GEMcitabine / CARBOplatin (4 weeks)

مركــز الكويـت لمكافحــة السرطــان
Kuwait Cancer Control Center

GEMCRB-00-04-06-ML

Ministry of Health

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

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	1000 mg/m²	IV in 250 mL NS over 30 min.	D1, 8, 15
CARBOplatin	AUC 5	IV in 250 mL D5W over 30 min.	D1
To be repeated every 4 weeks for 6 cycles.			

Special instructions: Calvert method was used to calculate CARBOplatin dose based on serum creatinine.
In case of AUC 5, the maximum CARBOplatin dose Is 750 mg.

Treatment Description:

Cycle	Day	Date	GEMcitabine	CARBOplatin	Physician	Consultant
C# __	D1					
	D8			XXXXXXX		
	D15			XXXXXXX		

Cycle	Day	Date	GEMcitabine	CARBOplatin	Physician	Consultant
C# __	D1					
	D8			XXXXXXX		
	D15			XXXXXXX		

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