



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

CAV (CYCLOPHOSPHamide / ADRIAmycin / vinCRISTine)



Ministry of Health

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

Indication(s): Thymic tumors (recommended for thymic carcinoma).

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.
 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	1000 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
vinCRISTine	1.2 mg/m ²	IV in 50 mL NS over 10 min (max 2 mg).	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	vinCRISTine	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 \geq 7 days? Yes No

Did it indicate dose reduction? Yes No

Did it indicate G-CSF support? Yes No