



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

# FAC (Fluorouracil / ADRIAmycin / CYCLOPHOSPHamide)



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m<sup>2</sup>):

**Indication(s):** Early breast cancer, as an adjuvant.

**Central line:**  Available  NA

**Allergies:**  NKA  Yes, specify; \_\_\_\_\_

**Parameters:** Initiate treatment only if ANC  $\geq$  1500; HB  $\geq$  80; Plt  $\geq$  100,000; CrCl  $>$  45 ml/min.  
Baseline ECHO and/or MUGA scan before initiation of anthracycline-containing regimen.  
Date of pre-treatment ECHO and/or MUGA scan is \_\_\_\_\_. LVEF is \_\_\_\_ %.

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

Akynzeo 1 Capsule PO (300 mg NETUpitant/0.5 mg PALONOssetron) on Day 1  
Dexamethasone 12 mg PO/IV

### Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
Fluorouracil	500 mg/m <sup>2</sup>	IV in 150 mL NS over 15 min.	D1
ADRIAmycin	50 mg/m <sup>2</sup>	IV in 250 mL NS over 30 min.	D1
CYC: CYCLOPHOSPHamide	500 mg/m <sup>2</sup>	IV in 250 mL NS over 30 min.	D1

**To be repeated every 3 weeks for 6 cycles.**

**Special instructions:** The maximum cumulative dose of ADRIAmycin is 450 mg/m<sup>2</sup>.

### Treatment Description:

Cycle	Date	Fluorouracil	ADRIAmycin	CYC	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  $\geq$  7 days?  Yes  No

Did it indicate dose reduction?  Yes  No

Did it indicate G-CSF support?  Yes  No