Sobelvin®

Sobhan Oncology

Vinorelbine

Concentrate for solution for infusion (10mg / 1mL) or (50mg / 5mL)

Read all of this leaflet carefully before you start taking this medicine.
- Keep this leaflet. You may need to read it again.
- If you have further question, ask your doctor or your pharmacist.
- This medicine has been prescribed for you. Do not pass it on to others. It may harm them, even if their symptoms are the same as yours.

In this leaflet:

1- What Sobelvin® is and what it is used for

Sobelvin® belongs to a family of medicines used to treat cancer, called the vinca-alkaloid family. It is a vinca-alkaloid that interferes with microtubule assembly. The antitumor activity of Sobelvin® is thought to be due primarily to inhibition of mitosis at metaphase through its interaction with tubulin. Sobelvin® is used to treat:

Carcinoma, lung, non-small cell (treatment):

Sobelvin® is indicated, as a single agent or in combination with cisplatin, for first-line treatment of ambulatory patients with unresectable, advanced non-small cell lung carcinoma (NSCLC). Sobelvin® is indicated as a single agent in stage IV NSCLC and in combination with cisplatin in stage III or IV NSCLC.

Carcinoma, breast (treatment):

Sobelvin® is indicated for treatment of patients with metastatic breast cancer who did not respond to standard first-line chemotherapy for metastatic disease. Sobelvin® is also indicated for the treatment of patients with metastatic breast cancer who have relapsed within 6 months of anthracycline-based adjuvant therapy.

Carcinoma, cervical (treatment):

Sobelvin® is indicated as reasonable medical therapy at some point in the treatment of cervical carcinoma.

Carcinoma, ovarian, epithelial (treatment):

Sobelvin® is indicated as reasonable medical therapy at some point in the treatment of epithelial ovarian carcinoma.

2- Before you take Sobelvin®

Do not take Sobelvin®:

- If you are allergic (hypersensitive) to the active ingredient and any other ingredient in Sobelvin® solution.
- If you are pregnant or think that you might be pregnant.
- If you are breast feeding.

Take special care with Sobelvin®

Myelosuppression:

Patients treated with Sobelvin® should be frequently monitored for myelosuppression both during and after therapy. Granulocytopenia is dose-limiting. Complete blood counts with differentials should be performed and results reviewed prior to administering each dose of Sobelvin®. Sobelvin® should not be administered to patients with granulocyte counts less than 1000 cells/mm3.

Pulmonary toxicity:

Reported cases of interstitial pulmonary changes and acute respiratory distress syndrome (ARDS), most of which were fatal, occurred in patients treated with single-agent Sobelvin®. Patients with alterations in their baseline pulmonary symptoms should be evaluated promptly.

Discontinuation:

Most drug-related adverse events of Sobelvin® are reversible. If severe adverse events occur, Sobelvin® should be reduced in dosage or discontinued and appropriate corrective measures taken.

Bone marrow:

Sobelvin® should be used with extreme caution in patients whose bone marrow reserve may have been compromised by prior irradiation or chemotherapy or whose marrow function is recovering from the effects of previous chemotherapy.

Prior radiation therapy:

Administration to patients with prior radiation therapy may result in radiation recall reactions.

Bronchospasm:

Acute shortness of breath and severe bronchospasm have been reported infrequently, following the administration of Sobelvin® and other vinca alkaloids, most commonly when the vinca alkaloid was used in combination with mitomycin. These adverse events may require treatment with supplemental oxygen, bronchodilators, or corticosteroids, particularly when there is preexisting pulmonary dysfunction.

GI:

Sobelvin® has been reported to cause severe constipation (e.g. Grade 3 to 4), paralytic ileus, intestinal obstruction, necrosis, or perforation. Some events have been fatal.

Eye contact:

Care must be taken to avoid contamination of the eye with concentrations of Sobelvin® used clinically. If exposure occurs, the eye should immediately be thoroughly flushed with water.

Pregnancy:

Sobelvin® may cause fatal harm if administered to a pregnant woman. If Sobelvin® is used during pregnancy, or if the patient becomes pregnant while receiving this drug, the patient should be apprised of the potential hazard to the fetus. Women of childbearing potential should be advised to avoid becoming pregnant during therapy with Sobelvin®. (Category D)

Lactation:

It is not known whether the drug is excreted in human milk. It is recommended that nursing be discontinued in women who are receiving therapy with Sobelvin®.

Pediatric:

Safety and effectiveness in pediatric patients have not been established.

Elderly:

No overall differences in effectiveness, response or safety are observed between the elderly and younger patients.

Lab test abnormalities:

Since dose-limiting clinical toxicity is the result of depression of the white blood cell count, it is imperative that complete blood counts with differentials be obtained and reviewed on the day of treatment prior to each dose of Sobelvin®.

