LONDON CANCER ALLIANCE
West and South

Lung Pathway Group – IV Vinorelbine in Non-Small Cell Lung Cancer (NSCLC)

Indication:	Advanced or metastatic NSCLC for patients unsuitable for platinum based treatment regimen or performance status 2
Regimen details:	Vinorelbine 30mg/m^2 (max 60mg) IV Day 1 and Day 8
Administration:	Vinorelbine in 50ml infusion bag of Sodium Chloride 0.9% over 5-10 minutes, via fast running infusion of Sodium Chloride 0.9% It is recommended to flush thoroughly with rapid free-flowing infusion of at least 250ml of Sodium Chloride 0.9% post infusion to minimise risk of post infusion pain.
Frequency:	Day 1 and Day 8, every 21 days, for 4 to 6 cycles
Pre-medication:	Not routinely required
Anti- emetics:	Day 1: Low emetogenicity Day 8: Low emetogenicity Follow local anti-emetic policy
Supportive medication:	Mouthcare as per local policy
Extravasation:	Vesicant Vinorelbine should be administered with appropriate precautions to prevent extravasation. 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

Version: 1.0 Supersedes: all other versions	Approved by LCA Lung Pathway Chemotherapy Lead: Rohit Lal
Reason for Update: LCA Protocol Development	Approved by LCA Joint Delivery Subgroup Co-Chairs: Pauline McCalla & Rebecca Johl
Prepared by: Lisa Yuen	Approved by LCA Medicines & Chemotherapy Steering Group Chair:
Second check by: Laura Cameron	Date prepared: April 2015 Review Date: April 2017

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Regular investigations:	Prior to Cycle 1:	
	FBC	Day 1 (within 14 days)
	LFTs	Day 1 (within 14 days)
	U&Es	Day 1 (within 14 days)
	CT scan	Baseline
	Prior to Day 8 (all cycles):	
	FBC	Day 8 (within 72 hours)
	Prior to Day 1 (all cycles):	
	FBC	Day 1 (within 72 hours)
	LFTs	Day 1 (within 72 hours)
	U&Es	Day 1 (within 72 hours)
	Imaging	After 3 cycles

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

DOSE MODIFICATIONS

Haematological Toxicity

Prior to day 1

Neutrophils (x 10^9/L)		**Platelets (x 10^9/L)**	**Vinorelbine Dose**
≥ 1.5	**&**	≥ 100	100% dose
< 1.5	**or**	< 100	Delay day 1 for 1 week. Repeat FBC, if recovered to above these levels, give 100% dose.

If neutrophils < 0.5 x 10^9/L for more than 5 days or < 0.1 x 10^9/L for more than 3 days,
or platelets < 25 x 10^9/L ,
or febrile neutropenia is diagnosed,
or toxicity related delay is > 1 week,
vinorelbine dose should be reduced to 75% from previous dose (do not escalate for subsequent cycles).

Prior to day 8

Neutrophils (x 10^9/L)		**Platelets (x 10^9/L)**	**Vinorelbine Dose**
≥ 1.0	**&**	≥ 100	100% dose
< 1.0	**or**	< 100	Omit

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Non-haematological Toxicities

Renal Impairment Dosage adjustment not required

Hepatic Impairment

If hepatic insufficiency is due to metastatic involvement, 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 that the dose of vinorelbine be reduced by 1/3rd and haematological toxicity monitored.

If hepatic insufficiency is due to other reasons, the table below should be used:

Bilirubin	ALT / AST	Vinorelbine Dose
< 1.5 x ULN	< 5 x ULN	Give 100% dose
1.5 – 3 x ULN	5 – 20 x ULN	Delay day 1 for 1 week/omit day 8, and reassess*. Consider dose reduction to 25-50% dose.
> 3 x ULN	> 20 x ULN	Discontinue

*If liver toxicity persists for more than 3 weeks, discontinue treatment

Dose modifications for other toxicities

Neurotoxicity

Neurotoxicity	Vinorelbine Dose
Grade 2	Give 100% dose
Grade 3 or 4	Discontinue

Other toxicities

	Vinorelbine Dose
Grade 3 mucositis	Give 75% of previous dose
Grade 4 mucositis	Give 50% of previous dose
Any grade 3 toxicities (except mucositis	Give 75% of previous dose
Any grade 4 toxicities (except mucositis)	Omit
Grade 3 or 4 constipation	Omit

Location of regimen delivery: Outpatient setting

Comments: Adequate contraceptive methods should be used during therapy and for 3 months after completing treatment

Drug interactions: Itraconazole- increased risk of neurotoxicity
Posaconazole, voriconazole- increased vinorelbine plasma levels

References: www.medicines.org.uk

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