



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

GEMcitabine / DOCEtaxel (3 weeks)



Ministry of Health



Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Advanced Soft Tissue Sarcoma

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

Preparatory Medications:

Dexamethazone tab 8 mg at 12, 6, and 2 hrs before DOCEtaxel.

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
GEMcitabine	1000 mg/m ²	IV in 250 mL NS over 30 min.	D1, 8
DOCEtaxel	75 mg/m ²	IV in 250 mL NS over 60 min.	D8

To be repeated every 3 weeks for 6 cycles.

Treatment Description:

Cycle	Day	Date	GEMcitabine	DOCEtaxel	Physician	Consultant
C# __	D1			XXXXXXXX		
	D8					

Cycle	Day	Date	GEMcitabine	DOCEtaxel	Physician	Consultant
C# __	D1			XXXXXXXX		
	D8					

Cycle	Day	Date	GEMcitabine	DOCEtaxel	Physician	Consultant
C# __	D1			XXXXXXXX		
	D8					

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