

Chemotherapy protocol

Drug regimen

Vinorelbine

Indications for use

Metastatic Breast Cancer

Regimen

DRUG	FLUID	TIME
Vinorelbine 30 mg/m ² (Max dose 60mg)	50ml 0.9% sodium chloride	5 mins
Via fast running Infusion	250ml 0.9% sodium chloride	30 mins

Regimen to be repeated weekly at clinician's discretion

Dose may be reduced to 25mg/m² in patients who it is felt will not tolerate 30mg/m²

Investigation prior to initiating treatment

FBC

U&Es and LFT

Venous access assessment

Investigations and consultations prior to each cycle

FBC

Consultation alternate week initially, then 3-4 weekly

U&Es and LFT

The U and Es and LFTs may be retrospectively looked at (i.e. after the chemotherapy treatment)

unless they are known to be abnormal then they need to be repeated the day before so that the results are available pre-chemotherapy.

Acceptable levels for treatment to proceed

(if outside these levels defer one week or contact consultant)

Delay treatment 1 week until Neuts ≥ 1.5 or Platelets ≥ 100

If Neutrophils 1.2 – 1.5 contact consultant

Side Effects

Constipation, venous irritation, numbness or tingling in hands and feet, tumour / jaw pain, temporary reduction in bone marrow function, mild nausea and vomiting

Dose Modification Criteria

Altered LFT

Bilirubin	Dose
Up to 2.5 x N	100%
2.5 – 5 x N	50%
5 - 10 x N	25%
> 10 x N	0%

20% dose reduction if there are any neutropenic episodes or in the case of severe constipation

Discontinue treatment if Paralytic ileus or Grade III neuropathy

Specific Information on Administration

- Central line should be considered
- Use 250ml flush of 0.9% sodium chloride post chemotherapy administration.
- Vinorelbine is a vesicant drug, therefore avoid extravasation

THIS PROTOCOL HAS BEEN DIRECTED BY DR YOUNG CLINICIAN FOR BREAST CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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