



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

# EOF (EPIrubicin / OXALiplatin / 5-Fluorouracil)



Ministry of Health

**Name:** \_\_\_\_\_ **File #:** \_\_\_\_\_ **Ht (cm):** \_\_\_\_\_  
**Nationality:** \_\_\_\_\_ **Civil ID:** \_\_\_\_\_ **Wt (Kg):** \_\_\_\_\_  
**Gender/Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **BSA (m<sup>2</sup>):** \_\_\_\_\_

**Indication(s):** Unresectable locally advanced or metastatic gastric and gastro-oesophageal 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)

Ondansetron 8 mg PO/IV  
Dexamethasone 10 mg PO/IV

### Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
EPIrubicin	50 mg/m <sup>2</sup>	IV in 150 mL NS over 20 min.	D1
OXALiplatin	130 mg/m <sup>2</sup>	IV in 500 mL D5W over 60 min.	D1
5-FU (infusion)	1900 mg/m <sup>2</sup>	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 <sup>2</sup>	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/m<sup>2</sup>.  
 - Avoid ice chips.

### Treatment Description:

Cycle	Day	Date	EPIrubicin	OXALiplatin	5-FU (infusion)	5-FU (infusion)
C# __	D1					XXXXXXXX
	D2		XXXXXXXX	XXXXXXXX		XXXXXXXX
	D3		XXXXXXXX	XXXXXXXX	XXXXXXXX	
	D4		XXXXXXXX	XXXXXXXX	XXXXXXXX	

**Physician** (Stamp and signature)

**Consultant** (Stamp and signature)