Vinorelbine

Patient Education Sheets
Understanding Your Cancer Treatment

Care Team Contact Information: _____

Pharmacy Contact Information: _____

Diagnosis: _____

- This treatment is often used for non-small cell lung cancer (NSCLC).
- It may also be used for other reasons.

Goal of Treatment: _____

- Treatment may continue for a certain time period, until it no longer works, or until side effects are no longer controlled.

Treatment Regimen

Treatment Name	How the Treatment Works	How the Treatment is Given
Vinorelbine (vih-NOR-el-been): Navelbine (nuh-VEL-been)	Slows down or stops the growth of cancer cells by preventing cancer cells from properly dividing and creating new cells.	Infusion into a vein (intravenous (IV) infusion).

Treatment Administration and Schedule

- Treatment is typically repeated every week or every 3 weeks. This length of time is called a “cycle”.
- Vinorelbine is often given in combination with other treatments. Talk with your care team about your exact treatment and schedule.

☐ **Option #1: 1-Week Cycle**

Treatment Name	Cycle 1							Next Cycle
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 1
Vinorelbine	✓							✓

☐ **Option #2: 3-Week Cycle**

- Vinorelbine is given on Days 1 and 8.

Treatment Name	Cycle 1							Next Cycle
	Day 1	Day 2	Day 3	...	Day 8	...	Day 21	Day 1
Vinorelbine	✓				✓			✓

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Appointments

Appointments may include regular check-ups with your care team, treatment appointments, lab visits, and imaging tests. It's important to keep your appointments whenever you can. If you miss any appointments, call your care provider as soon as possible to reschedule your appointment.

Supportive Care to Prevent and Treat Side Effects

Description	Supportive Care Given at the Clinic or Hospital	Supportive Care Taken at Home
Supportive care to prevent and treat side effects		

Common Side Effects

Side Effect	Important Information
Low White Blood Cell (WBC) Count (Neutropenia) and Increased Risk of Infection (Boxed Warning)	Description: WBCs help protect your body from infections. A low WBC count increases your risk of infection. Recommendations: • Wash your hands often and bathe regularly. • Avoid crowded places and close contact with people who are sick. • Follow food safety and wound care advice from your care team. • Your care team may prescribe medicine to help your WBCs recover. Talk to your care team if you have: • Fever of 100.4°F (38°C) or higher • Chills • New or worsening cough or sore throat • Painful urination or signs of a urinary infection • Feeling much more tired than usual • Red, swollen, warm, or painful areas on the skin (possible skin infection)
Low Red Blood Cell (RBC) Count and Hemoglobin (Hgb) (Anemia) (Boxed Warning)	Description: RBCs and Hgb carry oxygen to your body's tissues and remove carbon dioxide. Low RBC or Hgb (anemia) can make you feel weak, very tired, or look pale. Recommendations: • Aim for 7 to 8 hours of sleep each night. • Do not drive, operate heavy machinery, or do other dangerous activities if you are very tired. • Balance activity and rest — stay as active as you can, but rest when needed. • Eat a balanced diet and follow any nutrition or supplement advice from your care team. Talk to your care team if you have: • Shortness of breath • Dizziness or fainting • Fast or irregular heartbeats • Sudden or severe headache
Fatigue	Description: Fatigue is a constant and sometimes strong feeling of tiredness. Recommendations: • Routine exercise can help reduce fatigue. Talk with your care team to find the right type and amount of activity for you. • Ask family and friends for help with daily tasks and for emotional support. • Try healthy ways to feel better, such as meditation, journaling, yoga, or guided imagery, to reduce anxiety and improve well-being. • Aim for 7 to 8 hours of sleep each night. Limit daytime naps to help you sleep better at night. • Do not drive, operate heavy machinery, or do other potentially dangerous activities if you are very tired. Talk to your care team if you have: • Tiredness that affects your daily life or prevents you from doing normal activities • Tiredness that does not get better with rest • Dizziness or weakness along with severe tiredness

<table>
<tr><td>Nausea and Vomiting</td><td>Description: Nausea is an uncomfortable feeling in your stomach or the need to throw up. You may or may not vomit.

