BC Cancer Protocol Summary for Treatment of Advanced Non-Small Cell Lung Cancer (NSCLC) with Vinorelbine in Elderly Patients

Protocol Code: \textit{LUAVVIN}

Tumour Group: Lung

Contact Physician: Dr. Christopher Lee

ELIGIBILITY:
- Previously untreated stage IIIB or IV disease
  - May be used as second- or third-line therapy if prior treatment with immunotherapy or targeted agents
- Also:
  - Previously untreated stage IIIA disease not amenable to combined modality therapy
  - Inoperable disease

EXCLUSIONS:
- More than one previous chemotherapy regimen

TESTS:
- Baseline: CBC & differential, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH
- C-reactive protein and albumin (optional, and results do not have to be available to proceed with first treatment)
- Before each treatment: CBC & differential, platelets
- If clinically indicated: creatinine, bilirubin prior to each cycle

PREMEDICATIONS:
- See anti-emetic guidelines for Rare emetogenic chemotherapy (see protocol SCNAUSEA). Antiemetics are not usually required. Prescribe according to patient specific symptoms.
- Hydrocortisone 100mg IV prior to vinorelbine if patient experiences pain on administration

TREATMENT:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>BC Cancer Administration Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>vinorelbine</td>
<td>30 mg/m^2/day on days 1 and 8</td>
<td>IV in 50 mL NS over 6 minutes</td>
</tr>
</tbody>
</table>

Repeat every 21 days x 6 cycles

Warning: The information contained in these documents are a statement of consensus of BC Cancer professionals regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult these documents is expected to use independent medical judgement in the context of individual clinical circumstances to determine any patient’s care or treatment. Use of these documents is at your own risk and is subject to BC Cancer's terms of use available at www.bccancer.bc.ca/legal.htm
DOSE MODIFICATIONS:

1. Hematological:

<table>
<thead>
<tr>
<th>ANC (x 10^9/L)</th>
<th>Platelets (x 10^9/L)</th>
<th>Vinorelbine Dose*</th>
</tr>
</thead>
<tbody>
<tr>
<td>greater than or equal to 1.0 and</td>
<td>greater than or equal to 100</td>
<td>100%</td>
</tr>
<tr>
<td>0.5 to less than 1.0 or 75 to less than 100</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>less than 0.5 or less than 75</td>
<td>less than 75</td>
<td>Delay</td>
</tr>
</tbody>
</table>

*Consider decreasing vinorelbine to 75% or 22.5mg/m^2 if an episode of febrile neutropenia occurs with the prior cycle of treatment.

2. Hepatic dysfunction:

<table>
<thead>
<tr>
<th>Bilirubin (micromol/L)</th>
<th>Vinorelbine Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than or equal to 35</td>
<td>100%</td>
</tr>
<tr>
<td>36 to 50</td>
<td>50%</td>
</tr>
<tr>
<td>greater than 50</td>
<td>25%</td>
</tr>
</tbody>
</table>

PRECAUTIONS:

1. Extravasation: Vinorelbine causes pain and tissue necrosis if extravasated. It is recommended to flush thoroughly with 75-125 mL NS after infusing vinorelbine. Hydrocortisone 100mg IV prior to vinorelbine may be of benefit. Refer to BC Cancer Extravasation Guidelines.

2. Neutropenia: Fever or other evidence of infection must be assessed promptly and treated aggressively.

Call Dr. Christopher Lee or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

REFERENCES: