



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

GEMcitabine / CAPEcitabine



Ministry of Health

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

Indication(s): Recurrent/Advanced stage/Metastatic pancreatic cancer.

Central line: Available NA **Allergies:** NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC \geq 1500; HB \geq 80; Plt \geq 100,000; 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 |
|--------------|------------------------------|---|-----------|
| GEMcitabine | 1000 mg/m ² | IV In 250 mL NS over 30 min. | D1, 8, 15 |
| CAPEcitabine | 830 mg/m ² PO bid | To be given with a large glass of water within 30 min after a meal. | D1 - 21 |

To be repeated every 4 weeks for 6 cycles.

Treatment Description:

| Cycle | Day | Date | GEMcitabine | CAPEcitabine |
|-------|---------|------|-------------|--------------|
| C# __ | D1 | | | XXXXXXXX |
| | D8 | | | XXXXXXXX |
| | D15 | | | XXXXXXXX |
| | D1 - 21 | | 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)