DRUG NAME: Vinblastine

SYNONYM(S): VBL, [1] Vincaleukoblastine Sulfate, [2] VLB [2]

COMMON TRADE NAME(S): vinblastine sulfate injection

CLASSIFICATION: mitotic inhibitor [1]

Special pediatric considerations are noted when applicable, otherwise adult provisions apply.

MECHANISM OF ACTION:

Vinblastine is the salt of a naturally occurring vinca alkaloid obtained from the flowering herb periwinkle [1,2] Vinca alkaloids act by preventing the polymerization of tubulin to form microtubules, as well as inducing depolymerization of formed tubules. [1] Vinblastine may also interfere with nucleic acid and protein synthesis by blocking glutamic acid utilization. [1-3] Vinca alkaloids are cell cycle phase-specific for M phase and S phase. [3,4] Vinblastine exerts some immunosuppressive activity. [1,2,4] Cross-resistance with vincristine has been reported. [1]

PHARMACOKINETICS:

Oral Absorption	not given orally due to incomplete and variable absorption	
Distribution	extensive binding to tissue and formed peripheral blood elements [5]	
	cross blood brain barrier?	poorly; not in therapeutic concentrations
	volume of distribution [3]	27.3 L/kg
	plasma protein binding [3]	99%
Metabolism	primarily hepatic, involves the CYP 3A hepatic enzyme system [2]	
	active metabolite	desacetylvinblastine
	inactive metabolite(s) [4]	yes
Excretion	primarily biliary/fecal, some renal excretion [6]	
	urine [3]	yes, <1% as unchanged drug
	feces [3]	95%, via bile [2]
	terminal half life [6]	25 h
	clearance [5]	0.74 L/h/kg

Adapted from standard reference [1] unless specified otherwise.

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USES:

Primary uses:

Fibromatosis [7]
Germ cell tumour [2,8]
*Kaposi's sarcoma
Lung cancer, non-small cell [2,9]
*Lymphoma, Hodgkin's
*Lymphoma, non-Hodgkin's
*Mycosis fungoides
*Testicular cancer
Ureter, transitional cell cancer [10,11]

Other uses:

Bladder cancer [2]
*Breast cancer
*Choriocarcinoma
*Histiocytosis X
Melanoma [2]

*Health Canada approved indication

SPECIAL PRECAUTIONS:

Caution:

- ***Inadvertent administration of vinblastine by the intrathecal (IT) route*** is nearly always **fatal** and is a medical emergency. [2] **All** vinblastine doses dispensed should be labelled with an auxiliary label and a medication label, both stating **"WARNING: FOR INTRAVENOUS USE ONLY – FATAL IF GIVEN BY OTHER ROUTES"**. [12]
- Use with caution in patients with preexisting ***pulmonary dysfunction, ischemic cardiovascular disease***, and in patients receiving other potentially ototoxic medications such as platinum-containing antineoplastics. [2,4]

Special populations: Elderly patients with cachexia or skin ulcers may develop a more profound leukopenia; avoid vinblastine use. [1]

Carcinogenicity: Vinblastine is potentially carcinogenic. [4,5]

Mutagenicity: Vinblastine is potentially mutagenic [4], but is not mutagenic in Ames test. [5] No information found regarding clastogenicity in mammalian *in vitro* and *in vivo* chromosome tests.

Fertility: Based on clinical reports, male and female fertility may be compromised. [13] In humans, vinblastine-related oligospermia is typically temporary (6-24 months); recovery of normal spermatogenesis can be expected. [14] Aspermia has been reported. Amenorrhea has occurred in some patients treated with vinblastine in combination with other chemotherapy agents. Recovery of menses was variable. Animal studies have demonstrated degenerative changes in germ cells. Consider fertility preservation prior to treatment. [13]

Pregnancy: Animal studies suggest that vinblastine is teratogenic. Laboratory animals given early in pregnancy suffer resorption of the conceptus and surviving fetuses demonstrate gross deformities. Due to the potential for teratogenicity, embryotoxicity, and genotoxicity, contraception is recommended for female patients of reproductive potential during treatment and for at least 7 months following the last dose of vinblastine. Due to the potential for genotoxicity, contraception is recommended for male patients with female partners of reproductive potential during treatment and for at least 4 months following the last dose of vinblastine. [13]

Breastfeeding is not recommended due to the potential secretion into breast milk. Avoid breastfeeding during treatment with vinblastine and for 1 week following the last dose of vinblastine. [13]

SIDE EFFECTS:

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The table includes adverse events that presented during drug treatment but may not necessarily have a causal relationship with the drug. Because clinical trials are conducted under very specific conditions, the adverse event rates observed may not reflect the rates observed in clinical practice. Adverse events are generally included if they were reported in more than 1% of patients in the product monograph or pivotal trials, and/or determined to be clinically important. [14,15] When placebo-controlled trials are available, adverse events are included if the incidence is ≥5% higher in the treatment group.

