



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

EOX (EPIrubicin / OXALiplatin / CAPEcitabine)



Ministry of Health

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 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 ² | IV in 150 mL NS over 20 min. | D1 |
| OXALiplatin | 130 mg/m ² | IV in 500 mL D5W 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.
- Avoid ice chips.

Treatment Description:

| Cycle | Day | Date | EPIrubicin | OXALiplatin | CAPEcitabine | Physician | Consultant |
|-------|---------|------|------------|-------------|--------------|-----------|------------|
| C# __ | D1 | | | | XXXXXXXX | | |
| | D1 - 21 | | XXXXXXXX | XXXXXXXX | | | |
| C# __ | D1 | | | | XXXXXXXX | | |
| | D1 - 21 | | XXXXXXXX | XXXXXXXX | | | |

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