



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

VAC

(VinCRISTine / ACTINomycin / CYCLOPHOSPHamide)



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 1500; 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
vinCRISTine	1.5 mg/m ²	IV in 50 mL NS over 15 min (max 2 mg).	D1, 8, 15
ACTINomycin	1.35 mg/m ²	IV Push over 5 min (max 2 mg).	D1
CYCLOPHOSPHamide	1500 mg/m ²	IV in 500 mL NS over 60 min.	D1
Mesna	900 mg/m ²	In 3 divided doses at 0, 4, & 8 hr after completion of CYCLOPHOSPHamide, each to be given as IV in 50 mL NS over 5 min.	D1
To be repeated every 3 weeks for 17 cycles.			

Treatment Description:

Cycle	Day	Date	vinCRISTine	ACTINomycin	CYC	Mesna
C# __	D1					
	D8			XXXXXXXX	XXXXXXXX	XXXXXXXX
	D15			XXXXXXXX	XXXXXXXX	XXXXXXXX

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)