





Name: Nationality: Gender/Age:		File #: Civil ID: DOB:	Ht (cm): Wt (Kg): BSA (m²):		
• • •	Advanced stage colorectal cancer.	Allergies: 🗆 NKA 🗆 Yes	s, specify;		
Parameters:	 ters: Initiate treatment only if ANC ≥ 1000; HB ≥ 80; Plt ≥ 100,000; 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-treatmen Ondansetr	t Medications: (30-60 min before starti on 8 mg PO/IV	ng treatment)			

Dexamethasone 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
Leucovorin	200 mg/m ²	IV In 250 mL NS over 2 hr.	D1
5-FU (bolus)	400 mg/m ²	ForIV In 250 mL NS over 15 min.	D1
5-FU (infusion)	2400 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 (Avastin®)		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.	

To be repeated every 2 week until disease progression or intolerable toxicity.

Special instructions: The appropriate Dose Band INFUSOR for 5-FU will be applied accordingly.

Treatment Description:

Cycle	Day	Date	Leucovorin	5-FU (bolus)	5-FU (inf.)	Avastin®	Physician	Consultant
C#	D1							
	D2		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 \geq 7 day	ys? 🛯 Yes 🗌 No				
Did it indicate dose reduction?	🗆 Yes 🛛 No				
Did it indicate G-CSF support?	□ Yes □ No				