

BC Cancer Protocol Summary for Palliative Therapy for Metastatic Breast Cancer using Vinorelbine

Protocol Code

BRAVNAV

Tumour Group

Breast

Contact Physician

BR Systemic Therapy

ELIGIBILITY:

- Progressive symptomatic breast cancer less than 1 year after adjuvant anthracycline-based chemotherapy.
- Second or third line treatment of metastatic breast cancer after previous combination chemotherapy with an anthracycline in patient who has an ECOG status of less than or equal to 2 and a life expectancy greater than three months.
- Progressive breast cancer after failure of previous combination chemotherapy in patient for whom anthracyclines are contraindicated and who has an ECOG status of less than or equal to 2 and a life expectancy greater than three months.
- Patients with progressive breast cancer for whom combination chemotherapy or taxane therapy is deemed inappropriate.

TESTS:

- Baseline: CBC & Diff, total bilirubin, ALT, GGT, LDH, alkaline phosphatase
- Before each treatment: CBC & Diff
- If clinically indicated: total bilirubin

PREMEDICATION:

- Antiemetic protocol for low emetogenic chemotherapy (see protocol SCNAUSEA).
- hydrocortisone 100 mg IV prior to vinorelbine if patient experiences pain on administration.

TREATMENT:

Drug	Dose*	BC Cancer Administration Guideline
vinorelbine	30 mg/m ² on Days 1 and 8	IV in 25 to 50 mL NS over 6 minutes, then flush line with 75 to 125 mL NS prior to removing/capping IV access

*for frail or heavily pretreated patients, start with 25 mg/m² on Days 1 and 8.

Repeat every 21 days. Continue until disease progression, stable disease, best response or toxicity. **Discontinue** if no response after 3 cycles.

DOSE MODIFICATIONS:

1. Hematological:

ANC x 10 ⁹ /L		Platelets x 10 ⁹ /L	Dose
Greater than or equal to 1.5	and	Greater than or equal to 90	100%
1.0 to less than 1.5	or	70 or less than 90	75%
Less than 1.0	or	Less than 70	Delay 1 week & repeat CBC*

*discontinue if ANC less than 1.0 x 10⁹/L for greater than 3 weeks.

2. Hepatic dysfunction – vinorelbine:

Total bilirubin (micromol/L)	Dose
Less than 36	100%
36 – 50	50%
Greater than 50	25%

PRECAUTIONS:

- Phlebitis:** Hydrocortisone 100 mg IV prior to vinorelbine administration may be of benefit.
- Extravasation:** Vinorelbine causes pain and tissue necrosis if extravasated. It is recommended to flush thoroughly with 75 to 125 mL NS after infusing vinorelbine. Refer to BC Cancer Extravasation Guidelines.
- Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
- Constipation** is common. Encourage appropriate prevention measures.
- Hepatic Dysfunction:** If jaundice or other symptoms of liver dysfunction occur on treatment, then repeat total bilirubin prior to chemotherapy and adjust dose.

Contact the BR Systemic Therapy physician at your regional cancer centre or the BR Systemic Therapy Chair with any problems or questions regarding this treatment program.