VINORELBINE (IV) CARBOPLATIN

INDICATION (ICD10) C34

1. Palliative treatment of NSCLC.
2. Neoadjuvant treatment prior to radical chemoradiotherapy and adjuvant treatment of patients following complete resection of non-small cell lung cancer only when cisplatin is contraindicated.
   PS 0, 1, 2

REGIMEN

Day 1	VINORELBINE	25mg/m^2 in 50ml sodium chloride 0.9% IV infusion over 10 minutes
	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	25mg/m^2 in 50ml sodium chloride 0.9% IV infusion over 10 minutes

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 or adjuvant)
Every 21 days for 4 cycles (palliative)

ANTI-EMETICS

Moderate emetic risk day 1
Minimal emetic risk day 8

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
Vinorelbine - vesicant

Central 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

Severe impairment	dose of 20mg/m^2 is recommended

Renal impairment

Carboplatin

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

REFERENCES

1. Baldini E et al. Br J Cancer 1998; 77: 2367-2370.
2. Cremonesi M et al. Oncology 2003; 64: 97-101