VINORELBINE (oral) CISPLATIN

INDICATION (ICD10) C34

1. Palliative treatment of unresectable NCSLC. (licensed 1st line stage 3 or 4)
2. Neoadjuvant NSCLC treatment prior to radical chemoradiotherapy (licensed first line stage 3 or 4)
3. Adjuvant treatment of patients following complete resection of non-small cell lung cancer. (licensed 1st line stage 3 or 4)

PS 0, 1, 2

REGIMEN

Day 1 Prehydration
VINORELBINE 60mg/m^{2*} (maximum dose 120mg) capsule once daily oral
CISPLATIN 80mg/m^2 in 1000ml sodium chloride 0.9% IV infusion over 2 hours
Post hydration
Day 8 VINORELBINE 60mg/m^{2*} (maximum dose 120mg) capsule once daily oral

*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

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

ANTI-EMETICS

High emetic risk day 1
Moderate emetic risk day 8

ADMINISTRATION

Swallow whole after food

CONCURRENT MEDICATION REQUIRED

Cisplatin	Ensure adequate pre and post hydration. If urine output is <100 ml/hour or if patient gains >2kg in weight during IV administration post cisplatin give 20-40 mg furosemide PO/IV.
Vinorelbine	Consider concomitant laxatives particularly in patients with a history of constipation or those receiving opioid analgesics.

EXTRAVASATION AND TYPE OF LINE / FILTERS

Cisplatin – exfoliant

Peripheral 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.
Vinorelbine	Neurological disorders Stomatitis Constipation

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.
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

Non-haematological

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

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

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