



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

## FOLFOXIRI + CETUximab (MACBETH Trial)



Ministry of Health

**Name:**

**File #:**

**Ht (cm):**

**Nationality:**

**Civil ID:**

**Wt (Kg):**

**Gender/Age:**

**DOB:**

**BSA (m<sup>2</sup>):**

**Indication(s):** Advanced stage colorectal cancer, 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  
Atropine 1 mg SC 30 min before Irinotecan

### Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
IRINotecan	130 mg/m <sup>2</sup>	IV in 500 mL D5W over 90 min.	D1
OXALiplatin	85 mg/m <sup>2</sup>	IV in 500 mL D5W over 2 hr.	D1
Leucovorin	200 mg/m <sup>2</sup>	IV In 250 mL D5W over 2 hrs.	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
CETUximab	500 mg/m <sup>2</sup>	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:** - Avoid ice chips.

- 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	OXALiplatin	Leucovorin	5-FU	CETUximab
C# __	D1						
	D2		XXXXXXXX	XXXXXXXX	XXXXXXXX		XXXXXXXX

**Physician** (Stamp and signature)

**Consultant** (Stamp and signature)