



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

## Etoposide / CISplatin Concomitant with Radiotherapy



Ministry of Health

**Name:**

**File #:**

**Ht (cm):**

**Nationality:**

**Civil ID:**

**Wt (Kg):**

**Gender/Age:**

**DOB:**

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

**Indication(s):** Locally advanced NSCLC

**Central line:**  Available  NA

**Allergies:**  NKA  Yes, specify; \_\_\_\_\_

**Parameters:** Initiate treatment only If ANC ≥ 1500; HB ≥ 80; Plt ≥ 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
Etoposide	50 mg/m <sup>2</sup>	IV In 500 mL NS over 60 min.	D1, 2, 3, 4, 5
CISplatin	50 mg/m <sup>2</sup>	IV In 500 mL NS over 60 min.	D1, 8
<p><b>To be repeated every 3 weeks for 2 cycles, as long as the patient on concurrent chemo-radiation.</b>  <b>N.B.: Start the first cycle of chemotherapy with Day1 of radiotherapy.</b></p>			

**Treatment Description:**

**Pre-hydration:** 1 Liter NS + KCl 10 mEq + MgSO<sub>4</sub> 4 mEq IV over 1 hrs on Day 1, 8.

Cycle	Day	Date	Etoposide	CISplatin
C# __	D1			
	D2			XXXXXXXX
	D3			XXXXXXXX
	D4			XXXXXXXX
	D5			XXXXXXXX
	D8			XXXXXXXX

**Post-hydration:** 1 Liter NS IV over 1 hrs on Day 1, 8.

**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

**Physician** (Stamp and signature)

**Consultant** (Stamp and signature)