مركـز الكويـت لمكافحـة السرطـان
Kuwait Cancer Control Center

FOLFOXIRI + PANItumumab (VOLFI Trial)

* F O L F O X I R I P N T – 0 2 – 0 4 – 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, 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.

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	150 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)	3000 mg/m²	For outpatient: continuous infusion via 5-FU pump or For inpatient: IV in 1000 mL NS over 46 hr.	D1, 2
PANItumumab	6 mg/kg	IV in 100 mL NS over 60 min. If the initial infusion is well tolerated, shorten second infusion 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	PANItumumab
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

Physician (Stamp and signature)

Consultant (Stamp and signature)