Recommendations:
Eat smaller, more frequent meals.
Avoid fatty, fried, spicy, or highly sweet foods.
Eat bland foods at room temperature and drink clear liquids.
If you vomit, start with small sips of water, broth, or other clear liquids. If these stay down, try soft foods (such as gelatin, plain cornstarch pudding, yogurt, strained soup, or strained cooked cereal) and gradually return to solid foods.
Your care team may prescribe medicine for these symptoms.
Talk to your care team if you have:
Vomiting for more than 24 hours
Nonstop vomiting
Signs of dehydration (very thirsty, dry mouth, dizziness, or dark urine)
Blood or coffee-ground-like appearance in your vomit
Severe stomach pain that does not go away after vomiting</td></tr>
<tr><td>Liver Problems</td><td>Description: Treatment can cause liver injury. Your care team may check your liver with blood tests before and during treatment.

Talk to your care team if you have:
Yellowing of your skin or the white part of your eyes (jaundice)
Severe nausea or vomiting
Pain on the right side of your stomach area (abdomen)
Dark, tea-colored urine
Bleeding or bruising more easily than normal</td></tr>
<tr><td>Constipation</td><td>Description: Constipation means hard, dry stools or fewer bowel movements than normal. It can cause discomfort or pain.

Recommendations:
Track how often you have bowel movements each day.
Drink 8 to 10 glasses of fluids daily, unless your care team says otherwise.
Stay active and exercise regularly.
Eat more high-fiber foods (such as raw fruits, vegetables, and whole grains) unless advised otherwise.
Your care team may recommend laxatives such as polyethylene glycol (Miralax) or senna.
Talk to your care team if you have:
Constipation lasting 3 or more days
No bowel movement 48 hours after using a laxative</td></tr>
</table>

Numbness, Tingling, or Burning in Your Hands or Feet (Peripheral Neuropathy)	Description: Nerve pain and tingling are uncomfortable sensations from nerve damage or irritation. Pain may be sharp, burning, or deep. Tingling can feel like pins-and-needles or mild electric shocks, often in the hands, feet, arms, or legs. Recommendations: • Keep a daily log of pain and sensations, noting triggers and what helps or makes it worse. • Check your feet every day for cuts, sores, blisters, or color changes, especially if numbness reduces feeling. • Wear comfortable, well-fitting shoes and avoid walking barefoot if sensation is reduced. • Protect hands and feet from extreme heat or cold. • Your care team may recommend or prescribe medicines, topical treatments, physical therapy, or supplements to help with symptoms. Talk to your care team if you have: • New or worsening “pins and needles”, burning, or numbness in your hands or feet • Trouble moving your arms or legs, or weakness • Problems with balance or frequent falls
Hair Loss (Alopecia)	Description: Hair loss or thinning may begin days to weeks after treatment starts and usually grows back later. New growth can be a different color or texture and may not look the same as before. Recommendations: • Consider a short haircut before treatment and use scarves, hats, or wigs for comfort and confidence. • Keep your head covered outdoors to protect it from the sun and cold; use sunscreen on your uncovered scalp. • Use gentle haircare: mild shampoo, soft brush, and avoid heat styling and harsh treatments. • Ask your care team about wig prescriptions or resources for head coverings. Talk to your care team if you have: • No hair regrowth months after treatment ends • Concern about hair changes or need help finding a wig or support resources

Select Rare Side Effects

Side Effect	Talk to Your Care Team if You Have Any of These Signs or Symptoms
Low Platelet Count (Thrombocytopenia) (Boxed Warning)	• Bruising easily • Frequent nose bleeds • Blood in your urine or stool • Blood in your spit after a cough
A Tear in Your Stomach or Intestinal Wall (Perforation) or an Abnormal Connection Between 2 Parts of Your Body (Fistula)	• Severe pain or tenderness in your stomach area (abdomen) • Swelling of the abdomen • Fever of 100.4°F (38°C) or higher • Chills • Nausea • Vomiting • Signs of dehydration (very thirsty, dry mouth, dizziness, or dark urine)
Lung Problems	• Cough • Shortness of breath • Chest pain or chest tightness
Extravasation	Extravasation happens when medicine that is supposed to go into a vein leaks out into the tissues around it. This can cause pain, swelling, and damage to the skin and tissues. • Pain, burning, or stinging at the infusion site • Swelling, redness, or blistering around the site • Coolness or numbness in the area • Decreased blood flow or tissue damage, potentially leading to ulcers or tissue death in severe cases

