



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

VIDE

(vinCRIS^tine / IFOSFamide / DOXOrubicin / Etoposide)



Ministry of Health



* V I D E - 0 0 0 0 - 0 3 - 0 6 - S A *

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

Indication(s): Osteosarcoma.
 Ewing Sarcoma.
 High grade Sarcomas.

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)

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, 3
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, 3
vinCRIS ^t ine	1.4 mg/m ²	IV in 50 mL NS over 15 min (max 2 mg).	D1
DOXOrubicin	20 mg/m ²	IV in 100 mL NS over 30 min.	D1, 2, 3
Etoposide	150 mg/m ²	IV in 500 mL NS over 60 min.	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 L NS IV over 2 hrs.

Cycle	Day	Date	IFOSFamide	Mesna	vinCRIS ^t ine	DOXOrubicin	Etoposide
C# __	D1						
	D2				XXXXXXXX		
	D3				XXXXXXXX		

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

Physician (Stamp and signature) _____ **Consultant** (Stamp and signature) _____