



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

ECF (EPIrubicin / CISplatin / 5-Fluorouracil)



Ministry of Health

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

Indication(s): Unresectable locally advanced or with metastatic gastric and oesophago-gastric junction adenocarcinoma.

Central line: Available NA **Allergies:** NKA Yes, specify; _____

Parameters: Initiate treatment only If ANC \geq 1000; HB \geq 80; Plt \geq 100, 0; 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 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
EPIrubicin	50 mg/m ²	IV in 150 mL NS over 20 min.	D1
CISplatin	75 mg/m ²	IV in 1000 mL NS over 60 min.	D1
5-FU (infusion)	1900 mg/m ²	For outpatient: continuous infusion via 5-FU pump or For inpatient: IV in 1000 mL NS over 46 hr	D1, 2
5-FU (infusion)	1900 mg/m ²	For outpatient: continuous infusion via 5-FU pump or For inpatient: IV in 1000 mL NS over 46 hr	D3, 4

To be repeated every 3 weeks for 6 - 8 cycles.

Special instructions: - The appropriate Dose Band INFUSOR for 5-FU will be applied accordingly.
- The maximum cumulative dose of Epirubicin is 900 mg/m².

Treatment Description:

Pre-hydration: 1 Liter NS + KCl 20 mEq + MgSO₄ 8 mEq IV over 1 hrs.

Cycle	Day	Date	EPIrubicin	CISplatin	5-FU (inf.)	5-FU (inf.)
C# ____	D1					XXXXXXXX
	D2		XXXXXXXX	XXXXXXXX		XXXXXXXX
	D3		XXXXXXXX	XXXXXXXX	XXXXXXXX	
	D4		XXXXXXXX	XXXXXXXX	XXXXXXXX	

Post-hydration: 1 Liter NS IV over 1 hrs followed by 150 mL Mannitol 20% IV bolus.

Physician (Stamp and signature)

Consultant (Stamp and signature)