



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

IVADo

(IFOSFamide / vinCRISTine / ACTINomycin / DOXOrubicin)



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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 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
IFOSFamide	3000 mg/m ²	IV in 500 mL NS over 60 min.	D1, 2
Mesna	1800 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
vinCRISTine	1.5 mg/m ²	IV in 50 mL NS over 15 min (max 2 mg).	D1
ACTINomycin	1.5 mg/m ²	IV Push over 5 min (max 2 mg).	D1
DOXOrubicin	30 mg/m ²	IV in 500 mL NS over 4 hrs.	D1, 2
To be repeated every 3 weeks for 6 cycles.			

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: 1 Liter NS IV over 2 hrs.

Cycle	Day	Date	IFOSFamide	Mesna	vinCRISTine	ACTINomycin	DOXOrubicin
C# __	D1						
	D2				XXXXXXXX	XXXXXXXX	

Post-hydration: 1 Liter NS IV over 1 hrs.

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

Physician (Stamp and signature)

Consultant (Stamp and signature)