Indication	NSCLC first line treatment of stage 3 or 4 non-small cell lung cancer.
Treatment Intent	Palliative
Frequency and number of cycles	Repeat every 21 days. Maximum of 6 cycles.
Monitoring Parameters pre-treatment	• **Virology screening:** All new patients referred for systemic anti-cancer treatment should be screened for hepatitis B and C and the result reviewed prior to the start of treatment. Patients not previously tested who are starting a new line of treatment, should also be screened for hepatitis B and C. Further virology screening will be performed following individual risk assessment and clinician discretion. • EDTA/DTPA prior to cycle 1, if EDTA/DTPA unavailable carboplatin should be dosed on C+G at AUC 5. Must be >/=30ml/min. • Monitor LFT's, U&E's and FBC at each cycle, FBC only on Day 8. • If WBC >/=3 and neuts 1.0-1.5 and PLT >/=100 proceed with chemo OR if neuts >/=1.5 and PLT >/=100 proceed with chemo. • If blood parameters not met defer day 1 chemo for 1 week, or omit day 8. Consider dose reduction. • **Hepatic impairment:** o Carboplatin: no dose adjustment required. o Vinorelbine: In patients with mild to moderate liver impairment no dose adjustment is needed. Severe (bilirubin >2 x ULN and ALT/AST >5 x ULN) consider 66% of original dose. • **Renal impairment:** o Carboplatin: stop if CrCl <30ml/min o Vinorelbine: no dose adjustment required. • **Carboplatin Infusion-related reactions:** o Mild/moderate reactions (grade 1-2): If symptoms resolve after treatment with hydrocortisone and chlorphenamine, the infusion may be restarted at 50% rate for 30 mins, then, if no further reaction, increase to 100% rate. o If symptoms do not resolve after treatment with hydrocortisone and chlorphenamine, do not restart the infusion. At consultant's discretion, patients may be rechallenged at a later date with additional prophylaxis. In the event of further reaction (grade 1-3), stop infusion and consider alternative treatment. o Severe (grade 3): Do not restart infusion. Consider alternative treatment. o Anaphylaxis (grade 4): Follow anaphylaxis protocol. Discontinue permanently and consider alternative treatment. • **Dose Modification:** Dose reduction should be considered if grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2 (except N&V and alopecia). Delay until resolution of toxicity to </= grade 1. • **Common drug interactions (for comprehensive list refer to BNF/SPC):** o **Carboplatin: Caution with other nephrotoxic drugs.** o **Vinorelbine**: Strong CYP3A4 inducers (e.g. phenytoin, carbamazepine, rifampicin) should be avoided, as this may result in reduced concentrations of vinorelbine. o Strong inhibitors of CYP3A4 (e.g. itraconazole, posaconazole, voriconazole, clarithromycin) should be avoided due to possible increased vinorelbine plasma levels and increased risk of neurotoxicity. o Patients must not receive yellow fever vaccine whilst on vinorelbine. • For oral self-administration: refer to local Trust policy on oral anti-cancer medicines and supply Patient Information Leaflet and Cancerbackup information sheet.

References	SPC accessed online 01.09.2023 KMCC proforma LUN-003 V6 lancet supplement "Dose recommendations for anticancer drugs in patients with renal or hepatic impairment"

NB For funding information, refer to CDF and NICE Drugs Funding List

Table 1: Vinorelbine oral dosing table

BSA	**Dose (mg)**	**Number of capsules per dose**		
		20mg	**30mg**	**80mg**
1.3	80	0	0	1
1.4	80	0	0	1
1.5	90	0	3	0
1.6	100	1	0	1
1.7	100	1	0	1
1.8	110	0	1	1
1.9	110	0	1	1
2.0	120	0	4	0

Repeat every 21 days.

Day	Drug	Dose	Route	Infusion Duration	Administration
Day 1	Ondansetron	<75yrs 16mg >/=75yrs 8mg	IV	15mins	Sodium chloride 0.9% 50ml
	Dexamethasone	8mg	PO		
	CARBOPLATIN	**AUC 5** **Dose = AUC X (GFR + 25)** Maximum dose 700mg	IV	30mins	In Glucose 5% 500ml
TTO	Drug	Dose	Route	Directions	
Day 1	**VINORELBINE**	**60mg/m²** See dosing table above **Max dose 120mg**	PO	OD for 1 day. Swallow whole with food. Capsules available as 20mg, 30mg and 80mg.	
	Dexamethasone	6mg	PO	OM for 3 days after days 1 and 8	
	Metoclopramide	10mg	PO	10mg 3 times a day for 3 days on days 1 and 8, then 10mg up to 3 times a day as required. Do not take for more than 5 days continuously.	
Day 8	Ondansetron	8mg	PO	(1 tablet) To be taken 30 minutes prior to vinorelbine on day 8	
	VINORELBINE	**60mg/m²** See dosing table above **Max dose 120mg**		OD for 1 day. Swallow whole with food. Capsules available as 20mg, 30mg and 80mg.	