



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

FOLFIRINOX (adjuvant, PRODIGE Trial)



Ministry of Health

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

Indication(s): Adjuvant therapy post-resection of pancreatic adenocarcinoma.

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC ≥ 1500; HB ≥ 80; Plt ≥ 75,000; CrCl > 45 ml/min.

Pre-treatment Medications: (30-60 min before starting treatment)

Ondansetron 8 mg PO/IV
Dexamethasone 10 mg PO/IV
Atropine 1 mg SC 30 min before Irinotecan

Standard Protocol:

| DRUG | DOSE | ADMINISTRATION | DAYS |
|-----------------|------------------------|--|-------|
| OXALiplatin | 85 mg/m ² | IV in 500 mL D5W over 2 hr. | D1 |
| Leucovorin | 400 mg/m ² | IV In 250 mL D5W over 2 hrs. | D1 |
| IRINotecan | 150 mg/m ² | IV in 500 mL D5W over 3 hrs. | D1 |
| 5-FU (bolus) | 400 mg/m ² | IV in 250 mL NS over 15 min. | D1 |
| 5-FU (infusion) | 2400 mg/m ² | For outpatient: continuous infusion via 5-FU pump or For inpatient: IV in 1000 mL NS over 46 hr. | D1, 2 |

To be repeated every 2 week for 6 months.

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

Treatment Description:

| Cycle | Day | Date | OXALiplatin | Leucovorin | IRINotecan | 5-FU (bolus) | 5-FU (inf.) |
|-------|-----|------|-------------|------------|------------|--------------|-------------|
| C# __ | D1 | | | | | | |
| | D2 | | XXXXXXXX | XXXXXXXX | 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 ≥ 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)