



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

IVA (IFOSFamide / VinCRISTine / ACTINomycin)



Ministry of Health

Name: _____ **File #:** _____ **Ht (cm):** _____
Nationality: _____ **Civil ID:** _____ **Wt (Kg):** _____
Gender/Age: _____ **DOB:** _____ **BSA (m²):** _____

Indication(s): Ewing Sarcoma.
 High grade 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)

Ondansetron 8 mg PO/IV
Dexamethasone 10 mg PO/IV
Fosaprepitant 150 mg IV in 100 mL NS over 15 min

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	1.4 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
To be repeated every 3 weeks for 6 cycles.			

Treatment Description:

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

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

Post-hydration: 1 L NS IV over 2 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)