Oral Vinorelbine (Fibromatosis)

Indication

For use in desmoid fibromatosis when active treatment is indicated

ICD-10 codes

C49

Regimen details

Day	Drug	Dose	Route
1, 8 and 15	Vinorelbine	90mg (flat dose)	PO

Cycle frequency

Every 28 days

Number of cycles

Usually up to 12 cycles in total

Administration

Each dose of Vinorelbine is taken as 3 x 30mg capsules swallowed whole with water and with or after food

Pre-medication

Ondansetron 8mg PO taken 30 minutes before Vinorelbine

Emetogenicity

This regimen has moderate-high emetic potential

Additional supportive medication

Metoclopramide (or alternative anti-emetic) if required H2 antagonist or proton pump inhibitor if required Mouthwashes as per local policy Laxatives as required

Extravasation

N/A

Investigations - pre first cycle

Investigation Validity period (or as per local practice)	
FBC	14 days
U+Es (including creatinine)	14 days
LFTs	14 days

Investigations – pre subsequent cycles

Investigation	Validity period
FBC*	96 hours
U+Es (including creatinine)	7 days
LFTs	7 days

^{*}For cycle 1, an additional FBC and LFT check is required before day 15

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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	<3.0 x ULN

Dose modifications

Haematological toxicity

Delay 1 week if neutrophils $<1.0 \times 10^9/L$ or platelets $<100 \times 10^9/L$ at day 1

Blood tests prior to day 8 and day 15 are not routinely required (except for day 15 of cycle 1). If neutrophils <1.0 x 10^9 /L or platelets <100 x 10^9 /L omit vinorelbine.

• Renal impairment

No dose modifications required.

• Hepatic impairment

If bilirubin >1.5 x ULN and/or ALT > 3 x ULN delay vinorelbine for 7 days and re-check LFTs.

If toxicity persists beyond 3 weeks or on any single test bilirubin > 3 x ULN or ALT > 20 x ULN discontinue treatment.

Other toxicities

Toxicity	Definition	Dose adjustment
Neuropathy	Grade 3 or 4	Discontinue treatment

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

• Serious side effects

Myelosuppression

Neurotoxicity

Infertility

Hepatic impairment

Serious birth defects – contraindicated in pregnancy

Frequently occurring side effects

Myelosuppression

Nausea and vomiting

Mucositis, stomatitis

Constipation

Peripheral neuropathy

Other side effects

Alopecia

Fatigue

Allergic reaction

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

Warfarin/coumarin anticoagulants: increased or fluctuating anticoagulant effects. Avoid if possible, consider switching patient to a DOAC or low molecular weight heparin during treatment or if the patient continues taking Warfarin monitor the INR at least once a week and adjust dose accordingly.

CYP3A4 inducers (rifampicin, barbiturates): may reduce vinorelbine levels.

CYP3A4 inhibitors (ketoconazole, erythromycin): may increase vinorelbine levels.

Phenytoin: vinorelbine reduce absorption and efficacy of phenytoin, monitor levels and adjust dose as necessary.

Itraconazole: increased risk of neurotoxicity

Ciclosporin, tacrolimus: increased immune suppression and risk of lymphoproliferation

Additional comments

Nil

References

- Mir O et al. Long-term Outcomes of Oral Vinorelbine in Advanced, Progressive Desmoid Fibromatosis and Influence of CTNNB1 Mutational Status. Clin Cancer Res. 2020 Dec 1;26(23):6277-6283
- Gennatas S et al. A Timely Oral Option: Single-Agent Vinorelbine in Desmoid Tumors.
 Oncologist. 2020 Dec;25(12):e2013-e2016
- Vinorelbine for fibromatosis Royal Marsden NHS Trust Protocol
- Summary of Product Characteristics Navelbine (vinorelbine) accessed 16 November 2022 via https://www.medicines.org.uk/emc
- Vinorelbine (breast); Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance (SWAG) chemotherapy protocol, via https://www.swagcanceralliance.nhs.uk/

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