



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

VIP (Vepesid / IFOSFamide / Platinol)



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Advanced Soft Tissue Sarcoma.

Thymic Carcinoma.

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC \geq 1500; 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 and Day 3

Dexamethasone 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
Etoposide	75 mg/m ²	IV in 500 mL NS over 60 min.	D1, 2, 3, 4, 5
CISplatin	20 mg/m ²	IV in 500 mL NS over 60 min.	D1, 2, 3, 4, 5
IFOSFamide	1200 mg/m ²	IV In 500 mL NS over 60 min.	D1, 2, 3, 4, 5
Mesna	720 mg/m ²	In 3 divided doses at 0, 4, & 8 hr from starting IFOSFamide, each to be given as IV in 50 mL NS over 5 min.	D1, 2, 3, 4, 5
To be repeated every 3 weeks for 6 cycles.			

Treatment Description:

Pre-hydration: 500 mL NS IV over 30 min.

Cycle	Day	Date	Etoposide	CISplatin	IFOSFamide	Mesna
C# __	D1					
	D2					
	D3					
	D4					
	D5					

Physician (Stamp and signature)

Consultant (Stamp and signature)