Indication	NSCLC
Treatment Intent	Radical
Frequency and number of cycles	21 day cycle Maximum 2 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.
	• Consider audiology test for hearing impaired patients and monitor all patients for ototoxicity through-out treatment.
	• EDTA or est CrCl (C+G) prior to start of treatment must be >/=60ml/min.
	• Monitor LFT's, U&E's and FBC at each cycle (day 8 FBC only).
	• If WBC >3 and neuts 1.0-1.5 and PLT >/=100 proceed with chemo (at the start of chemo neuts must be >/=1.5) OR if neuts >/=1.5 and PLT >/=100 proceed with chemo. If Hb <120g/l d/w consultant.
	• If blood parameters not met defer day 1 chemo for 1 week, or omit day 8. Consider dose reduction on subsequent chemotherapy.
	• **Hepatic impairment:**
	  ○ **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.
	  ○ **Cisplatin:** no dose adjustment required.
	• **Renal impairment:**
	  ○ **Vinorelbine:** no recommended dose reduction.
	  ○ **Cisplatin:** If CrCl 45-59ml/min consider dose reduction of cisplatin. If CrCl <45ml/min consider carboplatin. If CrCl <30ml/min stop platinum.
	• **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.
	• **<u>Common drug interactions (for comprehensive list refer to BNF/SPC)</u>:**
	• **Vinorelbine:**
	  ○ 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.
	• **Cisplatin:**
	  ○ Caution when used concurrently with other nephrotoxic or ototoxic drugs.
	  ○ Caution in patients receiving phenytoin, levels may be affected.
	• **Missed dose:**
	If a patient vomits within a few hours after the dose they should not repeat the dose, resume with the next scheduled dose. If a dose is missed the patient should contact their oncology team.
	• 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-019 V8 SPC accessed online 13.09.2024 ARIA regimen LUN-019

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

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration
Day 1	Sodium Chloride 0.9%	1000ml	IV	2 hrs	+ 20mmol KCL+ 10mmol Mg^{2++}
	Sodium Chloride 0.9%	1000ml	IV	2 hrs	+ 20mmol KCL
	Aprepitant	125mg	po		Take one 125mg capsule **one hour prior to chemo** on Day 1
	Mannitol 10%	200mls	IV	15 min	
	Ondansetron	<75yrs 16mg >/=75yrs 8mg	IV	15 min	Sodium chloride 0.9% 50ml
	Dexamethasone	8mg	PO		
	CISPLATIN	**75mg/m²**	IV	2 hrs	In 1000ml Sodium chloride 0.9%
	Furosemide	40mg	IV/PO		If urine output <100ml/hr or weight gain>2kg
	Sodium chloride 0.9%	1000ml	IV	2 hrs	+ 20mmol KCL + 10mmol Mg^{2}+
	*(Furosemide)	40mg	IV/po	*** ONLY IF REQ'D**	If patient remains in a 2L positive balance
TTO	Drug	Dose	Route	Directions	
Day 1	**VINORELBINE**	**40mg/m² Max dose 80mg**	PO	OD on Day 1 and Day 8 Swallow whole with food. Capsules available as 20mg, 30mg and 80mg.	
	Please ensure patient has taken ondansetron orally prior to vinorelbine dose on Day 8				
	Ondansetron	8mg	PO	To be taken 30 minutes prior to vinorelbine on Day 8	
	Aprepitant	80mg	PO	Take one 80mg capsule each morning on day 2 and day 3 only	
	Dexamethasone	6mg	PO	OM for 3 days on days 2-4 and days 8-10	
	Metoclopramide	10mg	PO	10mg 3 times a day for 3 days after day 1 & 8, then 10mg up to 3 times a day prn Do not take for more than 5 days continuously.	
	Co-trimoxazole	960mg	PO	Once daily on Mondays, Wednesdays and Fridays whilst receiving radiotherapy, the last dose should be taken on the last day of radiotherapy	