



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

IE (IFOSFamide / Etoposide)



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Advanced Soft Tissue Sarcomas.

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 and Day 3

Dexamethasone 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
Etoposide	100 mg/m ²	IV In 250 mL NS over 60 min.	D1, 2, 3, 4, 5
IFOSFamide	1800 mg/m ²	IV In 500 mL NS over 60 min.	D1, 2, 3, 4, 5
Mesna	1000 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.	D1, 2, 3, 4, 5

To be repeated every 3 weeks for 6 cycles.

Treatment Description:

Pre-hydration: 1 L NS IV over 2 hrs.

Cycle	Day	Date	Etoposide	IFOSFamide	Mesna
C# __	D1				
	D2				
	D3				
	D4				
	D5				

Post-hydration: 1 L NS IV over 2 hrs.

Physician (Stamp and signature)

Consultant (Stamp and signature)