



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

ECX (EPIrubicin / CISplatin / CAPEcitabine)



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 PALONOsEtrON) 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	60 mg/m ²	IV in 1000 mL NS over 60 min.	D1
CAPEcitabine	625 mg/m ² PO bid	To be given with a large glass of water within 30 min after a meal.	D1 - 21
To be repeated every 3 weeks for 6 - 8 cycles.			

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

Treatment Description:

Pre-hydration: 1 Liter NS + KCl 10 mEq + MgSO₄ 4 mEq IV over 1 hrs.

Cycle	Day	Date	EPIrubicin	CISplatin	CAPEcitabine
C# __	D1				XXXXXXXX
	D1 - 21		XXXXXXXX	XXXXXXXX	

Post-hydration: 1 Liter NS IV over 1 hrs.

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

Physician (Stamp and signature)

Consultant (Stamp and signature)