



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

IRINotecan / CARBOplatin



Ministry of Health

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

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)

Ondansetron 8 mg PO/IV
Dexamethasone 10 mg PO/IV
Atropine 1 mg SC 30 min before Irinotecan

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
IRINotecan	50 mg/m ²	IV in 500 mL D5W over 90 min.	D1, 8, 15
CARBOplatin	AUC 5	IV in 250 mL D5W over 30 min.	D1

To be repeated every 4 weeks for 4 cycles.

Special instructions: Calvert method was used to calculate CARBOplatin dose based on serum creatinine.
In case of AUC 5, the maximum CARBOplatin dose is 750 mg.

Treatment Description:

Cycle	Day	Date	IRINotecan	CARBOplatin	Physician	Consultant
C# __	D1					
	D8			XXXXXXXX		
	D15			XXXXXXXX		

Cycle	Day	Date	IRINotecan	CARBOplatin	Physician	Consultant
C# __	D1					
	D8			XXXXXXXX		
	D15			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