



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

# TOPotecan / CARBOplatin



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)

Ondansetron 8 mg PO/IV  
Dexamethasone 10 mg PO/IV

## Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
TOPotecan	1.25 mg/m <sup>2</sup>	IV in 100 mL D5W over 30 min.	D1, 2, 3
CARBOplatin	AUC 5	IV in 500 mL D5W over 60 min.	D3

**To be repeated every 3 weeks for 6 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	TOPotecan	CARBOplatin	Physician	Consultant
C# __	D1			XXXXXXXX		
	D2			XXXXXXXX		
	D3					
C# __	D1			XXXXXXXX		
	D2			XXXXXXXX		
	D3					

## 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