Monitoring:

Patients with a story of preexisting neuropathy, regardless of etiology, should be monitored for new or worsening signs and symptoms of neuropathy while receiving Sobelvin®.

Drug interactions

If you received other drugs; even such as OTC drugs, please tell your physician or pharmacist. The following drug interactions and/or related problems have been selected on the basis of their potential clinical significance.

Antibacterials:

Possible increased risk of neutropenia when Sobelvin® given with Clarithromycin. Possible increased risk of ventricular arrhythmias when Sobelvin® given with Delamanid.

Antifungals:

Possible increased risk of Sobelvin® toxicity when given with Itraconazole, Posaconazole and Voriconazole).

Antipsychotics:

Possible increased risk of agranulocytosis when given with Clozapine.

P-450 Enzyme inhibitor drugs:

Concurrent administration of vinorelbine with an inhibitor of this metabolic pathway may cause an earlier onset or an increased severity of side effects.

Bone marrow depressants or radiation therapy:

Concurrent use may Increase bone marrow depressant effect of these medications and radiation therapy.

Cisplatin:

Higher risk of toxicities, specifically granulocytopenia, with the combination of Sobelvin® and Cisplatin than with single-agent Sobelvin®.

Mitomycin:

Acute pulmonary reactions have been reported with Sobelvin® used in conjugation with Mitomycin; Sobelvin® should be administered with caution in combination with Mitomycin.

Paclitaxel:

Concomitant or sequential use may result in neuropathy; routine monitoring for symptoms of neuropathy is recommended.

Vaccines (killed virus)

Because normal defense mechanisms may be suppressed by Sobelvin® therapy, the patient's antibody response to the vaccine may be decreased. The interval between discontinuation of medications that cause immunosuppression and restoration of the patient's ability to respond to the vaccine estimates vary from 3 months to 1 year.

Vaccines (live virus)

Because normal defense mechanisms may be suppressed by Sobelvin® therapy, concurrent use with a live virus vaccine may potentiate the replication of the vaccine virus, may increase the side/adverse effects of the vaccine virus, and/or may decrease the patient's antibody response to the vaccine. The interval between discontinuation of medications that cause immunosuppression and restoration of the patient's ability to respond to the vaccine estimates vary from 3 months to 1 year.

3-How to take Sobelvin®

Patient receiving Sobelvin® should be under the supervision of a physician experienced in cancer chemotherapy. Your doctor will decide about the dose, which will depend upon your height and body weight. Special precautions are recommended in patients who develop granulocytopenia as a result of administration of Sobelvin®.

Usual adult dose:

Non-small cell lung cancer or breast cancer:

Intravenous (over six to ten minutes). 30 mg (base) per square meter of body surface area once a week, as a single agent. The same dose is used in combination therapy with cisplatin, which is given in a dose of 120mg (base) per square meter of body surface area on days 1 and 29, followed by one dose every six weeks.
Dosage adjustment is recommended according to hematologic toxicity or hepatic insufficiency, as outlined below, whichever results in a lower dose.

Dosage adjustment for hematologic toxicity:

- Granulocytes 1500 cells per cubic millimeter or more on days of treatment:
- Give 30 mg (base) per square meter of body surface area.
- Granulocytes 1000 to 1499 cells/mm^3 on days of treatment:
- Give 15 mg (base) per square meter of body surface area.

Granulocytes less than 1000 cells/mm^3 on days of treatment:

Do not administer vinorelbine. Repeat granulocyte count in one week. If three consecutive weekly doses have to be held because of low granulocyte counts, it is recommended that vinorelbine be discontinued.

Dosage adjustment for hepatic insufficiency:

- Total bilirubin 2 mg per deciliter or less:

Give 30 mg (base) per square meter of body surface area
- Total bilirubin 2.1 to 3 mg per deciliter:

Give 15 mg (base) per square meter of body surface area
- Total bilirubin 3 mg per deciliter or more:

Give 7.5 mg (base) per square meter of body surface area.

Cervical carcinoma:

Patients have benefited from intravenous doses of 25 to 30 mg per square meter of body surface area, once a week, depending on white blood cell and absolute neutrophil counts.

Ovarian epithelial carcinoma:

Patients have benefited from intravenous doses of 18 to 30 mg per square meter of body surface area, once every 7 to 21 days, depending on white blood cell and absolute neutrophil counts.

Usual pediatric dose:

Safety and effectiveness in pediatric patients have not been established.

Usual geriatric dose:

See usual adult dose.

Overdose:

The most important clinical effects of overdose are bone marrow suppression (fever or chills, cough, lower back or side pain, painful or difficult urination, sore throat, unusual bleeding, unusual tiredness or weakness), peripheral neurotoxicity (numbness or tingling in fingers and toes), paralytic ileus (abdominal pain, mild constipation, nausea, vomiting), stomatitis (sores in mouth and on lips).
There are no known antidotes for the treatment of Sobelvin® overdosage. Therefore, treatment of overdose is supportive and may include appropriate blood transfusions, antibiotics, and administration of colony stimulating factors (filgrastim [rG-CSF] or sargramostim [rGM-CSF]).

