مركـز الكويـت لمكافحـة السرطـان
Kuwait Cancer Control Center

FOLFOXIRI + BEVAcizumab (TRIBE Trial)

FOLFOXIRIBEV-02-04-GI

Ministry of Health

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

Indication(s): Advanced stage colorectal cancer, palliative.
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	165 mg/m²	IV in 500 mL D5W over 90 min.	D1
OXALIplatin	85 mg/m²	IV in 500 mL D5W over 2 hr.	D1
Leucovorin	200 mg/m²	IV In 250 mL D5W over 2 hrs.	D1
5-FU (infusion)	3200 mg/m²	For outpatient: continuous infusion via 5-FU pump or For inpatient: IV in 1000 mL NS over 46 hr.	D1, 2
BEVAcizumab	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: - Avoid ice chips.
- The appropriate Dose Band INFUSOR for 5-FU will be applied accordingly.

Treatment Description:

Cycle	Day	Date	IRINotecan	OXALIplatin	Leucovorin	5-FU	BEVAcizumab
C# __	D1						
	D2		XXXXXXX	XXXXXXX	XXXXXXX		XXXXXXX

Physician (Stamp and signature)

Consultant (Stamp and signature)