

## (DOCEtaxel / OXALIplatin / 5-Fluorouracil)



Name: File #: Ht (cm): Nationality: Civil ID: Wt (Kg): Gender/Age: DOB: BSA (m²): Indication(s): Unresectable locally advanced or metastatic gastric and gastro-oesophageal junction adenocarcinoma. **Central line:** □ Available  $\square$  NA **Allergies:** □ NKA □ Yes, specify; **Parameters:** Initiate treatment only If ANC ≥ 1500; HB ≥ 80; Plt ≥ 100,000; CrCl > 45 ml/min. **Preperatory Medications:** Dexamethazone tab 8 mg at 12, 6, and 2 hrs before DOCEtaxel. **Pre-treatment Medications:** (30-60 min before starting treatment) 1 Capsule PO (300 mg NETUpitant/0.5 mg PALONOsetron) on Day 1 Akynzeo Dexamethasone 10 mg PO/IV Chlorphenamine 10 mg PO/IV

## **Standard Protocol:**

DRUG	DOSE	ADMINISTRATION	DAYS		
DOCEtaxel	50 mg/m²	IV In 500 mL NS over 60 min.	D1		
OXALIplatin	85 mg/m²	IV in 500 mL D5W over 60 min.	D1		
5-FU (infusion)	2400 mg/m²	For outpatient: continuous infusion via 5-FU pump or For inpatient: IV in 1000 mL NS over 46 hr	D1		
To be repeated every 3 weeks for 6 cycles.					

Special instructions: - The appropriate Dose Band INFUSOR for 5-FU will be applied accordingly.

- Avoid ice chips.

## **Treatment Description:**

Cycle	Date	DOCEtaxel	OXALIplatin	5-FU (infusion)	Physician	Consultant
C#						
C#						
C#						
C#						

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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?	P □ Yes □ No						
	Did it indicate dose reduction?	☐ Yes ☐ No						
	Did it indicate G-CSF support?	☐ Yes ☐ No						
ANTI-CANCER TREATMENT PREPRINTED ORDER, V2		Approved: 01/Feb/2017	Printed: 17/Jun/2020					

HIS code: 1026

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