



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

GEMcitabine / CISplatin (3 weeks)



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)

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 |
|-------------|------------------------|-------------------------------|-------|
| GEMcitabine | 1000 mg/m ² | IV in 250 mL NS over 30 min. | D1, 8 |
| CISplatin | 75 mg/m ² | IV in 1000 mL NS over 60 min. | 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 | GEMcitabine | CISplatin | Physician | Consultant |
|-------|-----|------|-------------|-----------|-----------|------------|
| C# __ | D1 | | | | | |
| | D8 | | | XXXXXXXX | | |

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

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

| Cycle | Day | Date | GEMcitabine | CISplatin | Physician | Consultant |
|-------|-----|------|-------------|-----------|-----------|------------|
| C# __ | D1 | | | | | |
| | D8 | | | 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