ORGAN SITE	SIDE EFFECT
Clinically important side effects are in ***bold, italics***	
auditory/hearing	hearing impairment; related to eighth cranial nerve damage, may be partial or total, temporary or permanent [2]; see paragraph following the **Side Effects** table
blood/bone marrow/ febrile neutropenia	myelosuppression (>10%) [4]
	anemia [2]; typically not significant
	leukopenia; dose-related, nadir days 4-10 with recovery within another 7-14 days, with high-dose therapy recovery may take ≥21 days [2]
	thrombocytopenia (1-5%) [6]; typically mild and transient, but significant platelet count depression may occur in patients who have bone marrow infiltrated with disease or who have received prior radiation therapy or chemotherapy
cardiovascular (general)	angina pectoris, [2] myocardial infarction, [2] coronary ischemia [2]
	hypertension (1-10%) [3,4]
constitutional symptoms	fatigue (1-10%) [4]
	fever [2]
dermatology/skin	*extravasation hazard: vesicant* [16]
	alopecia [2] (>10%) [3,4]; including loss of body hair; typically incomplete, re-growth may occur during treatment
	photosensitivity [2] (1-10%) [3,4]
	rash/dermatitis (1-10%) [3,4]
endocrine	SIADH [3] (<1%) [4]; typically with high-dose [17,18]
gastrointestinal	*emetogenic potential: rare* [19]
	anorexia
	constipation (1-10%) [3]; related to autonomic neuropathy, [4,20] see paragraph following the **Side Effects** table
	diarrhea (1-10%) [4]
	ileus (1-10%) [3,4]; related to autonomic neuropathy, [20] see paragraph following the **Side Effects** table
	mucositis (1-10%) [3]
	nausea and vomiting (1-10%) [3]; typically mild, [3] usually lasts [2] < 24 h
hemorrhage	bleeding from old rectal ulcers [2]
	hemorrhagic enterocolitis (<1%) [3,4]
	rectal bleeding (<1%) [4,6]
metabolic/laboratory	hyperuricemia [2] (1-10%) [3,4]
musculoskeletal	cramps [14]
	weakness

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ORGAN SITE	SIDE EFFECT
Clinically important side effects are in ***bold, italics***	
neurology	depression (1-10%) [3,4]
	paresthesias (20%), [21] neurotoxicity (<1%); [3] see paragraph following the **Side Effects** table
pain	abdominal pain (1-10%) [3]; related to autonomic neuropathy [20]
	face, jaw and/or parotid gland pain; see paragraph following the **Side Effects** table
	headache (1-10%) [3,4]
	muscle pain
	pain at the tumour site (1-5%) [6]; immediate or delayed, may be severe
pulmonary	acute shortness of breath and bronchospasm (1-10%) [4]; see paragraph following the **Side Effects** table
renal/genitourinary	urinary retention [3] (1-10%) [3,4]; related to autonomic neuropathy, [4] see paragraph following the **Side Effects** table
sexual/reproductive function	aspermia, oligospermia [14]; reversible, typical duration 6-24 months [14]
syndromes	tumour lysis syndrome [2]
vascular	Raynaud's phenomenon (1-10%) [3,4]; reported in patients receiving vinblastine and bleomycin +/- cisplatin [2]

Adapted from standard reference [1] unless specified otherwise.

Neurotoxicity (<1%) [3] The vinca alkaloids can cause central and peripheral, including autonomic, neurotoxicity. Risk of neurotoxicity may be increased with high-dose or prolonged therapy. [2,4,21] Neurotoxicity may occur days to weeks after starting treatment, [4] with recovery typically occurring weeks to months after stopping therapy. [22] Neurologic effects are typically much less common and severe than with vincristine. [2,4,5,21] Mild paresthesia (20%) [21] is the most frequently reported neurologic toxicity and is usually reversible on discontinuation of vinblastine. Other neurologic toxicities may include numbness, neuritis, muscle cramps, [14] loss of deep tendon reflexes, headache, malaise, weakness, dizziness, seizures, depression, psychoses, severe face and jaw pain, severe immediate or delayed pain at the tumour site, bone pain, vocal cord paralysis, ocular toxicities including ptosis, and dysfunction of the autonomic system. [1,2,22] High doses (>20 mg) can cause autonomic neuropathy including urinary retention, orthostatic hypotension, and constipation. [4] Patients receiving vinblastine should receive opioid analgesics with caution due to the risk of additive autonomic neuropathy which may result in severe constipation. [14] An appropriate bowel routine to prevent or treat constipation should be initiated prior to starting vinblastine treatment. [15]
Severe jaw or parotid gland pain can occur within a few hours of the first dose of vinblastine. This is not an indication to stop treatment or modify the dose; treat with analgesics. [4]Ototoxicity due to eighth cranial nerve damage manifests as dizziness, nystagmus, vertigo, and hearing impairment. Hearing impairment may be partial or total, temporary or permanent. [2] Use vinblastine with caution in patients receiving other potentially ototoxic medications such as platinum-containing antineoplastics. [2,4]