4- Possible side effects

Every medicine has some side effects or risks associated with its use. Although most people take medicines without experiencing any side effects, some may be affected. In these cases, please consult your physician or pharmacist. Many side effects of antineoplastic therapy are unavoidable and represent the medication's pharmacologic action. Some of these are actually used as parameters to aid in individual dosage titration. The following side/adverse effects have been selected on the basis of their potential clinical significance:

Those indicating need for medical attention:

Incidence more frequent:

Anemia (unusual tiredness or weakness); asthenia (loss of strength and energy); granulocytopenia or leukopenia (fever or fever or chills, cough or hoarseness, lower back or side pain, painful or difficult urination, sore throat); injection site reaction (redness, increased warmth, pain or discoloration of vein at place of injection).

Incidence less frequent:

Chest pain; peripheral neuropathy (mild to moderate) including paresthesia and hypesthesia (numbness or tingling in fingers and toes); pulmonary reactions (shortness of breath); stomatitis (sore in mouth and on lips).

Incidence rare:

Hemorrhagic cystitis (blood in urine; painful urination); pancreatitis (bloating; chills; constipation; darkened urine; fast heartbeat; indigestion; loss of appetite; nausea; pains in stomach; vomiting; yellow eyes or skin); skin rash; thrombocytopenia (unusual bleeding or bruising; black, tarry stools; blood in urine or stools; pinpoint red spots on skin).

Those indicating need for medical attention only if they continue or are bothersome:

Incidence more frequent:

Anorexia (loss of appetite); constipation; nausea and vomiting

Incidence less frequent:

Diarrhea; jaw pain; joint or muscle pain

Those not indicating need for medical attention:

Incidence more frequent:

Alopecia (loss of hair)

5- Storing Sobelvin®

- Store unopened vials under refrigeration at 2°C to 8°C in the box. Do not freeze.
- Keep out of the reach and sight of children.
- For single use only.
- Store in the original package in order to protect from light.
- Do not use Sobelvin® after the expiry date which is stated on the carton after "Exp.".
- Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

6- Further information

What Sobelvin® contains

The active substance is Vinorelbine. 1 mL of concentrate contains 13.85 mg Vinorelbine tartrate equivalent to 10.00 mg Vinorelbine. The other ingredient is water for injection.

What Sobelvin® looks like and contents of the pack

Sobelvin® is a clear colorless to pale yellow solution with a pH of 3.3-3.8.
This medicinal product is a concentrate for solution for infusion, in clear glass vials of 1 mL (10 mg Vinorelbine) or 5 mL (50 mg Vinorelbine). Sobelvin® is available as:
Box of 1 vial of 1 mL,
Box of 1 vial of 5 mL.

The following information is intended for medical or healthcare

Safety consideration for handling this medication:

As with any other antineoplastic agents, caution should be exercised when handling Sobelvin®. Dilution should be carried out under aseptic conditions by trained personnel in a designated area. The use of gloves is recommended since skin reactions are reported with accidental exposure. If the solution of Sobelvin® contacts the skin or mucosa, the skin or mucosa should be washed immediately with soap and water. If severe irritation of the eye happens with Sobelvin®, the affected eye should be washed with water immediately and thoroughly.
Pregnant hospital employees should not work with Sobelvin®.

Preparation of dosage form

For intravenous administration via syringe, the calculated dose of Sobelvin® injection is diluted to a concentration of 1.5 to 3 mg per mL (mg/mL) with either 5% dextrose injection or 0.9% sodium chloride injection. For administration via an intravenous bag, the calculated dose of Sobelvin® injection is diluted to a concentration of 0.5 to 2 mg/mL with 5% dextrose injection, 0.9% sodium chloride injection, 0.45% sodium chloride injection, Ringer's injection or lactated Ringer's injection.
It is recommended that the concentrate solution be diluted after reaching the ambient temperature and immediately be infused after dilution. (Only intravenous infusion)

Disposal

All items used for the preparation, administration or otherwise coming into contact with Sobelvin® should be undergo disposal according to local guidelines for the handling of cytotoxic compounds.

Sobhan Oncology

Sobhan Oncology, Rasht-Iran
Tel: +98 21 83879000
Voice of customer: 83878
E-mail: info@sobhanoncology.com

VIBV-0000-LF-00

Sobhan Oncology	
Leaflet	Sobelvin®
Color	Pantone 295 C & 185 C
Size	350x290 Tolerance: ± 1 mm
File name	VIBV-0000-LF-00
date	1396.10.03