



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

FOLFIRI + BEVAcizumab



* C O M B I N E D - 0 2 - 0 0 3 - G I *



Ministry of Health

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

Indication(s): Advanced stage colorectal cancer.

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.
Urine dipstick \leq +2 (If Urine dipstick $>$ 2, Do urine protein/creatinine ratio And give bevacizumab if the ratio $<$ 2).
BP \leq 150/90 mmHg.

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 |
|---------------------------|------------------------|---|-------|
| IRINotecan | 180 mg/m ² | IV in 500 mL D5W over 3 hrs. | D1 |
| Leucovorin | 400 mg/m ² | IV In 250 mL D5W over 2 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 |
| BEVAcizumab (Avastin®) | 5 mg/kg | IV in 100 mL NS over 90 min. If the initial infusion is well tolerated, shorten second infusion to 60 min. If the second infusion is well tolerated, shorten the subsequent infusions to 30 min. | D1 |

To be repeated every 2 weeks until disease progression or intolerable toxicity.

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

Treatment Description:

| Cycle | Day | Date | IRINotecan | Leucovorin | 5-FU (bolus) | 5-FU (infusion) | BEVAcizumab | Physician | Consultant |
|-------|-----|------|------------|------------|--------------|-----------------|-------------|-----------|------------|
| 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