PROTOCOL

The Clatterbridge Cancer Centre NHS Foundation Trust

Systemic Anti Cancer Therapy Protocol

Vinblastine monotherapy Relapsed/Refractory T Cell Lymphomas

PROTOCOL REF: MPHAVMRL
(Version No. 1.0)

Approved for use in:

- Relapsed/refractory T cell lymphoma patients that have exhausted other SACT options and are eligible for an allogenic stem cell transplant or CAR-T treatment
- Blueteq not required

Dosage:

Drug	Dose	Route	Frequency
Vinblastine	**6 mg/m^2**	IV infusion	Day 1 only of a 14 day cycle

Maximum of cycles permitted: 12

Emetogenic risk:

Mildly emetogenic.

Supportive treatments:

- Allopurinol PO 300mg OD (or 100mg OD in renal dysfunction) for the first cycle only
- Aciclovir PO 400mg BD
- Chlorhexidine 0.2% mouthwash 10mls QDS
- Co-trimoxazole PO 480mg OD
- Docusate PO 100mg BD prn
- Metoclopramide PO 10mg TDS prn

Extravasation risk:

Vinblastine: vesicant

Refer to the CCC policy for the 'Prevention and Management of Extravasation Injuries

Interactions:

- Macrolide antibiotics increases the exposure to vinca alkaloids. Manufacturer advises caution
- Azole antifungals increases the exposure to vinca alkaloids. Manufacturer advises caution
- Aprepitant / fosaprepitant increases the exposure to vinca alkaloids. Manufacturer advises caution
- Phenytoin / phenobarbital / carbamazepine decreases the exposure to vinca alkaloids.

For more detailed interactions please refer to the SPC and add a link to the appropriate SPC

Treatment schedule:

Day	Drug	Dose	Route	Diluent and rate
1	**Vinblastine**	**6mg/m2**	**IV**	In 50mls NaCl 0.9% over 10 mins

Main toxicities:

Thrombocytopenia, neutropenia, anaemia, nausea, vomiting, diarrhoea, constipation, abdominal pain, jaw pain and peripheral neuropathy.

Investigations and treatment plan:

	Pre	Cycle 1	Cycle 2	Cycle 3	Ongoing
Informed Consent	X				
Clinical Assessment	X			X**	As clinically indicated or at the end of treatment
SACT Assessment (to include PS and toxicities)	X	X	X	X	Every cycle
FBC	X	X	X	X	Every cycle
U&E & LFTs & Magnesium	X	X	X	X	Every Cycle
CrCl (Cockcroft and Gault)	X	X	X	X	Every cycle
CT scan**	X			X	At the end of treatment and if clinically indicated (generally after 2 to 4 cycles)
ECG					If clinically indicated
Blood pressure measurement	X				Repeat if clinically indicated
Respiratory Rate					If clinically indicated
Weight recorded	X	X	X	X	Every cycle
Blood glucose	X				Repeat if clinically indicated

Dose Modifications and Toxicity Management:

Haematological toxicity:

Proceed on day 1 if-

ANC ≥ 1.0 x 10^9/L	Plt ≥ 75 x 10^9/L

If counts below these parameters then cycle to be delayed and bloods to be repeated in 7 days. Filgrastim and/or dose reductions can be considered to support counts.

These haematological guidelines assume that patients are well with good performance status, that other acute toxicities have resolved and the patient has not had a previous episode of neutropenic sepsis.

Non- Haematological toxicity:

Dosing in renal and hepatic impairment:

Renal	No dose adjustment needed

Hepatic	If bilirubin > 51 micromol/L for a 50% dose reduction

References:

1. https://www.medicines.org.uk/emc vinblastine (accessed Nov 2022)
2. Krens S D, Lassche, Jansman G F G A, et al. Dose recommendations for anticancer drugs in patients with renal or hepatic impairment. Lancet Oncol 2019;20: e201–08.
3. Miyagaki S, Imamura T, Okumura Y, Ito I, Fujiki A, Osone S, Ishida H, Hosoi H. Successful treatment of relapsed anaplastic large cell lymphoma with vinblastine monotherapy and allo-HSCT with reduced intensity conditioning regimen. Pediatr Int. 2015 Aug;57(4):791-4. doi: 10.1111/ped.12643. Epub 2015 Jul 6. PMID: 25847601

4. University Hospital of Southampton NHS Foundation Trust's Vinblastine Monotherapy Protocol. Version 1.1. Accessed 8/11/22. https://www.uhs.nhs.uk/Media/UHS-website-2019/Docs/Chemotherapy-SOPs1/Lymphoma/Vinblastine-Ver-1.1.pdf

Circulation/Dissemination

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Version History

Date	Version	Author name and designation	Summary of main changes
Janaury 2023	1.0	**Aileen McCaughey**	First draft