

## VINBLASTINE

### INDICATION (ICD10) C71, C72

1. Relapsed low grade glioma. PS 0, 1, 2

### REGIMEN

Day 1	<b>VINBLASTINE</b>	6mg/m <sup>2</sup> (maximum 10mg)	IV infusion	50ml sodium chloride 0.9% over 10 minutes
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### CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 7 days for 12 months

### ANTI-EMETICS

Minimal emetic risk day 1

### CONCURRENT MEDICATION REQUIRED

Vinblastine	None required
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### EXTRAVASATION AND TYPE OF LINE / FILTERS

Vinblastine – vesicant (peripheral line free flow or central line via pump)

Central or peripheral line

### INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs every cycle

Neutrophils x 10<sup>9</sup>/L ≥1.5

Platelets x 10<sup>9</sup>/L ≥100

Serum creatinine every cycle

Baseline weight and every cycle

### MAIN TOXICITIES AND ADVERSE REACTIONS

Vinblastine	Neuropathy
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### INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS

(not exhaustive list check SPC/BNF/Stockleys)

Vinblastine	Aprepitant, carbamazepine, clarithromycin, enzalutamide, erythromycin, fluconazole, fosaprepitant, Idelalisib, imatinib, itraconazole, nilotinib, phenytoin, posaconazole, rifampicin may increase exposure to vinblastine, verapamil, voriconazole. Caution
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### DOSE MODIFICATIONS

#### Haematological

Vinblastine

Change to 2 weekly dosing if blood counts low (senior clinical decision).

#### Non-haematological

Vinblastine

Significant neuropathy >grade 3 omit vinblastine, >grade 2 senior clinical decision

#### Hepatic impairment

Vinblastine

Bilirubin >51micromol/L	give 50% dose
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## Renal impairment

Vinblastine

No dose adjustment is needed.

## REFERENCES

- Giraud EL, de Lijster B, Krens SD, Desar IME, Boerrigter E, van Erp NP. Dose recommendations for anticancer drugs in patients with renal or hepatic impairment: an update. *Lancet Oncol* 2023; 24: e229.

## Assessments

	Pre	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Ongoing
Clinical assessment	X		Pre cycle		Pre cycle	Every cycle
SACT assessment (PS and toxicities)	X	X	X	X	X	Every cycle
FBC	X	X	X	X	X	Every cycle
U&E, calcium, magnesium & LFT	X	X	X	X	X	Every cycle
CrCl	X	X	X	X	X	Every cycle
CT scan	X					At cycle 6, Inform consultant team if not booked
Informed consent	X					Verbal each cycle
Height	X					
Weight recorded	X	X	X	X	X	Every cycle