

Indication	Maintenance treatment of non- squamous cell NSCLC (indicated for patients who have not progressed immediately following platinum based chemotherapy in combination with gemcitabine, paclitaxel or docetaxel). Maintenance treatment of non-squamous NSCLC where disease has not progressed after 4 cycles of pemetrexed and cisplatin/carboplatin induction.
Treatment Intent	Palliative
Frequency and number of cycles	Maintenance treatment - continue until disease progression. 2 nd line treatment - every 21 days for up to 6 cycles.
Monitoring parameters pre-treatment	<ul style="list-style-type: none"> • EDTA or Est CrCl should be checked prior to cycle 1, must be ≥ 45ml/min. • If, during treatment, GFR is reduced by $>10\%$ from baseline, discuss with clinician • Monitor FBC, LFT's and U&E's at each cycle. • 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 chemo 1 week. • Delay of 2 weeks or 2 separate delays warrants DR of 25%. • D/w consultant in hepatic impairment (bilirubin >1.5 x ULN, AST / ALT > 3 x ULN, or AST/ ALT >5 x ULN if liver involvement), no data available. • 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 \leq grade1. • Discontinue if a patient experiences any grade 3 or 4 toxicity after 2 dose reductions. • Potential drug interactions: Concomitant nephrotoxic drugs, probenecid, penicillin, NSAIDs (see SPC) • The first Vitamin B12 (hydroxocobalamin) injection should be administered in the week preceding first cycle of chemotherapy and once every 3 cycles thereafter (can be given on the same day as pemetrexed). Folic acid 400 micrograms po od should be started 7 days prior to the first dose of pemetrexed and continued until 21 days after last cycle of chemotherapy. • Ensure dexamethasone pre-medication has been taken prior to administering pemetrexed.
Reference(s)	Kent & Medway LUN-006 SACT proforma v7, SPC accessed on line 09/12/2019

NB For funding information, refer to the CDF and NICE drug funding list

Protocol No	LUN-006	Kent and Medway SACT Protocol Disclaimer: No responsibility will be accepted for the accuracy of this information when used elsewhere.	
Version	V8	Written by	M.Archer
Supersedes version	V7	Checked by	C.Waters B.Willis
Date	09/12/2019	Authorising consultant (usually NOG Chair)	R.Burcombe

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration Details
Day 1	PEMETREXED	500mg/m²	IV	10 min	in 100ml 0.9% sodium chloride or 5% glucose (diluent dependent on brand)

TTO	Drug	Dose	Route	Directions
Day 1	Dexamethasone	4mg	PO	BD for 3 days starting the day before chemotherapy (do not dispense at last cycle).
	Metoclopramide	10mg	PO	3 times a day for 3 days then 10mg up to 3 times a day when required. Do not take for more than 5 days continuously.
	Folic acid	400 micrograms	PO	OD starting 7 days prior to first dose of pemetrexed and continue until 21 days after last cycle of chemotherapy. Dispense original pack (90 tablets) when required.
	Vitamin B12 injection	1000 micrograms	Intramuscular	First dose in the week preceding cycle 1 then every 3rd cycle for the duration of treatment (PLT must be ≥ 50 for intramuscular injection) Dispense prior to cycle 1 for first dose.

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