



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

Modified de Gramont Regimen + CETUXimab (Infusional 5-FU / Leucovorin / CETUXimab)



* C O M B I N E D - 0 2 - 0 0 7 - 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.

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC \geq 1000; 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
Leucovorin	200 mg/m ²	IV In 250 mL NS over 2 hr.	D1
5-FU (bolus)	400 mg/m ²	For IV In 250 mL NS over 15 min.	D1
5-FU (infusion)	2400 mg/m ²	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 ²	IV undiluted over 2 hr. Then, flush the IV line with 50 mL NS at end of infusion.	D1

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.)	CETUXimab	Physician	Consultant
C# ___	D1							
	D2		XXXXXXXX	XXXXXXXX		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