

BCCA Protocol Summary for Palliative Therapy for Metastatic Breast Cancer using Vinorelbine

Protocol Code

BRAVNAV

Tumour Group

Breast

Contact Physician

Dr. Susan Ellard

ELIGIBILITY:

- Progressive symptomatic breast cancer less than 1 year after adjuvant anthracycline-based chemotherapy.
- Second or third line treatment of metastatic breast cancer after previous combination chemotherapy with an anthracycline in patient who has an ECOG status of less than or equal to 2 and a life expectancy greater than three months.
- Progressive breast cancer after failure of previous combination chemotherapy in patient for whom anthracyclines are contraindicated and who has an ECOG status of less than or equal to 2 and a life expectancy greater than three months.
- Patients with progressive breast cancer for whom combination chemotherapy or taxane therapy is deemed inappropriate.

TESTS:

- Baseline: CBC & diff, platelets, bilirubin, LFTs
- Before each treatment: CBC & diff, platelets
- If clinically indicated: bilirubin

PREMEDICATION:

- Antiemetic protocol for low moderate emetogenic chemotherapy (see protocol SCNAUSEA)

TREATMENT:

Drug	Dose*	BCCA Administration Guideline
Vinorelbine	30 mg/m ² /day on days 1 and 8	IV in 50 mL NS over 6 minutes, then flush line with 75 to 125 mL NS prior to removing/capping IV access

*For frail or heavily pretreated patients, start with 25 mg/m²/day on days 1 and 8.

Repeat every 21 days. Continue until disease progression, stable disease, best response or toxicity. **Discontinue** if no response after 3 cycles.

DOSE MODIFICATIONS:

1. Hematological:

ANC x 10 ⁹ /L		Platelets x 10 ⁹ /L	Dose
greater than or equal to 1.5	and	greater than or equal to 90	100%
1 – 1.49	or	70-89	75%
less than 1	or	less than 70	delay 1 week & repeat CBC*

*Discontinue if ANC less than 1.0 x 10⁹/L for greater than 3 weeks.

2. Hepatic Dysfunction – Vinorelbine

Bilirubin (micromol/L)	Dose
less than 36	100%
36 – 50	50%
greater than 50	25%

PRECAUTIONS:

- 1. Phlebitis:** Hydrocortisone 100 mg IV prior to vinorelbine administration may be of benefit.
- 2. Extravasation:** Vinorelbine causes pain and tissue necrosis if extravasated. It is recommended to flush thoroughly with 75 to 125 mL NS after infusing vinorelbine. Refer to BCCA Extravasation Guidelines.
- 3. Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
- 4. Constipation** is common. Encourage appropriate prevention measures.
- 5. Hepatic Dysfunction:** If jaundice or other symptoms of liver dysfunction occur on treatment, then repeat bilirubin prior to chemotherapy and adjust dose.

Call Dr. Susan Ellard or tumour group delegate at (250) 712-3900 or 1-888-563-7773 with any problems or questions regarding this treatment program.

Date activated: N/A

Date revised: 01 Nov 2011 (hepatic dose modifications revised)