



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

# VinORELBine (IV D1, 8, 15)



Ministry of Health

**Name:** \_\_\_\_\_ **File #:** \_\_\_\_\_ **Ht (cm):** \_\_\_\_\_  
**Nationality:** \_\_\_\_\_ **Civil ID:** \_\_\_\_\_ **Wt (Kg):** \_\_\_\_\_  
**Gender/Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **BSA (m<sup>2</sup>):** \_\_\_\_\_

**Indication(s):**  Early/Late stages lung cancer.  
 Late stages breast cancer.

**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
VinORELBine	25 mg/m <sup>2</sup>	IV in 50 mL NS over 5 min. Followed by flushing of the IV line with least 75-125 mL NS or D5W.	D1, 8, 15
<b>To be repeated every 3 weeks for 6 cycles.</b>			

**Treatment Description:**

Cycle	Day	Date	VinORELBine	Physician	Consultant
C# __	D1				
	D8				
	D15				

Cycle	Day	Date	VinORELBine	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 ≥ 7 days?  Yes  No

Did it indicate dose reduction?  Yes  No

Did it indicate G-CSF support?  Yes  No