Acute ***shortness of breath and bronchospasm*** (1-10%) [4] has occurred with vinca alkaloids and is more frequent with concomitant mitomycin. [2,4] Symptoms may occur minutes to hours after vinblastine injection [2,4] or up to 2 weeks after a mitomycin dose. [2] Symptoms may be characterized by cough, dyspnea, hypoxemia, and interstitial infiltration. [17] Aggressive treatment may be required. [2,4] Progressive dyspnea has occurred; do not readminister vinblastine. [2,4] Patients with preexisting pulmonary dysfunction may have increased risk of respiratory toxicity with vinblastine. [4]

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Hyperuricemia may result from cell lysis by vinblastine and may lead to electrolyte disturbances or acute renal failure. [23] It is most likely with highly proliferative tumours of massive burden, such as leukemias, high-grade lymphomas, and myeloproliferative diseases. The risk may be increased in patients with preexisting renal dysfunction, especially ureteral obstruction. Suggested prophylactic treatment for high-risk patients [24]:

- aggressive hydration: 3 L/m²/24 hr with target urine output >100 mL/h
- if possible, discontinue drugs that cause hyperuricemia (e.g., thiazide diuretics) or acidic urine (e.g., salicylates)
- monitor electrolytes, calcium, phosphate, renal function, LDH, and uric acid q6h x 24-48 hours
- replace electrolytes as required
- allopurinol 600 mg po initially, then 300 mg po q6h x6 doses, then 300 mg po daily x 5-7 days

Urine should be alkalinized only if the uric acid level is elevated, using sodium bicarbonate IV or PO titrated to maintain urine pH >7. Rasburicase (FASTURTEC®) is a novel uricolytic agent that catalyzes the oxidation of uric acid to a water-soluble metabolite, removing the need for alkalinization of the urine. [25] It may be used for treatment or prophylaxis of hyperuricemia; however, its place in therapy has not yet been established. Aluminum hydroxide (e.g., AMPHOGEL®) may be added orally if phosphate becomes elevated. If aluminum hydroxide has been added, discontinue sodium bicarbonate. [26]

INTERACTIONS:

AGENT	EFFECT	MECHANISM	MANAGEMENT
azole antifungal agents (e.g., itraconozole, ketoconazole, voriconazole) [2,27]	increased toxic effect of vinblastine	possible inhibition of vinblastine metabolism (CYP 3A4)	avoid combination; if used concomitantly, decrease dose of vinblastine and monitor for toxicity
carbamazepine [27]	decreased therapeutic effect of vinblastine	possible increase in vinblastine metabolism (CYP 3A4)	avoid combination if possible
erythromycin [2,27]	increased toxic effect of vinblastine	possible inhibition of vinblastine metabolism (CYP 3A4)	avoid combination; if used concomitantly decrease dose of vinblastine and monitor for toxicity
mitomycin [2,4]	acute shortness of breath and severe bronchospasm have occurred following use of vinblastine in patients who had received mitomycin simultaneously or within 2 weeks	unknown	avoid combination if possible; use with caution
phenytoin [27]	decreased therapeutic effect of phenytoin	decreased absorption and/or increased metabolism of phenytoin	monitor phenytoin serum levels

Vinblastine is a potent CYP 3A4 inhibitor; therefore, vinblastine may increase the levels/effects of drugs or herbs that are CYP3A4 substrates. [2]

Vinblastine is a major CYP3A4 substrate; therefore, drugs or herbs that are CYP3A4 inducers may decrease the levels/effects of vinblastine. Likewise, drugs or herbs that are CYP3A4 inhibitors may increase the levels/effects of vinblastine. [2]

SUPPLY AND STORAGE:

Injection:

Pfizer Canada ULC supplies vinblastine as 10 mg single-use (preservative free) vials in a concentration of 1 mg/mL. Refrigerate. Protect from light. [13]

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Teva Canada Limited supplies vinblastine as 10 mg single-use (preservative free) vials in a concentration of 1 mg/mL. Refrigerate. Protect from light. [28]

For basic information on the current brand used at BC Cancer, see Chemotherapy Preparation and Stability Chart in Appendix.

