



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

## EC (EPIrubicin / CYCLOPHOSPHamide)



Ministry of Health

**Name:**

**File #:**

**Ht (cm):**

**Nationality:**

**Civil ID:**

**Wt (Kg):**

**Gender/Age:**

**DOB:**

**BSA (m<sup>2</sup>):**

**Indication(s):** Metastatic breast cancer.

**Central line:**  Available  NA

**Allergies:**  NKA  Yes, specify; \_\_\_\_\_

**Parameters:** Initiate treatment only if ANC  $\geq$  1500; HB  $\geq$  80; Plt  $\geq$  100,000; CrCl  $>$  45 ml/min.

Baseline ECHO and/or MUGA scan before initiation of anthracycline-containing regimen.

Date of pre-treatment ECHO and/or MUGA scan is \_\_\_\_\_. LVEF is \_\_\_\_ %.

**Pre-treatment Medications:** (30-60 min before starting treatment)

Ondansetron 8 mg PO/IV

Dexamethasone 12 mg PO/IV

**Standard Protocol:**

DRUG	DOSE	ADMINISTRATION	DAYS
EPIrubicin	90 mg/m <sup>2</sup>	IV in 250 mL NS over 20 min.	D1
CYC: CYCLOPHOSPHamide	600 mg/m <sup>2</sup>	IV in 250 mL NS over 30 min.	D1
<b>To be repeated every 3 weeks for 4 cycles.</b>			

**Special instructions:** The maximum cumulative dose of Epirubicin is 900 mg/m<sup>2</sup>.

**Treatment Description:**

Cycle	Date	EPIrubicin	CYC	Physician	Consultant
C# __					
C# __					
C# __					
C# __					

**Important Notes:**

Reported grade 3/4 toxicities:  None  Hematological  Non-Hematological

If yes; Did it indicate hospitalization?  Yes  No

Did it indicate chemo-delay for  $\geq$  7 days?  Yes  No

Did it indicate dose reduction?  Yes  No

Did it indicate G-CSF support?  Yes  No