مركـز الكويـت لمكافحـة السرطـان
Kuwait Cancer Control Center

CETUXimab (every 2 weeks)

CTX-000000-02-CN-GI

Ministry of Health

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

Indication(s): ☐ Neoadjuvant ☐ Adjuvant ☐ Palliative
Central line: ☐ Available ☐ NA **Allergies:** ☐ NKA ☐ Yes, specify; _____

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

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
CETUximab	500 mg/m²	IV undiluted over 2 hr. Then, flush the IV line with 50 mL NS at end of infusion.	D1
To be repeated every 2 weeks until disease progression or intolerable toxicity.			

Special instructions: Keep the patient for 1 hr observation period after completion of the 1st and 2nd cycle of CETUximab infusion.

Treatment Description:

Cycle	Date	CETUximab	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