



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

EMA-CO



* E M A C O - 0 0 0 - 0 2 - 0 6 - G Y *



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Gestational Trophoblastic Disease.

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

Fosaprepitant 150 mg IV in 100 mL NS over 15 min

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
ETO: Etoposide	100 mg/m ²	IV In 500 mL NS over 60 min.	D1, 2
MTX*: Methotrexate	100 mg/m ²	IV In 50 mL NS over 5 min.	D1
MTX**: Methotrexate	200 mg/m ²	IV In 500 mL NS over 12 hrs.	D1
FOL: Folinic Acid	15 mg	Orally q12h for 4 doses.	D2, 3
ACT: ACTINomycin	0.5 mg	IV Push over 5 min.	D1, 2
CYC: CYCLOPHOSPHamide	600 mg/m ²	IV In 250 mL NS over 30 min.	D8
VCR: vinCRistine	1 mg/m ²	IV In 50 mL NS over 15 min.	D8
To be repeated every 2 weeks for 2-4 cycles past the first normal hCG level.			

Treatment Description:

Cycle	Day	Date	ETO	MTX*	MTX**	FOL	ACT	CYC	VCR
C# __	D1					XXX		XXX	XXX
	D2			XXX	XXX			XXX	XXX
	D3		XXX	XXX	XXX		XXX	XXX	XXX
	D8		XXX	XXX	XXX	XXX	XXX		

Physician (Stamp and signature)

Consultant (Stamp and signature)