Indication	Unresectable Stage III NSCLC
Treatment Intent	Radical
Frequency and number of cycles	21 day cycle Maximum 2 cycles
Monitoring Parameters	• **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 C+G may be used to estimate CrCl, 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 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. • **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. • **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. • **Driving and machinery:** vinorelbine may cause fatigue, patients should be advised not to drive or use machines if they experience this.

	• For oral self-administration: refer to local Trust policy on oral anti-cancer medicines and supply Patient Information Leaflet and Cancerbackup information sheet.
References	KMCC protocol LUN-003 V7 and LUN-019 V9 requested at LUNG NOG 10.9.24

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

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Ondansetron	<75yrs 16mg >/=75yrs 8mg	IV	15mins	Sodium chloride 0.9% 50ml
	Dexamethasone	8mg	PO	stat	
	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**	**40mg/m^2 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.	
	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.	