



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

IPILImumab (Yervoy®)



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Melanoma, adjuvant as single agent.

Melanoma, first line therapy of unresectable or metastatic melanoma (Single or combined with NIVOLUMAB).

Melanoma, subsequent line therapy of unresectable or metastatic melanoma (single or combined with NIVOLUMAB).

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)

Chlorphenamine 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
IPILImumab	3 mg/kg	IV in 100 mL NS over 90 min.	D1
To be repeated every 3 weeks for 4 cycles.			

Treatment Description:

Cycle	Date	IPILImumab	Physician	Consultant
C# __				
C# __				
C# __				
C# __				

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