VINORELBINE (IV) CISPLATIN

INDICATION (ICD10) C34

1. Palliative treatment of unresectable NCSLC. (licensed 1st line stage 3 or 4)
2. Neoadjuvant treatment prior to radical chemoradiotherapy and adjuvant treatment of patients following complete resection of non-small cell lung cancer. (unlicensed)
   PS 0, 1, 2

REGIMEN

Day 1 Prehydration
VINORELBINE 25mg/m^2 in 50ml sodium chloride 0.9% IV infusion over 10 minutes
CISPLATIN 80mg/m^2 in 1000ml sodium chloride 0.9% IV infusion over 2 hours
Post hydration
Day 8 VINORELBINE 25mg/m^2 in 50ml sodium chloride 0.9% IV infusion over 10 minutes

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 21 days for 2 or 3 cycles (neoadjuvant and adjuvant)
Every 21 days up to 4 cycles (palliative)

ANTI-EMETICS

High emetic risk day 1
Minimal emetic risk day 8

CONCURRENT MEDICATION REQUIRED

Cisplatin	Ensure adequate pre and post hydration. If urine output is <100ml/hour or if patient gains >2kg in weight during IV administration post cisplatin give 20-40 mg furosemide PO/IV.

EXTRAVASATION AND TYPE OF LINE / FILTERS

Cisplatin – exfoliant
Vinorelbine - vesicant

Central line

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs every week
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
Baseline weight

MAIN TOXICITES AND ADVERSE REACTIONS

Cisplatin	Nephrotoxicity – ensure adequate pre and post hydration is prescribed. Ototoxicity – assess patient for tinnitus or hearing abnormalities.

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

Cisplatin	Aminoglycosides increased risk of nephrotoxicity and ototoxicity. Renal function should be well monitored and audiometric tests as required. Cisplatin can cause a decrease in phenytoin serum levels. This may lead to reappearance of seizures and may require an increase of phenytoin dosages.

DOSE MODIFICATIONS
Haematological
Vinorelbine
Omit day 8 based on platelets - clinical decision

Non-haematological
If patient complains of tinnitus, tingling of fingers and/or toes, discuss with SpR or Consultant before administration.

Hepatic impairment
Vinorelbine

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

Renal impairment
Cisplatin

CrCl >60ml/min	give 100% dose
CrCl 50-59ml/min	give 75% dose
CrCl 40-49ml/min	give 50% dose (curative intent) not recommended (palliative intent)use a carboplatin regimen
CrCl <40ml/min	not recommended use a carboplatin regimen

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