

## Vinorelbine/Cisplatin concurrent

**INDICATION:** Non-small cell lung cancer Stage III with concurrent thoracic radiotherapy

### Prior to a course of chemotherapy

- Baseline bloods: FBC, U&E, LFT, Ca, Mg
- Creatinine clearance  $\geq$  60ml/min
- CT thorax
- If appropriate discuss need for contraception and risk of infertility (offer sperm banking for males)
- Written informed consent for course

### Weekly

- FBC, U&E, LFT, Ca, Mg
- Creatinine clearance  $\geq$  50ml/min (before final week of Cisplatin)
- Medical review

<b>Vinorelbine</b>	<b>15mg/m<sup>2</sup>*</b>	<b>Over 5 min IV in 50ml 0.9% NaCl</b>	<b>Day 1,8,19,26 (Fraction 1,6,15,20)</b>
		<b>1 litre sodium chloride 0.9% with potassium chloride 20mmol and magnesium sulphate 10mmol over 2 hours</b>	
<b>Cisplatin</b>	<b>20mg/m<sup>2</sup></b>	<b>1 litre sodium chloride 0.9% over 4 hours</b>	<b>Day 1-4 and 22-25 (Fraction 1-4 and 16-19)</b>
		<b>500ml sodium chloride with potassium chloride 10mmol and magnesium sulphate 5mmol over 1 hour</b>	

**Radiotherapy has to start within 6 hours of Cisplatin infusion**

**Treatment should start on a Monday**

**Maintain Hb > 12g/dl throughout treatment**

#### Dose modification for haematological toxicity

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|--|--|
| • <b>Neutrophils &gt; 1.5 AND Platelets &gt; 100</b> | <b>Proceed with full dose</b>                |
| • <b>Neutrophils 0.8-1.5 OR Platelets 60-100</b>     | <b>Omit Vinorelbine, full dose Cisplatin</b> |
| • <b>Neutrophils &lt; 0.8 OR Platelets &lt;60</b>    | <b>Omit chemo</b>                            |

#### Dose modification for hepatic toxicity

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|--|--|
| • <b>AST/ALT up to 5 x ULN, Bilirubin &lt; 1.5xULN</b> | <b>Full dose</b>   |
| • <b>AST/ALT 5.1-20 x ULN, Bilirubin 1.5-3 x ULN</b>   | <b>Defer Vinorelbine by 1 week, full dose Cisplatin</b>  |
| • <b>AST/ALT &gt; 20xULN, Bilirubin &gt; 3ULN</b>      | <b>Discontinue Vinorelbine, continue Cisplatin if clinically indicated (and renal function adequate)</b> |

#### Dose modification for neurological toxicity

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Systemic Anticancer Treatment Protocol

<ul style="list-style-type: none"><li>• <b>NCI grade 0-1</b></li></ul>	<b>Proceed with full dose</b>
<ul style="list-style-type: none"><li>• <b>NCI grade 2+</b></li></ul>	<b>Defer until recovery, then replace Cisplatin with Carboplatin AUC5</b>
Dose modification for renal toxicity	
<ul style="list-style-type: none"><li>• <b>Creatinine clearance &gt;60ml/min</b></li></ul>	<b>Full dose</b>
<ul style="list-style-type: none"><li>• <b>Creatinine clearance 50-59 ml/min</b></li></ul>	<b>Full dose Vinorelbine, 75% dose Cisplatin</b>
<ul style="list-style-type: none"><li>• <b>Creatinine clearance &lt;50ml/min</b></li></ul>	<b>Full dose Vinorelbine, replace Cisplatin with Carboplatin AUC5 (day 23 only)</b>

<b>Expected toxicities</b>	
<b>Neutropenic sepsis &amp; thrombocytopenia</b>	<b>Nausea &amp; vomiting (severe)</b>
<b>Constipation</b>	<b>Peripheral neuropathy</b>
<b>Alopecia</b>	<b>Mucositis</b>
<b>Tinnitus</b>	<b>Oesophagitis</b>

**This protocol has been reviewed by the Lancashire & South Cumbria Lung Oncology Consultants' Group and responsibility for the template lies with the Head of Service.**

**Date: August 2019**  
**Next review: August 2021**