

BC Cancer Protocol Summary for Treatment of Malignant Mesothelioma with Vinorelbine

Protocol Code: LUMMVIN

Tumour Group: Lung

Contact Physician: [LU Systemic Therapy](#)

ELIGIBILITY:

Patients must have:

- First-line treatment in individuals not candidates for platinum-based combination chemotherapy, **or**
- Second-line treatment in individuals previously treated with platinum-based combination chemotherapy

EXCLUSIONS:

Patients must not have:

- **Received** more than one previous chemotherapy regimen

TESTS:

- Baseline: CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH
- Before each treatment: CBC & Diff
- If clinically indicated: creatinine, **total** bilirubin prior to each cycle

PREMEDICATIONS:

- See antiemetic guidelines for **rare** emetogenic chemotherapy (see protocol [SCNAUSEA](#)). Antiemetics are not usually required.
- **hydrocortisone** 100mg 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

Repeat every 21 days x 6 cycles

DOSE MODIFICATIONS:

1. Hematological:

ANC (x 10 ⁹ /L)		Platelets (x 10 ⁹ /L)	vinorelbine Dose*
Greater than or equal to 1.0	and	Greater than or equal to 100	100%
0.5 to less than 1.0	or	75 to less than 100	75%
Less than 0.5	or	Less than 75	Delay

*Consider decreasing vinorelbine to 75% or 22.5 mg/m² if an episode of febrile neutropenia occurs with the prior cycle of treatment

2. Hepatic dysfunction:

Total bilirubin (micromol/L)	vinorelbine Dose
Less than or equal to 35	100%
36-50	50%
Greater than 50	25%

PRECAUTIONS:

- Extravasation:** Vinorelbine causes pain and tissue necrosis if extravasated. It is recommended to flush thoroughly with 75 to 125 mL NS after infusing vinorelbine. Hydrocortisone 100 mg IV prior to vinorelbine may be of benefit. Refer to BC Cancer Extravasation Guidelines.
- Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.

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

REFERENCES:

- Steele JP, Shamash J, Evans MT, et al. Phase II study of vinorelbine in patients with malignant pleural mesothelioma. *J Clin Oncol* 2000; 18: 3912-7.
- Muers MF, Stephens RJ, Fisher P, et al. Active symptom control with or without chemotherapy in the treatment of patients with malignant pleural mesothelioma (MS01): a multicentre randomised trial. *Lancet* 2008; 371: 1685-94.
- Stebbing J, Powles T, McPherson K, et al. The efficacy and safety of weekly vinorelbine in relapsed malignant pleural mesothelioma. *Lung Cancer* 2008; in press (doi:10.1016/j.lungcan.2008.04.001).