



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

## Mayo Clinic Regimen (5-Fluorouracil / Folinic acid)



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

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

Indication(s): Locally advanced of metastatic colorectal cancer

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
Leucovorin	20 mg/m <sup>2</sup>	IV in 250 mL NS over 15 min - prior to 5-FU.	D1, 2, 3, 4, 5
5-FU (bolus)	425 mg/m <sup>2</sup>	IV in 250 mL NS over 15 min.	D1, 2, 3, 4, 5
<b>To be repeated every 4 week for 6 cycles.</b>			

### Treatment Description:

Cycle	Day	Date	Leucovorin	5-FU (bolus)
C# __	D1			
	D2			
	D3			
	D4			
	D5			

### 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)