مركـز الكويـت لمكافحـة السرطـان
Kuwait Cancer Control Center

BEVAcizumab / PACLItaxel

BEVPCL-00-04-CN-BR

Ministry of Health

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

Indication(s): Triple negative breast cancer, metastatic.
Central line: ☐ Available ☐ NA **Allergies:** ☐ NKA ☐ Yes, specify; _____

Parameters: Initiate treatment only if ANC ≥ 1000; HB ≥ 80; Plt ≥ 100,000; CrCl > 45 ml/min.
Urine dipstick ≤ +2 (If Urine dipstick > 2, Do urine protein/creatine ratio And give bevacizumab If the ratio < 2).
BP ≤ 150/90 mmHg.

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

Ondansetron	8 mg PO/IV
Dexamethasone	12 mg PO/IV
Chlorphenamine	10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
BEVAcizumab (Avastin®)	10 mg/kg	IV in 250 mL NS. The initial dose over 90 minutes. If the initial infusion is well tolerated, shorten second infusion to 60 minutes. If the second infusion is well tolerated, shorten the subsequent infusions to 30 minutes.	D1, 15
PACLItaxel	80 mg/m²	IV in 500 mL D5W glass bottle over 60 min.	D1, 8, 15
To be repeated every 4 weeks until disease progression or intolerable toxicity.			

Treatment Description:

Cycle	Day	Date	Avastin®	PACLItaxel	Bl. Pr.	Wt (Kg)
C# __	D1					
	D8		XXXXXXX		XXXXXXX	XXXXXXX
	D15					

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 ≥ 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)