



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

FOLFOX 6 + BEVAcizumab



* C O M B I N E D - 0 2 - 0 0 6 - 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

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
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 week until disease progression or intolerable toxicity.

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

Treatment Description:

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

Physician (Stamp and signature)

Consultant (Stamp and signature)