



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

TIP (PACLItaxel / IFOSFamide / CISplatin)



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Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Relapsed Testicular Germ Cell Tumor.

Central line: Available NA

Allergies: NKA Yes, specify; _____

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

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

Akynzeo 1 Capsule PO (300 mg NETUpitant/0.5 mg PALONOssetron) on Day 1

Dexamethasone 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
PACLItaxel	175 mg/m ²	IV in 500 mL D5W glass bottle over 3 hrs.	D1
CISplatin	20 mg/m ²	IV in 100 mL NS over 30 min.	D2, 3, 4, 5, 6
IFOSFamide	2000 mg/m ²	IV In 500 mL NS over 60 min.	D2, 3, 4, 5, 6
Mesna	1200 mg/m ²	In 3 divided doses at 0, 4, & 8 hr from starting IFOSFamide, each to be given as IV in 50 mL NS over 5 min.	D2, 3, 4, 5, 6

To be repeated every 3 weeks for 4 cycles.

Treatment Description:

Pre-hydration: 500 mL NS IV over 30 min on Day 2 - 6.

Cycle	Day	Date	PACLItaxel	CISplatin	IFOSFamide	Mesna
C# __	D1			XXXXXXXX	XXXXXXXX	XXXXXXXX
	D2		XXXXXXXX			
	D3		XXXXXXXX			
	D4		XXXXXXXX			
	D5		XXXXXXXX			
	D6		XXXXXXXX			

Physician (Stamp and signature)

Consultant (Stamp and signature)