



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

FOLFIRINOX (palliative)



Ministry of Health

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

Indication(s): Locally advanced non-resectable / Metastatic pancreatic adenocarcinoma

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC \geq 1500; HB \geq 80; Plt \geq 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	180 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 until disease progression or intolerable toxicity.

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 \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)