مركـز الكويـت لمكافحـة السرطـان
Kuwait Cancer Control Center

FOLFIRI + CETUximab

COMBINED-02-001-GI

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 ≥ 1500; HB ≥ 80; Plt ≥ 75,000; CrCl > 45 ml/min.
Urine dipstick ≤ +2 (If Urine dipstick > 2, Do urine protein/creatine ratio And give bevacizumab If the ratio < 2).
BP ≤ 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/m²	IV in 500 mL D5W over 3 hrs.	D1
Leucovorin	400 mg/m²	IV In 250 mL D5W over 2 hrs.	D1
5-FU (bolus)	400 mg/m²	IV in 250 mL NS over 15 min.	D1
5-FU (infusion)	2400 mg/m²	For outpatient: continuous infusion via 5-FU pump or For inpatient: IV in 1000 mL NS over 46 hr.	D1, 2
CETUximab	500 mg/m²	IV undiluted over 2 hr. Then, flush the IV line with 50 mL NS at end of infusion.	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.
- Keep the patient for 1 hr observation period after completion of the 1st and 2nd cycle of CETUximab infusion.

Treatment Description:

Cycle	Day	Date	IRINotecan	Leucovorin	5-FU (bolus	5-FU (inf.)	CETUximab	Physician	Consultant
C# __	D1								
	D2		XXXXXXX	XXXXXXX	XXXXXXX		XXXXXXX		

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