



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

Etoposide / CISplatin



Ministry of Health

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

Indication(s): Advanced stage NSCLC / SCLC / Atypical Cracinoid / Thymic tumors.
 Advanced Neuroendocrine Tumors.
 Small cell carcinoma of the cervix, the bladder, or the prostate.

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 12 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
Etoposide	100 mg/m ²	IV in 500 mL NS over 60 min.	D1, 2, 3
CISplatin	80 mg/m ²	IV in 1000 mL NS over 2 hrs.	D1
To be repeated every 3 weeks for 6 cycles.			

Treatment Description:

Pre-hydration: 1 Liter NS + KCl 20 mEq + MgSO₄ 8 mEq IV over 1 hrs.

Cycle	Day	Date	Etoposide	CISplatin
C# __	D1			
	D2			XXXXXXXX
	D3			XXXXXXXX

Post-hydration: 1 Liter NS IV over 1 hrs followed by 150 mL Mannitol 20% IV bolus.

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 ≥ 7 days? Yes No
Did it indicate dose reduction? Yes No
Did it indicate G-CSF support? Yes No

Physician (Stamp and signature)

Consultant (Stamp and signature)