



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

ICE (IFOSFamide / CISplatin / EPIrubicin)



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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 1500; HB \geq 80; Plt \geq 100,000; 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 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
CISplatin	100 mg/m ²	IV In 500 mL NS over 60 min.	D1
EPIrubicin	90 mg/m ²	IV In 100 mL NS over 15 min.	D1
IFOSFamide	2000 mg/m ²	IV In 500 mL NS over 60 min.	D2, 3, 4
Mesna	1200 mg/m ²	In 3 divided doses at 0, 4, & 8 hr from starting IFOSFamide, each to be given as IV in 50 mL NS over 5 min.	D2, 3, 4

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 EPIrubicin is 900 mg/m².

Treatment Description:

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

Cycle	Day	Date	CISplatin	EPIrubicin	IFOSFamide	Mesna
C# __	D1				XXXXXXXX	XXXXXXXX
	D2		XXXXXXXX	XXXXXXXX		
	D3		XXXXXXXX	XXXXXXXX		
	D4		XXXXXXXX	XXXXXXXX		

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

Physician (Stamp and signature)

Consultant (Stamp and signature)