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| レジメン名 | イミフィンジ(SCLC維持療法) |
| 薬品名 | イミフィンジ |
| 一般名 | デュルバルマブ |
| 対象疾患 | 小細胞肺癌(維持療法) |

作成日
最終更新日

2021.6.14
2021.6.14

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| day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 投与スケジュール | ● | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 | 休 |
| イミフィンジ | ★ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1500mg/body | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1日目

| 薬剤名・用法 | 規格・容量 | 数量 | 単位 | 投与時間 |
|-------------------------------|-------|-------------|----|-----------|
| Rp.1 | | | | |
| 生理食塩液50mL | 50mL | 1 | B | |
| 血管確保用 | | | | |
| Rp.2 | | | | 60minでdiv |
| 混注指示必須 | | | | |
| ●イミフィンジ点滴静注500mg | 10mL | 1500 | mg | |
| | | 1500mg/body | | |
| 生理食塩液250mL | 250mL | 1 | B | |
| 体重30kg未満の場合はイミフィンジを20mg/kgで投与 | | | | |
| Rp.3 | | | | 10minでdiv |
| 生理食塩液50mL | 50mL | 1 | B | |
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