



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

FEC100 (Fluorouracil / EPIrubicin / CYCLOPHOSPHamide)



Ministry of Health

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

Indication(s): Locally advanced breast cancer, as a neoadjuvant.

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC ≥ 1500; HB ≥ 80; Plt ≥ 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
CYC: CYCLOPHOSPHamide	500 mg/m ²	IV in 250 mL NS over 30 min.	D1
EPIrubicin	100 mg/m ²	IV in 250 mL NS over 30 min.	D1
Fluorouracil	500 mg/m ²	IV in 150 mL NS over 15 min.	D1

To be repeated every 3 weeks for 6 cycles.

Special instructions: The maximum cumulative dose of Epirubicin is 900 mg/m².

Treatment Description:

Cycle	Date	CYC	EPIrubicin	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