



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

CAP (CYCLOPHOSPHamide / ADRIAmycin / Platinol)



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Thymic tumors.

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 PALONOssetron) on Day 1

Dexamethasone 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
CYCLOPHOSPHamide	500 mg/m ²	IV in 250 mL NS over 30 min.	D1
DOXOrubicin	50 mg/m ²	IV in 100 mL NS over 30 min.	D1
CISplatin	50 mg/m ²	IV in 1000 mL NS over 2 hrs.	D1

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:

Cycle	Date	CYC	DOXOrubicin	CISplatin	Physician	Consultant
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 ≥ 7 days? Yes No

Did it indicate dose reduction? Yes No

Did it indicate G-CSF support? Yes No