



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

## GEMcitabine (3 weeks)



\* G E M - 0 0 0 0 0 - 0 3 - C N - M L \*



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m<sup>2</sup>):

Indication(s): Multiple malignancies, specify: \_\_\_\_\_

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)

Ondansetron 8 mg PO/IV

Dexamethasone 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
GEMcitabine	1250 mg/m <sup>2</sup>	IV in 250 mL NS over 30 min.	D1, 8
To be repeated every 3 weeks until disease progression or intolerable toxicity.			

Treatment Description:

Cycle	Day	Date	GEMcitabine	Physician	Consultant
C# __	D1				
	D8				

Cycle	Day	Date	GEMcitabine	Physician	Consultant
C# __	D1				
	D8				

Cycle	Day	Date	GEMcitabine	Physician	Consultant
C# __	D1				
	D8				

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