# DRUG ADMINISTRATION SCHEDULE

<table>
<thead>
<tr>
<th>Day</th>
<th>Drug</th>
<th>Daily Dose</th>
<th>Route</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Ondansetron</td>
<td>8mg</td>
<td>Oral</td>
<td>STAT DOSE</td>
</tr>
<tr>
<td></td>
<td>Vinorelbine</td>
<td>60 or 80 mg/m²</td>
<td>Oral</td>
<td>STAT DOSE</td>
</tr>
<tr>
<td>Day 8</td>
<td>Ondansetron</td>
<td>8mg</td>
<td>Oral</td>
<td>STAT DOSE</td>
</tr>
<tr>
<td></td>
<td>Vinorelbine</td>
<td>60 or 80 mg/m²</td>
<td>Oral</td>
<td>STAT DOSE</td>
</tr>
<tr>
<td>Day 15*</td>
<td>Ondansetron</td>
<td>8mg</td>
<td>Oral</td>
<td>STAT DOSE</td>
</tr>
<tr>
<td></td>
<td>Vinorelbine</td>
<td>60 or 80 mg/m²</td>
<td>Oral</td>
<td>STAT DOSE</td>
</tr>
</tbody>
</table>

## ORAL VINORELBINE DOSE BANDING

The following table gives the dose required for range of body surface area.

<table>
<thead>
<tr>
<th>Body Surface Area (m²)</th>
<th>Dose (mg)</th>
<th>60 mg/m²</th>
<th>80 mg/m²</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.25 to 1.34</td>
<td>80</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>1.35 to 1.44</td>
<td>80</td>
<td>110</td>
<td></td>
</tr>
<tr>
<td>1.45 to 1.54</td>
<td>90</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>1.55 to 1.64</td>
<td>100</td>
<td>130</td>
<td></td>
</tr>
<tr>
<td>1.65 to 1.74</td>
<td>100</td>
<td>140</td>
<td></td>
</tr>
<tr>
<td>1.75 to 1.84</td>
<td>110</td>
<td>140</td>
<td></td>
</tr>
<tr>
<td>1.85 to 1.94</td>
<td>110</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>≥ 1.95</td>
<td>120</td>
<td>160</td>
<td></td>
</tr>
</tbody>
</table>

Total vinorelbine oral dose must never exceed 160 mg per week, even for patients with BSA ≥ 2 m²

## Dose Escalation

The manufacturer recommends escalating dose of oral vinorelbine from 60mg/m² after first three administrations to 80mg/m² except in those patients for whom the neutrophil count dropped once below 0.5 x 10⁹/l, or more than once between 0.5 and 1 x 10⁹/l during the first three administrations at 60mg/m².

## CYCLE LENGTH AND NUMBER OF DAYS

Breast cancer: 21 day cycle, Day 1 & Day 8, Day 15.

## APPROVED INDICATIONS

- As a single agent for breast cancer.
- In combination with 3-weekly trastuzumab in patients with HER2 positive tumours (see Herceptin protocol).

## PREMEDICATION

As above
RECOMMENDED TAKE HOME MEDICATION
Metoclopramide 10 mg three times daily as required
*Suggested antiemetic regimen - may vary with local practice. See CINV policy for more details*

INVESTIGATIONS / MONITORING REQUIRED
FBC, U&E, LFT prior to commencing
FBC, U&E & LFT’s prior to each cycle

ASSESSMENT OF RESPONSE
Metastatic: Tumour size and patient symptomatic response

REVIEW BY CLINICIAN
To be reviewed by either a Nurse, Pharmacist or Clinician before every cycle.

NURSE / PHARMACIST LED REVIEW
On day 8 and day 15 (in breast protocol) of each cycle

ADMINISTRATION NOTES
The following counselling points should be discussed with the patient prior to them being issued with oral vinorelbine (This can be either a pharmacy or nursing role).

*Missed dose*: If the scheduled day’s dosing is missed, advise patient to not to take dose and contact their named chemotherapy contact. A blood count may be needed to confirm if taking the dose later is appropriate.

*Post dose vomiting*: In the case of vomiting within a few hours after drug intake, never repeat the administration of this dose.

*Safe handling*: Advise patient to contact their named chemotherapy contact if any of below happens;
- The liquid content of the capsules is an irritant and may cause damage if comes into contact with skin, mucosa or eyes.
- If capsule is chewed or sucked in error or is cut or damaged and contents touch skin, mouth or eyes, rinse affected area with water or preferably a normal saline solution.

*Storage*: Capsules should be refrigerated between 2 to 8°C

*Disposal of unused medicine*: Return to hospital pharmacy to be disposed of in a manner appropriate for disposal of dangerous substances.

*Other Advice*:
- Food does not affect absorption but it is advised to take with food to reduce gastrointestinal upset.
- Patient’s ability to drive or operate machinery may be affected however this is unlikely.

TOXICITIES
- Anaphylaxis (rare)
- Severe venous irritation, discoloration and/or pain during injection
- Nausea & Vomiting
- Constipation
- Peripheral Neuropathy
- Fatigue, Myalgia
- Alopecia (Rare/mild)
- Myelosuppression (Neutropenia common)
**DOSE MODIFICATION / TREATMENT DELAYS**

**Haematological Toxicity:**
Proceed if ANC > 1.5, PLT > 100
Delay 1 week if ANC < 1.5, PLT < 100 unless directed by an Oncology specialist.

**NB** On Day 8/15 of the cycle patients whose bloods are not at the required level will miss that week’s dose and proceed to the next dose/cycle of treatment as planned

- If WCC, Platelets or ANC still below required levels for treatment at after one-week delay, delay treatment again and patient will need assessed and chemotherapy dose reduction by Oncologist
- If Hb < 10 & patient symptomatic will need blood transfusion, but may proceed with chemotherapy as planned if performance status (PS) stable.
- If pre-treatment (Day 1) U&E’s & LFT’s abnormal, delay treatment 1 week and discuss with Oncologist as may need dose reduction.

**Non-Haematological Toxicity:**
If PS deteriorates to 3 or 4 and on assessment patient is more symptomatic withhold treatment and discuss with Oncologist

**Hepatic impairment**
Proceed if ALT < 2.5 x ULN, ALP < 5 x ULN, Bili < 1.5 x ULN.
Starting dose should be reduced to 50mg/m$^2$/week if bilirubin 1.5 – 3.0 x ULN (irrespective of ALT).
Vinorelbine is contraindicated in severe hepatic impairment.

**TREATMENT LOCATION**
Can be given at Cancer Centre or Cancer Unit

**REFERENCES:**