Pegylated Liposomal DOXOrubicin / CYCLOPHOSPHamide







	(uwait Cancer Control Center			Ministry of Health
Name: Nationality: Gender/Age:		File #: Civil ID: DOB:	Civil ID:	
Indication(s): Late st Central line: ☐ Ava			l NKA □ Yes, speci	fy;
Parameters: Initiate	treatment only if AN	C ≥ 1500; HB ≥ 80; Plt ≥ 10	00,000; CrCl > 45 ml/n	nin.
Pre-treatment Medic Ondansetron Dexamethasone	cations: (30-60 min l 8 mg PO/IV 12 mg PO/IV	before starting treatment)		
Standard Protocol:				
DRUG	DOSE	ADM	IINISTRATION	DAYS
Caelyx	35 mg/m²	IV in 250 n	nL D5W over 60 min.	D1
CYCLOPHOSPHam	nide 600 mg/m	² IV in 250	IV in 250 mL NS over 30 min.	
To be repeated eve	ery 3 weeks for 6 cy	cles.		
Special instructions	: The maximum cur	nulative dose of Caelyx Is	450 mg/m².	
Treatment Description	on:			
Cycle Date	Caelyx	CYCLOPHOSPHamide	Physician	Consultant
C#				
C#				
C#				
				