



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

GEMcitabine / PACLitaxel (3 weeks)



Ministry of Health



Name: _____ **File #:** _____ **Ht (cm):** _____
Nationality: _____ **Civil ID:** _____ **Wt (Kg):** _____
Gender/Age: _____ **DOB:** _____ **BSA (m²):** _____

Indication(s): Refractory Germ Cell Tumors

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC \geq 1000; HB \geq 80; Plt \geq 100,000; CrCl $>$ 45 ml/min.

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

Ondansetron 8 mg PO/IV
Dexamethasone 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
PACLitaxel	175 mg/m ²	IV in 500 mL D5W glass bottle over 60 min.	D1
GEMcitabine	1000 mg/m ²	IV in 250 mL NS over 30 min.	D1, 8

To be repeated every 3 weeks for 6 cycles.

Treatment Description:

Cycle	Day	Date	PACLitaxel	GEMcitabine	Physician	Consultant
C# __	D1					
	D8		XXXXXXXX			
C# __	D1					
	D8		XXXXXXXX			
C# __	D1					
	D8		XXXXXXXX			

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