



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

GEMcitabine / CISplatin (4 weeks)



* G E M C I S - O O - O 4 - O 6 - M L *



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 \geq 1000; HB \geq 80; Plt \geq 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, 15
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		
	D15			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		
	D15			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 \geq 7 days? Yes No

Did it indicate dose reduction? Yes No

Did it indicate G-CSF support? Yes No