

CYCLOPHOSPHAMIDE VINORELBINE

INDICATION (ICD10) C49

1. Rhabdomyosarcoma maintenance for high risk and very high risk

REGIMEN

Days 1, 8 and 15 VINORELBINE 60mg/m²* orally once daily

Days 1, 8, 15 and 22 CYCLOPHOSPHAMIDE 175mg/m²/week (dose divided into 7 and taken over 7 days) orally

*may be given as VINORELBINE 25mg/m² in 50ml sodium chloride 0.9% IV infusion over 10 minutes

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 28 days for 6 cycles

ADMINISTRATION

Cyclophosphamide is available as 50mg tablets.

Swallow whole after food

ANTI-EMETICS

Moderate risk days 1, 8 and 15

Low risk days other days

CONCURRENT MEDICATION REQUIRED

Vinorelbine	Consider concomitant laxatives particularly in patients with a history of constipation or those receiving opioid analgesics.
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EXTRAVASATION AND TYPE OF LINE / FILTERS

Vinorelbine - vesicant

Peripheral line, or central line if vinorelbine administered IV

INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs days 1, 8 and 15

Neutrophils x 10⁹/L ≥0.8 on day 1, discuss changes with Consultant on subsequent days

Platelets x 10⁹/L ≥80 day 1 discuss changes with Consultant on subsequent days

MAIN TOXICITIES AND ADVERSE REACTIONS

Cyclophosphamide	may irritate bladder, drink copious volumes of water.
Vinorelbine	Neurological disorders Stomatitis Constipation

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS

(not exhaustive list check SPC/BNF/Stockleys)

Cyclophosphamide	Cytochrome P450 enzyme inducers (e.g. rifampicin, carbamazepine, phenytoin, St Johns Wort, corticosteroids): may increase active cyclophosphamide metabolites. Allopurinol, Cimetidine and protease inhibitors: may increase active metabolites. Aprepitant, Ciprofloxacin, Fluconazole, Itraconazole: may reduce activation of cyclophosphamide and alter the effectiveness of treatment. Grapefruit juice: decreased or delayed activation of cyclophosphamide. Patients should be advised to avoid grapefruit juice.
Vinorelbine	Caution with strong inducers or inhibitors eg rifampicin, carbamazepine, phenytoin, clarithromycin, fluconazole, itraconazole etc

DOSE MODIFICATIONS

Hepatic impairment

Vinorelbine oral

Mild liver impairment (bilirubin <1.5xULN and ALT and/or AST from 1.5-2.5xULN) 60mg/m²/week.

Moderate liver impairment (bilirubin 1.5-3xULN, whatever the levels of ALT and AST)

50mg/m²/week.

Severe hepatic impairment contra-indicated.

Vinorelbine IV

Bilirubin >2xULN or AST/ALT > 5xULN	Give 66% dose
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Renal impairment

Cyclophosphamide

GFR >20ml/min	give 100% dose
GFR 10-20ml/min	give 75% dose
GFR <10ml/min	give 50% dose

REFERENCES

1. FaR-RMS