

Indication	Mesothelioma NSCLC - 1st line treatment for adenocarcinoma or large-cell carcinoma NSCLC – 2 nd line in PDL1 positive disease NSCLC – 3 rd line in ALK positive disease NSCLC - 2 nd line in EGFR +ve disease in patients not suitable for osimertinib
Treatment Intent	Palliative
Frequency and number of cycles	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 • If EDTA unavailable carboplatin should be dosed on C&G at a dose of AUC 5. • 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 $>1.5 \times$ ULN, AST / ALT $> 3 \times$ ULN, or AST/ ALT $>5 \times$ ULN if liver involvement), no data available. • Neurotoxicity \geq grade 2 d/w consultant. • For other adverse effects, 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 grade 1. • 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)	KMCC protocol LUNG-024 v5, SPC accessed on line 09/12/2019

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

Protocol No	LUN-024	Kent and Medway SACT Protocol Disclaimer: No responsibility will be accepted for the accuracy of this information when used elsewhere.	
Version	6	Written by	M.Archer
Supersedes version	V5	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 (Alimta®)	500mg/m ²	IV	10 min	In 100ml 0.9% sodium chloride
	Please ensure 30 minute break between Pemetrexed and Carboplatin administration				
	Ondansetron	<75yrs=16mg ≥75yrs= 8mg	IV	15 min	Sodium chloride 0.9% 50ml
	CARBOPLATIN	AUC 5 Dose = AUC X (GFR + 25)	IV	30 mins	In Glucose 5% 500ml

TTO	Drug	Dose	Route	Directions
Day 1	Dexamethasone	4mg	PO	BD for 5 days starting the day before chemotherapy
	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.
Dispense prior to cycle 1 and every 3 cycles thereafter	Vitamin B ₁₂ injection	1000 micrograms	Intramuscular	First dose in the week preceding cycle 1, then every 3 rd 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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