



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

DOXOrubicin / CISplatin



* D O X C I S - 0 0 - 0 3 - 0 6 - S A *



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Osteosarcoma

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only If ANC \geq 1000; HB \geq 80; Plt \geq 100, 0; CrCl > 45 ml/min. Baseline ECHO and/or MUGA scan before initiation of anthracycline-containing regimen.

Date of pre-treatment ECHO And/Or MUGA scan Is _____. LVEF Is ____ %.

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
DOXOrubicin	75 mg/m ²	IV in 50 mL NS over 30 min.	D1
CISplatin	100 mg/m ²	IV in 500 mL NS over 60 min.	D1

To be repeated every 3 weeks for 6 cycles. In operable cases: THREE cycles usually given preoperatively and another THREE cycles given post-operatively.

Special instructions: The maximum cumulative dose of DOXOrubicin is 450 mg/m² (in normal cardiac function) and 350 mg/m² (in case of cardiac dysfunction or exposed to mediastinal IR).

Treatment Description:

Pre-hydration: 2 Liter NS + KCl 20 mEq + MgSO₄ 8 mEq IV over 2 hrs.

Cycle	Date	DOXOrubicin	CISplatin	Physician	Consultant
C# __					

Post-hydration: 2 Liter NS IV over 2 hrs followed by 150 mL Mannitol 20% IV bolus.

Pre-hydration: 2 Liter NS + KCl 20 mEq + MgSO₄ 8 mEq IV over 2 hrs.

Cycle	Date	DOXOrubicin	CISplatin	Physician	Consultant
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