Indication	NSCLC Mesothelioma
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. • Monitor FBC, LFT's and U&E's prior to each cycle (day 8 FBC only). • 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:** 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:** no recommended dose reduction. • **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. NB: The dose escalation of vinorelbine was removed from the protocol as agreed by the Lung NOG (May 2024). There may be exceptions where the vinorelbine dose is escalated to 80mg/m^2 from cycle 3 where the consultant considers this to be clinically indicated. • **<u>Common drug interactions (for comprehensive list refer to BNF/SPC)</u>:** • Strong CYP3A4 inducers (e.g. phenytoin, carbamazepine, rifampicin) should be avoided, as this may decrease blood concentrations of vinorelbine. • Strong inhibitors of CYP3A4 (e.g. itraconazole, posaconazole, voriconazole, clarithromycin) should be avoided as this will result in increased vinorelbine plasma levels and increased risk of neurotoxicity. • **Missed dose:** If a patient misses a dose or vomits after the dose they should resume with the next scheduled daily dose, no extra dose should be taken. • For oral self-administration: refer to local Trust policy on oral anti-cancer medicines and supply Patient Information Leaflet. • **Driving:** Patients should be advised to be cautious when driving or using machines in case they experience fatigue.
References	KMCC proforma LUN-016 V7 SPC accessed online 11.09.2024

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

Repeat every 21 days

TTO	Drug	Dose	Route	Directions
Day 1	Ondansetron	8mg	PO	Take 30 minutes prior to vinorelbine dose.
	VINORELBINE	**60mg/m^2 Maximum 120mg**	PO	OD on day 1 and 8 only Swallow whole with food Capsules available as 20mg, 30mg and 80mg
	Dexamethasone	6mg	PO	OM for 3 days after vinorelbine dose on days 1 and 8.
	Metoclopramide	10mg	PO	TDS for 3 days after day 1 and day 8 and then up to TDS when required. Do not take for more than 5 consecutive days