



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

# CISplatin / IRINotecan



Ministry of Health

**Name:**

**File #:**

**Ht (cm):**

**Nationality:**

**Civil ID:**

**Wt (Kg):**

**Gender/Age:**

**DOB:**

**BSA (m<sup>2</sup>):**

**Indication(s):** Small Cell Lung Cancer (Subsequent Line).

**Central line:**  Available  NA

**Allergies:**  NKA  Yes, specify; \_\_\_\_\_

**Parameters:** Initiate treatment only if ANC  $\geq$  1000; HB  $\geq$  80; Plt  $\geq$  100,000; CrCl  $>$  45 ml/min.

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

Akynzeo 1 Capsule PO (300 mg NETUpitant/0.5 mg PALONOssetron) on Day 1

Dexamethasone 12 mg PO/IV

Atropine 1 mg SC 30 min before Irinotecan

## Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
CISplatin	60 mg/m <sup>2</sup>	IV in 1000 mL NS over 60 min.	D1
IRINotecan	60 mg/m <sup>2</sup>	IV in 500 mL D5W over 90 min.	D1, 8, 15
<b>To be repeated every 4 weeks for 4 cycles.</b>			

## Treatment Description:

**Pre-hydration:** 1 Liter NS + KCl 20 mEq + MgSO<sub>4</sub> 8 mEq IV over 1 hrs.

Cycle	Day	Date	CISplatin	IRINotecan
C# __	D1			
	D8		XXXXXXXX	
	D15		XXXXXXXX	

**Post-hydration:** 1 Liter NS IV over 1 hrs followed by 150 mL Mannitol 20% IV bolus.

## 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)