مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

MAI
(IFOSFamide / Mesna / ADRIAmycin)

MAI-000000-03-06-SA

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 ≥ 1500; HB ≥ 80; Plt ≥ 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 PALONOsetron) on Day 1 and Day 3
Dexamethasone	10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
DOXOrubicin	25 mg/m²	IV in 100 mL NS over 30 min.	D1, 2, 3
IFOSFamide	3000 mg/m²	IV in 500 mL NS over 60 min.	D1, 2, 3
Mesna	1800 mg/m²	In 3 divided doses at 0, 4, & 8 hr from starting IFOSFamide,	D1, 2, 3
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	DOXOrubicin	IFOSFamide	Mesna
C# __	D1				
	D2				
	D3				

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 ≥ 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)