



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

CMF (CYCLOPHOSPHamide / Methotrexate / Fluorouracil)



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Early breast cancer, adjuvant.

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC ≥ 1500; HB ≥ 80; Plt ≥ 100,000; CrCl > 45 ml/min.

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

Ondansetron 8 mg PO/IV

Dexamethasone 12 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
CYC: CYCLOPHOSPHamide	600 mg/m ²	IV in 250 mL NS over 30 min.	D1
Methotrexate	40 mg/m ²	IV in 250 mL NS over 30 min.	D1
Fluorouracil	600 mg/m ²	IV in 250 mL NS over 30 min.	D1
To be repeated every 3 weeks for 6 cycles.			

Treatment Description:

Cycle	Date	CYC	Methotrexate	Fluorouracil	Physician	Consultant
C# __						
C# __						
C# __						
C# __						
C# __						
C# __						

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