VINORELBINE (oral)

INDICATION (ICD10) C34, C50

1. Vinorelbine monotherapy is recommended as one option for second line or later therapy for the treatment of advanced breast cancer when anthracycline based regimens have failed or are unsuitable. (unlicensed).
2. Palliative treatment of stage III or IV NSCLC or patients not fit enough to tolerate platinum. (licensed 1st line stage 3 or 4).
   PS 0, 1 or 2

REGIMEN

Days 1 and 8 VINORELBINE 60mg/m^{2*} once daily oral (maximum dose 120mg)

*Lung patients - cycle 2 onwards if cycle 1 tolerated the dose may be escalated to 80mg/m^2 (maximum 160mg) at consultant's discretion.

CYCLE FREQUENCY AND NUMBER OF CYCLES

Breast - every 21 days until disease progression
Lung – every 21 days for 4 cycles

ANTI-EMETICS

Moderate risk days 1 and 8

ADMINISTRATION

Swallow whole after food

CONCURRENT MEDICATION REQUIRED

Vinorelbine	Consider concomitant laxatives particularly in patients with a history of constipation or those receiving opioid analgesics.

EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs days 1 and 8
Neutrophils x 10^9/L ≥1.5
Platelets x 10^9/L ≥100
Baseline weight and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

Vinorelbine	Neurological disorders Stomatitis Constipation

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS (not exhaustive list check SPC/BNF/Stockleys)

Vinorelbine	Caution with strong inducers or inhibitors eg rifampicin, carbamazepine, phenytoin, clarithromycin, fluconazole, itraconazole etc

DOSE MODIFICATIONS

Haematological

Vinorelbine

Lung patients - from cycle 2, consider increasing dose to 80mg/m^2 days 1 and 8 except for patients in whom neutrophils dropped <0.5x10^9/L once or patients in whom neutrophils dropped between 0.5-1.0x10^9/L during first cycle.

For any administration at 80mg/m^2, if neutrophils <0.5x10^9/L administration should be delayed until recovery and the dose reduced to 60mg/m^2 for the next three administrations.

Hepatic impairment

Vinorelbine

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.

REFERENCES

1. Vogel, C et al; Ann Oncol 1999; 10: 397-402