



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

Trabectedin (Yondelis®)



Ministry of Health

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

Indication(s): Unresectable / Metastatic Leiomyosarcoma or liposarcoma, after failure of anthracycline-based regimen

Central line: Available NA **Allergies:** NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC \geq 1500; HB \geq 80; Plt \geq 100,000; Total bilirubin \leq ULN; Alk Phase, AST, and ALT \leq 2.5 times ULN

Pre-treatment Medications: (30-60 min before starting treatment)

Dexamethasone 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
Trabectedin	1.5 mg/m ²	IV in 500 mL NS over 24 hrs.	D1
To be repeated every 3 weeks until disease progression or intolerable toxicity.			

Treatment Description:

Cycle	Date	Trabectedin	Physician	Consultant
C# __				
C# __				
C# __				
C# __				
C# __				
C# __				
C# __				
C# __				
C# __				

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