LONDON CANCER ALLIANCE
West and South

# Breast Pathway Group – Vinorelbine IV weekly in Advanced Breast Cancer

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| Indication: | Second line or subsequent treatments of advanced breast cancer where anthracyclines have failed or are unsuitable.<br>Patients with progressive breast cancer for whom combination chemotherapy or taxane therapy is deemed inappropriate |
| Regimen details: | Monotherapy:<br>Vinorelbine 25mg-30mg/$m^2$ (max 60mg) IV weekly |
| Administration: | In 50ml Sodium Chloride 0.9% over 5-10 minutes, via fast running Sodium Chloride 0.9% infusion<br>It is recommended to flush thoroughly with rapid free-flowing infusion of 250ml of Sodium Chloride 0.9% post infusion to minimise risk of post infusion pain |
| Frequency: | Weekly (max 18 weeks) |
| Pre-medication: | Not required |
| Anti- emetics: | Low emetogenicity<br>Follow local anti-emetic policy |
| Supportive medication: | Mouthcare as per local policy |
| Extravasation: | Vesicant<br>If there is any possibility that extravasation has occurred, contact a senior member of the medical team and follow local protocol for dealing with cytotoxic extravasation |
| Regular investigations: | Prior to Cycle 1:<br>FBC Day 1 (within 14 days)<br>LFTs Day 1 (within 14 days)<br>U&Es Day 1 (within 14 days) |

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| Version: 1.0 Supersedes: all other versions | Approved by LCA Breast Pathway Chemotherapy Lead: Mark Harries November 2014 |
| Reason for Update: LCA Protocol Development | Approved by LCA Joint Delivery Subgroup Co-Chairs: Pauline McCalla & Rebecca Johl |
| Prepared by: Isabel Munoz | Approved by LCA Medicines & Chemotherapy Steering Group Chair: Jamie Ferguson |
| Second check by: Lisa Yuen | Date prepared: November 2014 Review Date: November 2016 |

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| Prior to Cycle 2 onwards: | |
| FBC | Day 1 (within 48 hours) |
| LFTs | Day 1 (within 48 hours) |
| U&Es | Day 1 (within 48 hours) |

Toxicities: Myelosupression, ovarian failure/infertility, peripheral neuropathy and neuropathy induced constipation, alopecia (usually mild), GI symptoms, myalgia, fatigue

## DOSE MODIFICATIONS

### Haematological Toxicity

| Neutrophils (x $10^9$/L) | | Platelets (x $10^9$/L) | Day 1 Dose |
|---|---|---|---|
| > 1.5 | & | > 100 | 100% dose |
| < 1.5 | & | < 100 | Delay day 1 until recovered to above these levels then resume treatment. For second delay, consider 75% dose. |

**If significant myelotoxicity, or more than 2 delays, consider giving as a 4-weekly schedule on day 1 and day 15**

### Renal Impairment

Dose adjustment not required if CrCl ≥ 30ml/min.
If CrCl < 30ml/ml, discuss with consultant.

### Hepatic Impairment

If hepatic insufficiency is due to metastatic involvement, the liver function may recover in response to treatment. Therefore, for patients with massive liver metastases, i.e. > 75% of liver volume replaced by tumour, it is empirically suggested to reduce the dose of vinorelbine to 85% and monitor closely haematological toxicity.

If hepatic insufficiency is due to other reasons, use the table below:

| Bilirubin | | AST / ALT | Dose |
|---|---|---|---|
| < 1.5 x ULN | & | < 5 x ULN | 100% |
| 1.5 to 3 x ULN | & | < 5 x ULN | Postpone and reassess in 1 week, consider vinorelbine 50% dose. If toxicity persists for more than 3 weeks, discontinue treatment. |


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| > 3 x ULN | | | Omit |
| | | > 5 x ULN | Clinical decision, consider 33% dose reduction |

**Dose modifications for other toxicities as appropriate**

| | **Vinorelbine dose** |
|---|---|
| Grade 1 or 2 neurotoxicity | 100% dose |
| Grade 3 or 5 neurotoxicity | Omit |
| Grade 3 mucositis | Give 75% dose |
| Grade 4 mucositis | Omit |
| Grade 3 or 4 constipation | Omit |
| Any other grade 3 toxicities | Give 75% dose |
| Any other grade 4 toxicities | Omit |

Location of regimen delivery: Out-patient setting

Comments: None

Drug interactions:
Aprepitant – increased vinorelbine plasma levels
Itraconazole – increased risk of neurotoxicity.
Omeprazole and fluoxetine may inhibit vinorelbine metabolism
Posazonazole and voriconazole- increased vinorelbine plasma levels

References:
www.medicines.org.uk 0.8.2011
SELCN network protocols (PO Vinorelbine), accessed May 09
SWSHCN Protocols. Vinorelbine. Revised Jan 09
NWLCN Breast Cancer protocols Oct 2012
UCLH – Dosage adjustment for Cytotoxics in Hepatic Impairment. January 2009
UCLH – Dosage adjustment for Cytotoxics in Renal Impairment. January 2009
LCA Breast Cancer Clinical Guidelines October 2013



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