

Regimen Reference Order – THOR – vinorelbine + CISplatin (MET)

ARIA: LUNG – [vinorelbine + CISplatin (MET)]

Planned Course: Every 28 days for 4 cycles

Indication for Use: Non-Small Cell Lung Cancer Metastatic

CVAD: Preferred (VESICANT INVOLVED)

Proceed with treatment if:

Day 1

- ANC equal to or greater than $1.5 \times 10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$
- Creatinine clearance greater than 45 mL/minute

Day 8

- ANC equal to or greater than $1 \times 10^9/L$ AND Platelets equal to or greater than $50 \times 10^9/L$
- ❖ Contact Physician if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – THOR – vinorelbine + CISplatin (MET)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Day 1		
magnesium sulfate	2 g	IV in normal saline 1000 mL over 2 hours (Pre hydration)
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
OLANzapine	2.5 mg	Orally 30 minutes pre-chemotherapy
vinorelbine	30 mg/m^2	IV in normal saline 50 mL over 6 to 10 minutes by gravity infusion <i>Slower or faster administration causes vein irritation</i> <i>Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability</i>
normal saline	125 mL	IV over 15 minutes <i>*Nursing Alert: This volume is to be administered after standard flush</i>

CISplatin	75 mg/m ²	IV in normal saline 500 mL over 1 hour <i>*Alert: CISplatin infusion must be complete prior to mannitol administration</i>
mannitol	12.5 g	IV in normal saline 1000 mL over 2 hours (Post hydration)
Day 8		
Establish primary solution 500 mL of: normal saline		
vinorelbine	30 mg/m ²	IV in normal saline 50 mL over 6 to 10 minutes by gravity infusion <i>Slower or faster administration causes vein irritation</i> <i>Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability</i>
normal saline	125 mL	IV over 15 minutes <i>*Nursing Alert: This volume is to be administered after standard flush</i>

In the event of an infusion-related hypersensitivity reaction, refer to the 'Hypersensitivity Reaction Standing Order'

REQUIRED MONITORING

All Cycles

Day 1

- CBC, serum creatinine, urea, electrolytes, liver enzymes and total bilirubin as per Physician Orders
- Baseline blood pressure prior to magnesium infusion and repeat 15 minutes after start of magnesium infusion

Day 8

- CBC

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
aprepitant	80 mg	Orally once daily on Days 2 and 3
dexamethasone	8 mg	Orally once daily on Days 2, 3 and 4
OLANzapine	2.5 mg	Orally the evening of Day 1 then twice daily on Days 2, 3 and 4. Also use OLANzapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 1 to 4) up to a maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- Instruct patient to notify clinic if having significant diarrhea or vomiting
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- CISplatin is ototoxic and nephrotoxic
- CISplatin can cause hypomagnesemia