Cisplatin vinorelbine

INDICATION: Non-small cell lung cancer adjuvant treatment, Stage III radical treatment (induction or following chemoradiotherapy)

Prior to a course of chemotherapy

- Baseline bloods: FBC, U&E, LFT, Ca
- Creatinine clearance (calculated) ≥ 60ml/min
- CT thorax
- If appropriate discuss need for contraception and risk of infertility (offer sperm banking for males)
- Written informed consent for course

Prior to each cycle

- FBC, U&E, LFT, Ca
- FBC, U&Es on day 8 only prior to vinorelbine
- CXR
- Creatinine clearance (calculated) ≥ 50ml/min (except prior to cycle 1)
- Medical review

Vinorelbine§	**25mg/m^2**	**Over 5 min IV in 50ml 0.9% NaCl**	**Day 1 and 8**
		KCl 20mmol & $MgSO_4$ 10mmol in 1 litre 0.9% sodium chloride over 2 hours	**Day 1**
Cisplatin	**80mg/m^2**	**1 litre 0.9% sodium chloride over 2 hours**	**Day 1**
		KCl 20mmol & $MgSO_4$ 10mmol in 1 litre 0.9% sodium chloride over 2 hours	**Day 1**

Repeat every 21 days for up to 6 cycles (or 2 cycles after chemoradiotherapy)

(Vinorelbine 60mg/m^2 oral may be given on days 1 and 8 instead of IV. Ondansetron 8mg bd should be given with day 8 oral vinorelbine)

§ Maintain extravasation precautions throughout administration as Vinorelbine is a moderate vesicant

Dose modification for haematological toxicity

• Neutrophils > 1.5 AND Platelets> 100	Proceed with full dose
• Neutrophils 1.0-1.5	Discuss with consultant
• Neutrophils < 1.0 OR Platelets < 100	Defer 1 week

Consider secondary prophylaxis with GCSF if there has been a dose delay

Dose modification for hepatic toxicity	
• AST/ALT up to 5 x ULN, Bilirubin < 1.5xULN	Full dose
• AST/ALT 5.1-20 x ULN, Bilirubin 1.5-3 x ULN	Defer by 1 week
• AST/ALT > 20xULN, Bilirubin > 3ULN	Stop treatment
Dose modification for neurological toxicity	
• NCI grade 0-1	Proceed with full dose
• NCI grade 2	Defer until recovery, then replace Cisplatin with Carboplatin AUC5
• NCI grade 3+	Change to less neurotoxic regime if appropriate

Expected toxicities	
Neutropenic sepsis & thrombocytopenia	**Nausea & vomiting (severe)**
Constipation	**Peripheral neuropathy**
Alopecia	**Mucositis**
Tinnitus	

This protocol has been reviewed by the Lancashire & South Cumbria Lung Oncology Consultants' Group and responsibility for the template lies with the Head of Service.

Date: **September 2019**
Next review: **September 2021**