

VINORELBINE (IV) CISPLATIN with concurrent RT (NSCLC)

INDICATION (ICD10) C34

1. Unresectable stage III non-small cell lung cancer suitable for chemoradiotherapy. PS 0, 1, 2

REGIMEN

Days 1 to 4 and 22 to 25

Prehydration

CISPLATIN 20mg/m² in 1000ml sodium chloride 0.9% IV infusion over 1 hour (with fractions 1 to 4 and 16 to 19 of radiotherapy)

Post hydration

Days 1, 8, 19 and 26

VINORELBINE 15mg/m² in 50ml sodium chloride 0.9% IV infusion over 10 minutes (prior to radiotherapy on fractions 1, 6, 15, and 20)

Radiotherapy should be given no more than 6 hours after starting the cisplatin

CYCLE FREQUENCY AND NUMBER OF CYCLES

One cycle

ANTI-EMETICS

High emetic risk days 1 to 4 and 22 to 25

Minimal emetic risk days 8, 19 and 26

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 20-40mg furosemide PO/IV.
Ciprofloxacin	Ciprofloxacin 500mg po bd days 8 to 20 and 29 to 41 - in view of MHRA alert consultant confirmation required

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 10⁹/L ≥1.5

Platelets x 10⁹/L ≥100

Ideally EDTA GFR should be used

Creatinine clearance (GFR) calculated, at the Consultants discretion

Serum creatinine

Baseline weight

MAIN TOXICITIES AND ADVERSE REACTIONS

Cisplatin	Nephrotoxicity – ensure adequate pre and post hydration is prescribed. Ototoxicity – assess patient for tinnitus or hearing abnormalities.
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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. Carboplatin can cause a decrease in phenytoin serum levels. This may lead to reappearance of seizures and may require an increase of phenytoin dosages.
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DOSE MODIFICATIONS

Haematological

Cisplatin and Vinorelbine

ANC >1.5x10 ⁹ /l and platelets >100x10 ⁹ /l	Cisplatin 100%	Vinorelbine 100%
ANC 1.0-1.5x10 ⁹ /l and platelets 60-100x10 ⁹ /l	Cisplatin 100%	Vinorelbine omit
ANC <1.0x10 ⁹ /l and platelets <60x10 ⁹ /l	Cisplatin omit	Vinorelbine omit

Non-haematological

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

Hepatic impairment

Vinorelbine

Bilirubin >2xULN or AST/ALT >5xULN	Give 66% dose
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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)
CrCl <40ml/min	not recommended

REFERENCES

1. SOCCAR trial