



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

VinORELBine / CARBOplatin



Ministry of Health

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

Indication(s): Adjuvant chemotherapy for resected lung cancer.
 Palliative chemotherapy for late stages lung cancer.

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
VinORELBine	25 mg/m ²	IV in 50 mL NS over 5 min. Followed by flushing of the IV line with least 75-125 mLNS or D5W.	D1, 8, 15, 22
CARBOplatin	AUC 5	IV in 500 mL D5W over 60 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	VinORELBine	CARBOplatin
C# __	D1			
	D8			XXXXXXXX
	D15			XXXXXXXX
	D22			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

Physician (Stamp and signature)

Consultant (Stamp and signature)