah Wright Pharmacist	Dr Andrew Davies Consultant Medical Oncologist Dr Alison Milne Consultant Haematologist

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 which occur as a result of following these guidelines.