VINORELBINE (oral) CARBOPLATIN

INDICATION (ICD10) C34

1. Palliative treatment of NSCLC (licensed 1st line stage 3 or 4).
2. Neoadjuvant NSCLC treatment prior to radical chemoradiotherapy (licensed first line stage 3 or 4) PS 0, 1, 2

REGIMEN

Day 1	VINORELBINE	60mg/m^2 (maximum dose 120mg) capsule once daily oral
	CARBOPLATIN	AUC 5 in #ml glucose 5% IV infusion over 30 minutes Dose calculated by EDTA GFR or calculated CrCl + 25 x AUC. (Maximum dose when using CrCl 125+25 x AUC)
Day 8	VINORELBINE	60mg/m^2 (maximum dose 120mg) capsule once daily oral

diluent volume for dose prescribed as per national standardised product specification

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 21 days for 2 or 3 cycles (neoadjuvant)
Every 21 days for 4 cycles (palliative)

ANTI-EMETICS

Moderate emetic risk days 1 and 8

ADMINISTRATION

Swallow whole after food

CONCURRENT MEDICATION REQUIRED

Carboplatin	Anaphylaxis treatment should be prescribed if the patient has had an anaphylactic episode previously. Dexamethasone 20mg IV bolus Chlorphenamine 10mg IV bolus Carboplatin should be given at a slower rate e.g. 2-4 hours.
Vinorelbine	Consider concomitant laxatives particularly in patients with a history of constipation or those receiving opioid analgesics.

EXTRAVASATION AND TYPE OF LINE / FILTERS

Carboplatin – irritant

Peripheral line

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs days 1 and 8 every cycle
Neutrophils x 10^9/L ≥1.5
Platelets x 10^9/L ≥100
Ideally EDTA GFR should be used
Creatinine clearance (GFR) calculated, at the Consultants discretion
Serum creatinine - each cycle,
Baseline weight and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

Carboplatin	Ototoxicity - monitor Neurotoxicity – monitor.
Vinorelbine	Neurological disorders Stomatitis Constipation

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

Carboplatin	Aminoglycosides increased risk of nephrotoxicity and ototoxicity. Renal function should be well monitored and audiometric tests as required. Carboplatin can cause a decrease in phenytoin serum levels. This may lead to reappearance of seizures and may require an increase of phenytoin dosages.
Vinorelbine	Caution with strong inducers or inhibitors eg rifampicin, carbamazepine, phenytoin, clarithromycin, fluconazole, itraconazole etc

DOSE MODIFICATIONS

Haematological

Vinorelbine
Omit day 8 based on platelets - clinical decision

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.

Renal impairment

Carboplatin

GFR / calculated CrCl ≤20ml/min or ≤30ml/min with pre-existing severe renal impairment	contraindicated

REFERENCES

1. Wozniak AJ et al. J Clin Oncol 1998; 16: 2459-2465