SOLUTION PREPARATION AND COMPATIBILITY:

For basic information on the current brand used at BC Cancer, see Chemotherapy Preparation and Stability Chart in Appendix.

Compatibility: consult detailed reference

PARENTERAL ADMINISTRATION:

BC Cancer administration guideline noted in ***bold***, ***italics***

Subcutaneous [2,4]	not used due to corrosive nature
Intramuscular [4]	not used due to corrosive nature
Direct intravenous [29-31]	**NOT USED DUE TO THE RISK OF INADVERTENT INTRATHECAL ADMINISTRATION**
Intermittent infusion [20]	**over** 5-**15 min**; see ***Systemic Therapy Policy III-20: Prevention and Management of Extravasation of Chemotherapy*** • dilution in large volumes of diluent (≥100 mL) and/or administration over prolonged periods (≥30 min) is not recommended due to increased vein irritation and risk of extravasation [32,33]; however, infusions of 3-8 h have sometimes been used for specific clinical indications [34,35]
Continuous infusion [32,33]	not recommended due to increased vein irritation and risk of extravasation following administration of large volumes (≥100 mL) of diluted vinblastine and/or administration over prolonged periods (≥30 min); however has sometimes been used for specific clinical indications [5,20]
Intraperitoneal [36]	not used due to corrosive nature
Intrapleural [36]	not used due to corrosive nature
Intrathecal [1]	**ABSOLUTELY CONTRAINDICATED; INTRATHECAL INJECTION CAN BE FATAL**
Intra-arterial [37]	investigational, has been used
Intravesical	no information found
Intralesional [17,38]	investigational, has been used

DOSAGE GUIDELINES:

Refer to protocol by which patient is being treated. Numerous dosing schedules exist and depend on disease, response and concomitant therapy. Guidelines for dosing also include consideration of absolute neutrophil count (ANC). Dosage may be reduced, delayed or discontinued in patients with bone marrow depression due to cytotoxic/radiation therapy or with other toxicities.

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***Adults*:**

BC Cancer usual dose noted in ***bold, italics***

	Cycle Length:	
**Intravenous:*	***1-4 weeks*** [1,7,39]***:***	***6 mg/m² (range 3.7-18.5 mg/m²) IV for one dose on day 1*** (total dose per cycle 6 mg/m² [range 3.7-18.5 mg/m²])
	2 weeks [40]***:***	***6-10 mg IV for one dose on day 1*** (total dose per cycle 6-10 mg)
	3 weeks [8]***:***	***0.11 mg/kg IV once daily for 2 consecutive days starting on day 1*** (total dose per cycle 0.22 mg/kg)
	4 weeks [41]***:***	***6 mg/m² IV for one dose on days 1 and 15*** (total dose per cycle 12 mg/m²)
	4 weeks [10]***:***	***4 mg/m² IV for one dose on days 1 and 8*** (total dose per cycle 8 mg/m²)
	4 weeks [11]***:***	***3 mg/m² IV for one dose on days 2, 15, and 22*** (total dose per cycle 9 mg/m²)
	n/a [9]***:***	***5 mg/m² IV for one dose on days 1, 8, 15, 22, and 29*** (total dose 25 mg/m²)
		*maximum weekly dose [2] = 18.5 mg/m²

Concurrent radiation: investigational, has been used [42]

Dosage in myelosuppression: modify according to protocol by which patient is being treated

Dosage in renal failure: no adjustment required [17,43]

Dosage in hepatic failure [4]*:* adjustment required; suggested dose adjustment:

Serum bilirubin (micromol/L)	Dose
25-50	50%
>50	25%

Dosage in dialysis: not removed by hemodialysis [3]

Children:

	Cycle Length:	
†*Intravenous:*	1-2 weeks [1,44,45]:	2.5-6 mg/m² (range 2.5-12.5 mg/m²) IV for one dose on day 1 (total dose per cycle 2.5-6 mg/m² [range 2.5-12.5 mg/m²])

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7-10 days [44]:	0.4 mg/kg IV for one dose on day 1 (total dose per cycle 0.4 mg/kg)
3 weeks [44]:	0.2 mg/kg IV once daily for 2 consecutive days starting on day 1 (total dose per cycle 0.2 mg/kg)

†maximum weekly dose [44] = 12.5 mg/m²

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