

Plan Summary

Vinorelbi Carbop RT= V1.0

Overview

Temporary regimen as interim COVID -19 mitigation

Indication: Radical chemoradiotherapy.

Vinorelbine 40mg/m² PO days 1 and 8

Carboplatin AUC 5 day 1

Cycle Frequency: Every 21 days

References:

1. SOCCAR trial uses cisplatin vinorelbine

TVCN PROTOCOL Temporary Covid-19 mitigation exceptional use request 15/4/2020

Plan Summary

Vinorelbi Carbop RT= V1.0

Chemo Order Instructions

ANTIEMETIC POLICY

Highly emetogenic day 1

Moderately emetogenic day 8

DOSE MODIFICATIONS

If the neutrophil count is below $1.5 \times 10^9/L$ AND/OR the platelet count is between $75-100 \times 10^9/L$ then the treatment should be delayed until recovery

VINORELBINE:

No prospective study is available in order to establish guidelines for the dose reduction of Vinorelbine capsules in hepatic impairment.

If there is significant hepatic impairment the dose of Vinorelbine soft capsules should be reduced. In patients with massive liver metastases (i.e. > 75% of liver volume replaced by the tumour) it is empirically suggested that the dose be reduced by 25 % and the haematological parameters closely monitored

CARBOPLATIN

Discuss if patient has a serum creatinine >150 micromol/L

if EDTA GFR = or < 20 ml/min contraindicated

CONCURRENT MEDICATION

Anaphylaxis treatment should be prescribed if the patient has had an anaphylactic episode previously.

Dexamethasone 20mg IV bolus

Chlorphenamine 10mg IV bolus

Ranitidine 50mg IV bolus

Carboplatin should be given at a slower rate e.g. 2-4 hours

Vinorelbine-Cytochrome P450 is likely to be mainly involved in the metabolism of vinorelbine combination with inducers or inhibitors of this isoenzyme may alter its pharmacokinetics. Omeprazole and fluoxetine (norfluoxetine), inhibitors for CYP3A4, were both found to moderately inhibit the metabolism of vinorelbine, although the clinical relevance of this inhibition is not known.

ROUTINE BLOOD TESTS

1. Blood results required before chemotherapy administration

Hb x g/dL GIVE ≥ 10 DISCUSS < 10

Plt x $10^9/L$ GIVE ≥ 100 DISCUSS < 100

Neutrophils x $10^9/L$ GIVE ≥ 1.5 DISCUSS < 1.5

GFR should be measured by EDTA, if calculated from serum creatinine the result is less accurate.

Liver function tests (LFT's)

2. tests relating to disease progression / response

ADVERSE EFFECTS/REGIMEN SPECIFIC COMPLICATIONS

Ototoxicity - assess patient for tinnitus or hearing abnormalities

Vinorelbine should not be given concomitantly with radiotherapy if the treatment field includes the liver.