

Regimen Reference Order – THOR – vinorelbine + CARBOplatin (ADJ)

ARIA: LUNG – [vinorelbine + CARBOplatin (ADJ)]

Planned Course: Every 28 days for 4 cycles

Indication for Use: Non-Small Cell Lung Cancer Adjuvant

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 $100 \times 10^9/L$

Days 8 and 15

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 + CARBOplatin (ADJ)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Day 1		
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 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>
normal saline	125 mL	IV over 15 minutes <i>*Nursing Alert: This volume is to be administered after standard flush</i>
CARBOplatin	AUC 6 mg/mL.min; maximum dose 900 mg (see table below)	IV in D5W 250 mL over 30 minutes

Days 8 and 15		
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>
normal saline	125 mL	IV over 15 minutes *Nursing Alert: This volume is to be administered after standard flush

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

Days 8 and 15

- CBC as per Physician Orders

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 and 3
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- CARBOplatin dose considerations:
 - CCMB Thoracic DSG uses **actual body weight** to calculate GFR
 - CCMB Thoracic DSG uses a maximum CARBOplatin dose of 900 mg for this regimen
 - If calculated CARBOplatin dose differs **more than 10%** from prescribed CARBOplatin dose, contact the prescriber

CARBOplatin Dosing Calculations per CCMB Thoracic DSG										
<i>Calculation of CARBOplatin dose: (max.900 mg)</i>										
Dose (mg) = target AUC (GFR + 25)										
$\text{GFR} = \frac{N \times (140 - \text{age in years}) \times \text{Actual Body Weight (kg)}}{\text{serum creatinine in } \mu\text{mol/L}} = \text{___ mL/min}$										
N = 1.23 in males N = 1.04 in females										
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">AUC (mg/mL.min)</td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center; padding: 5px;">6</td> </tr> </table>	AUC (mg/mL.min)	6	x	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">GFR + 25 (mL/min)</td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center; padding: 5px;">___ + 25</td> </tr> </table>	GFR + 25 (mL/min)	___ + 25	=	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Total Dose (mg)</td> </tr> <tr> <td style="border-top: 1px solid black; height: 20px;"></td> </tr> </table>	Total Dose (mg)	
AUC (mg/mL.min)										
6										
GFR + 25 (mL/min)										
___ + 25										
Total Dose (mg)										

AUC = Area Under Curve

The estimated creatinine clearance is based on limited evidence. Sound clinical judgment and interpretation of the estimation are required, because the equation above may not be appropriate for some patient populations (for example, acute renal failure)