Vinblastine (skin)

Indication
Second line treatment of advanced/metastatic melanoma.

ICD-10 codes
Codes prefixed with C43

Regimen details
Patients aged under 65 years:

Day	Drug	Dose	Route
Weekly	Vinblastine	10mg	IV infusion

Weekly for a maximum of 12 weeks

Patients aged 65 years and over:

Day	Drug	Dose	Route
1 and 8	Vinblastine	10mg	IV infusion

Every 21 days for a maximum of 6 cycles (weekly for 2 weeks followed by a week off)

Cycle frequency
As above

Number of cycles
As above

Administration
Vinblastine is administered in 50 mL sodium chloride 0.9% over 10 minutes, as per national guidance.
Nurse to remain with patient throughout infusion.

Pre-medication
Nil

Emetogenicity
This regimen has low emetogenic potential

Additional supportive medication
Mouthwashes if required.
Laxatives if required.

Extravasation
Vesicant (Group 5)

Investigations – pre first cycle

Investigation	**Validity period** (or as per local policy)
FBC	14 days
U+E (including creatinine)	14 days
LFT	14 days

Investigations – pre subsequent cycles

Investigation	**Validity period** (or as per local policy)
FBC	96 hours
U+E (including creatinine)	7 days
LFT	7 days

Standard limits for administration to go ahead

If blood results not within range, authorisation to administer **must** be given by prescriber/consultant.

Investigation	**Limit**
Neutrophils	≥1.0 x 10^9/L
Platelets	≥100 x 10^9/L
Bilirubin	<1.5 x ULN
ALT/AST	<1.5 x ULN

Dose modifications

- **Haematological toxicity**

Toxicity	**Definition**	**Dose**
Febrile neutropenia	Neutrophils < 1.0 x 10^9/L Fever (temperature ≥ 38°C) requiring antibiotics and hospitalisation	Delay until FBC recovers Recommence at 80% dose
Thrombocytopenia	Grade 4	Recommence at 80% dose and/or reduce frequency

- **Renal impairment**

As vinblastine is excreted primarily by the liver, no dose modification necessary.

- **Hepatic impairment**

As vinblastine is excreted principally by the liver, toxicity may be increased when there is hepatic insufficiency and it may be necessary to reduce initial doses in the presence of significantly impaired hepatic or biliary function.

Bilirubin (x ULN)		**AST/ALT** (x ULN)	**Vinblastine dose**
<1.5	and	<1.5	100%
1.5-3	or	1.5 - 4	50%
> 3	and	normal	50%
< 3	and	> 4	Consultant decision
> 3	and	> 4	Omit

- **Other toxicities**

Peripheral neuropathy: Grade 2 – reduce dose to 80%. Grade ≥ 3 – omit.

Adverse effects - for full details consult product literature/ reference texts

- **Serious side effects**

Myelosuppression

- **Frequently occurring side effects**

Myelosuppression
Nausea and vomiting
Constipation
Fatigue
Peripheral neuropathy
Stomatitis and mucositis

- **Other side effects**

Headache
Alopecia
Dizziness

Significant drug interactions – for full details consult product literature/ reference texts

Coumarin-derived anticoagulants (e.g. warfarin): patients established on warfarin should either switch to a low molecular weight heparin or have weekly INR monitoring. Patients initiated on anticoagulation during treatment should be started on a low molecular weight heparin until treatment completed.

Erythromycin: may potentiate toxicity of vinblastine.

Anticonvulsants: vinblastine may reduce serum levels of anticonvulsants.

Cytochrome P450 CYP3A inhibitors: may enhance toxicity of vinblastine.

Additional comments

Nil

References

- Summary of Product Characteristics. Vinblastine (Hospira). accessed 7 May 2014 via http://emc.medicines.org.uk/
- Allwood M, Stanley A, Wright P, editors. The cytotoxics handbook. 4th ed. Radcliffe Medical Press. 2002.

Written/reviewed by: Dr T Tillett (Consultant Oncologist, Royal United Hosptial, Bath)

Checked by: Sarah Murdoch (Senior Oncology Pharmacist, SW Strategic Clinical Network)

Authorised by: Dr J Braybrooke (Consultant Oncologist, UHBristol NHS Trust, SW Strategic Clinical Network)

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