



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

# Lomustine / CISplatin / vinCRISStine



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m<sup>2</sup>):

Indication(s): High risk adult medulloblastoma.

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
Lomustine	75 mg/m <sup>2</sup>	To be given on empty stomach.	D1
CISplatin	75 mg/m <sup>2</sup>	IV in 1000 mL NS over 1 hr.	D1
vinCRISStine	2 mg	IV in 50 mL NS over 15 min	D1, 8, 15
<b>To be repeated every 6 weeks for 8 cycles.</b>			

## Treatment Description:

Pre-hydration: 1 Liter NS + KCl 20 mEq + MgSO<sub>4</sub> 8 mEq IV over 1 hrs.

Cycle	Day	Date	Lomustine	CISplatin	vinCRISStine
C# __	D1				
	D8		XXXXXXXX	XXXXXXXX	
	D15		XXXXXXXX	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

Physician (Stamp and signature)

Consultant (Stamp and signature)