Before starting treatment, ask your care team when to call 9-1-1 or seek emergency help.
If you experience any new, worsening, or uncontrolled side effects, contact your care team immediately.

Intimacy, Fertility, Pregnancy, and Breastfeeding

- Treatment may **change how you feel about intimacy and your body.** However, physical closeness—such as holding hands and hugging—remains safe. It is common to have questions about intimacy. If needed, talk to your care team for guidance.
- Treatment may affect your **ability to have children**. It may damage your reproductive organs or stop them from working. If you are worried about fertility, talk to your care team before starting treatment.
- Treatment may **harm an unborn baby**.
    - If you are able to become pregnant:
        - Take a pregnancy test before starting treatment.
        - Use an effective method of birth control during treatment and for 6 months after your last dose of vinorelbine.
        - If you think you might be pregnant or if you become pregnant, tell your care team right away.
    - If your partner is able to become pregnant, use an effective method of birth control—such as condoms—during treatment and for 3 months after your last dose of vinorelbine.
- **Do NOT breastfeed** during treatment and for 9 days after your last dose of vinorelbine.

Handling Body Fluids and Waste

Some drugs you receive may stay in your urine, stool, sweat, or vomit for many days after treatment. Because many cancer drugs are toxic, your body waste may also be dangerous to touch. To help protect yourself, your loved ones, and the environment, **follow these instructions** for at least **7 days** after each dose of **vinorelbine**:

- People who are pregnant should avoid touching anything that may be soiled with body fluids from the patient.
- You can use your usual toilet. Always close the lid and flush to discard all waste. If you have a low-flow toilet, flush twice.
- If the toilet or seat is soiled with urine, stool, or vomit, clean the surface after each use before others use it.
- Wash your hands with soap and water for at least 20 seconds after using the toilet.
- If you need a bedpan, inform your caregiver so they can wear gloves and assist with cleanup. Wash the bedpan with soap and water daily.
- If you cannot control your bladder or bowels, use a disposable pad with a plastic back, a diaper, or a sheet to absorb waste.
- Wash any skin exposed to body waste with soap and water.
- Wash soiled linens or clothing separately from other laundry. If you don't have a washer, place them in a plastic bag until they can be washed.
- Wash your hands with soap and water after touching soiled linens or clothing.

Additional Information

- **Tell your care team about all the medicines you take**.
  This includes prescriptions, over-the-counter drugs, vitamins, and herbal products. Before starting any new medicine, supplement, or vaccine, ask your care team first.
- **This Patient Education Sheet may not describe all possible side effects.**
  Call your care team for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

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Notes

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Scan the QR code below to access this education sheet.

Important notice: The Association of Cancer Care Centers (ACCC), Hematology/Oncology Pharmacy Association (HOPA), Network for Collaborative Oncology Development & Advancement, Inc. (NCODA), and Oncology Nursing Society (ONS) have collaborated in gathering information for and developing this patient education guide. This guide represents a brief summary of the medication derived from information provided by the drug manufacturer and other resources.

This guide does not cover all existing information related to the possible uses, directions, doses, precautions, warnings, interactions, adverse effects, or risks associated with this medication and should not substitute for the advice of a qualified healthcare professional. Provision of this guide is for informational purposes only and does not constitute or imply endorsement, recommendation, or favoring of this medication by ACCC, HOPA, NCODA, or ONS, who assume no liability for and cannot ensure the accuracy of the information presented. All decisions related to taking this medication should be made with the guidance and under the direction of a qualified healthcare professional.

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