Intravenous Vinorelbine Monotherapy- 21 day

INDICATIONS FOR USE:

INDICATION	ICD10	Regimen Code	Reimbursement Status
Advanced breast cancer	C50	00232a	Hospital
Non small cell lung cancer (NSCLC)	C34	00232b	Hospital
Platinum refractory advanced ovarian carcinoma[i]	C56	00232c	Hospital

TREATMENT:

The starting dose of the drugs detailed below may be adjusted downward by the prescribing clinician, using their independent medical judgement, to consider each patients individual clinical circumstances.

Treatment is administered on day 1 and day 8 and repeated every 21 days until disease progression or unacceptable toxicity develops.

Day	Drug	Dose	Route	Diluent & Rate	Cycle
1 and 8	[a]Vinorelbine	[b]30mg/m^2	IV infusion	50ml 0.9% sodium chloride over 15min. Then flush the line with 250ml 0.9% sodium chloride prior to removing/capping IV access	Every 21 days
[a]Vinorelbine is a neurotoxic chemotherapeutic agent. Refer to NCCP Guidance on the Safe Use of Neurotoxic drugs (including Vinca Alkaloids) in the treatment of cancer https://www.hse.ie/eng/services/list/5/cancer/profinfo/medonc/safetyreview/neurotoxicguidance.pdf					
[b]For those with poor bone marrow reserves (for example due to extensive prior treatment, bone metastasis or extensive skeletal radiation) consider a starting dose of 25mg/m^2 with a view to increasing to 30mg/m^2 if well tolerated.					

ELIGIBILITY:

- Indications as above
- ECOG 0-2

EXCLUSIONS:

- Hypersensitivity to vinorelbine or other vinca alkaloids,
- Pregnancy
- Lactation

USE with CAUTION:

- Neutrophil count < 1.5 x 10^9/L or severe infection; current or recent (within 2 weeks)
- Platelet count < 100 x 10^9/L

PRESCRIPTIVE AUTHORITY:

The treatment plan must be initiated by a Consultant Medical Oncologist.

TESTS:

Baseline tests:

- FBC, renal and liver profile
- Assessment of peripheral neuropathy

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Regular tests:

- FBC before each treatment
- Renal and liver profile prior to each cycle

Disease monitoring:

Disease monitoring should be in line with the patient's treatment plan and any other test/s as directed by the supervising Consultant.

DOSE MODIFICATIONS:

- Any dose modification should be discussed with a Consultant.

Haematological:

Table 1: Dose modification for haematological toxicity

ANC ($x10^9$/L)		Platelets ($x10^9$/L)	*Dose
≥1	and	≥100	100% Dose
0.5-0.99	or	75-99	75%
< 0.5	or	< 75	Delay one week and repeat FBC
*Consider decreasing vinorelbine to 75% or 22.5mg/m² if an episode of febrile neutropenia occurs with the prior cycle of treatment.			
In the event of febrile neutropenia or previous delay for myelosuppression delay treatment until recovery and reduce vinorelbine by 25% for subsequent cycles. Discontinue if ANC < 1 x 10^9/L for > 3 weeks.			

Renal and Hepatic Impairment:

Table 2: Dose modification of vinorelbine in renal and hepatic impairment

Renal Impairment	Hepatic Impairment		
No dose reduction necessary	**AST/ALT**	**Bilirubin**	**Dose**
	>5 x ULN	> 2 x ULN	Reduce dose by 33%
	ULN= Upper Limit of Normal		

Table 3: Dose modification schedule based on adverse events

Adverse reactions	Recommended dose modification
Peripheral neuropathy Grade 2 Grade 3	 Withhold treatment until recovery to grade 1 then reduce the dose to 75% of the original dose. Discontinue treatment
Grade 3 constipation	After appropriate management of symptoms (See supportive care) may consider reducing the dose of vinorelbine to 75% of the original dose.
Other toxicities ≥Grade 3	 Defer therapy for 1 week until resolved to ≤ grade 1. Discuss with consultant if >1 week delay.

SUPPORTIVE CARE:

EMETOGENIC POTENTIAL:

Vinorelbine Minimal **(Refer to local policy).**

PREMEDICATIONS: None

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OTHER SUPPORTIVE CARE:

- Patients should be counseled on the risk of constipation associated with the use of vinca alkaloids. Dietary interventions or prophylactic laxatives may be required.
- Gastric protection with a proton pump inhibitor or a H_2 antagonist may be considered in patients considered at high risk of GI ulceration or bleed.

ADVERSE EFFECTS / REGIMEN SPECIFIC COMPLICATIONS

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

- **Cardiac toxicity**: Special care should be taken when prescribing for patients with history of ischemic heart disease.
- **Extravasation:** Vinorelbine causes pain and tissue necrosis if extravasated **(Refer to local guidelines).**
- **Neutropenia:** The dose limiting adverse reaction of vinorelbine is mainly neutropenia. This effect is non-cumulative, having its nadir between 7 and 14 days after the administration and is rapidly reversible within 5 to 7 days. Fever or other evidence of infection must be assessed promptly and treated appropriately.
- **Constipation:** Constipation with vinorelbine should at a grade 1-2 be managed with dietary interventions or laxatives

DRUG INTERACTIONS:

- Risk of drug interactions causing increased concentrations of vinorelbine with CYP3A inhibitors.
- Risk of drug interactions causing decreased concentrations of vinorelbine with CYP3A inducers.
- Current drug interaction databases should be consulted for more information

ATC CODE:

Vinorelbine L01BC05

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Version	Date	Amendment	Approved By
1	10/09/2015		Prof Maccon Keane
2	03/06/2016	Removed hydrocortisone as a premedication	Prof Maccon Keane
3	20/06/2018	Applied new NCCP regimen template, Standardisation of treatment table and dosing in hepatic impairment	Prof Maccon Keane
4	10/06/2020	Reviewed.	Prof Maccon Keane

Comments and feedback welcome at oncologydrugs@cancercontrol.ie.

[i] This is an unlicensed indication for the use of vinorelbine in Ireland. Patients should be informed of the unlicensed nature of this indication and consented to treatment in line with the hospital's policy on the use of unlicensed medication and unlicensed or "off label" indications. Prescribers should be aware of their responsibility in communicating any relevant information to the patient and also in ensuring that the unlicensed or "off label" indication has been acknowledged by the hospital's Drugs and Therapeutics Committee, or equivalent, in line with hospital policy.

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