



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

# FOLFOX 6 (5-Fluorouracil / Folinic acid / OXALiplatin)



Ministry of Health

**Name:** \_\_\_\_\_ **File #:** \_\_\_\_\_ **Ht (cm):** \_\_\_\_\_  
**Nationality:** \_\_\_\_\_ **Civil ID:** \_\_\_\_\_ **Wt (Kg):** \_\_\_\_\_  
**Gender/Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **BSA (m<sup>2</sup>):** \_\_\_\_\_

**Indication(s):** Colorectal cancer.

Neoadjuvant  Adjuvant  Palliative

**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

### Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
OXALiplatin	85 mg/m <sup>2</sup>	IV in 500 mL D5W over 2 hr.	D1
Leucovorin	400 mg/m <sup>2</sup>	IV In 250 mL D5W over 2 hrs.	D1
5-FU (bolus)	400 mg/m <sup>2</sup>	IV in 250 mL NS over 15 min.	D1
5-FU (infusion)	2400 mg/m <sup>2</sup>	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:** - 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.)
C# __	D1					
	D2		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)