



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

TOPotecan (4 weeks)



Ministry of Health

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

Indication(s): Small Cell Lung Cancer (Subsequent Line).
 Ovarian Cancer / Cervical cancer

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)

Ondansetron 8 mg PO/IV
Dexamethasone 10 mg PO/IV

Standard Protocol:

| DRUG | DOSE | ADMINISTRATION | DAYS |
|--|---------------------|------------------------------|-----------|
| TOPotecan | 4 mg/m ² | IV in 100 mL NS over 30 min. | D1, 8, 15 |
| To be repeated every 4 weeks until disease progression or intolerable toxicity. | | | |

Treatment Description:

| Cycle | Day | Date | TOPotecan | Physician | Consultant |
|-------|-----|------|-----------|-----------|------------|
| C# __ | D1 | | | | |
| | D8 | | | | |
| | D15 | | | | |

| Cycle | Day | Date | TOPotecan | Physician | Consultant |
|-------|-----|------|-----------|-----------|------------|
| C# __ | D1 | | | | |
| | D8 | | | | |
| | D15 | | | | |

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