

Chemotherapy protocol

Drug Regimen

Single agent Oral Vinorelbine

Indications for use

Non Small Cell Lung Cancer – Stage IV, unfit for Platinum therapy
Metastatic breast cancer

Regimen

Vinorelbine 60mg/m² weekly

BSA(m ²)	60mg/m ² Dose (mg)	80mg/m ² Dose (mg)
0.95 to 1.0	60	80
1.05 to 1.14	70	90
1.15 to 1.24	70	100
1.25 to 1.34	80	100
1.35 to 1.44	80	110
1.45 to 1.54	90	120
1.55 to 1.64	100	130
1.65 to 1.74	100	140
1.75 to 1.84	110	140
1.85 to 1.94	110	150
> 1.95	120	160

Even for patients with BSA >2 m² the total dose should never exceed 160mg per week.

Capsules available 20mg, 30mg, 80mg

Patients should also be prescribed Ondansetron 8mg bd to be taken on the day of treatment and metoclopramide 10mg tds prn

Investigations prior to initiating treatment

FBC U&Es, LFTs
CXR (CT Thorax or other baseline test for assessing response)

Investigations and consultations prior to each cycle

FBC
U&Es, LFTs
The liver function test may be retrospectively looked at (i.e. after the chemotherapy treatment) **unless** they are known to be abnormal then they need to be repeated the day before so that the results are available pre-chemotherapy

Consultation every 3-4 weeks

Side Effects

Neutropenia
Mild anaemia
Occasional thrombocytopenia
Nausea
Diarrhoea

Mild alopecia
Fatigue
Neuropathy
Transient elevation in LFTs

Acceptable limits for treatment to proceed (if outside these delay one week or contact consultant)

If neutrophils 1.2 – 1.5 and/or platelets 75 – 100 contact **consultant**

Delay 1 week if neutrophils ≤ 1.5 or platelets ≤ 100

Dose Modification Criteria

60mg/m² is the starting dose and is roughly equivalent to 25mg/m² IV. If tolerated the dose can be increased to 80mg/m² from week 4 but only if neutrophils have not dropped below 0.5, or more than once been 0.5-1.0

Specific Information on Administration

Capsules must be swallowed whole, not chewed or pierced.
If the patient vomits after taking the capsules, do not repeat the dose.

THIS PROTOCOL HAS BEEN DIRECTED BY DR SKAILES, DESIGNATED LEAD CLINICIAN FOR LUNG CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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