NAB-PACLitaxel / GEMcitabine







* N P C G E M - O O - O 4 - C N - G I *						
Name: Nationality: Gender/Age:				File #: Civil ID: DOB:		Ht (cm): Wt (Kg): BSA (m²):
	n(s): Panc ne: □ Av		ocarcinoma. NA	Allergies: □ N	〈A ☐ Yes, specify	/;
Paramete	ers: Initiat	e treatment	only if ANC ≥ 1000;	HB ≥ 80; Plt ≥ 100,0	00; CrCl > 45 ml/m	n.
Ondar	ment Med setron nethasone	ications: (i 8 mg F 10 mg		ting treatment)		
Standard	Protocol:					
DRUG		DOSE		ADMINISTRATION		DAYS
NAB-PACLitaxel		125 mg	g/m²	IV in 250 mL NS over 30 min.		D1, 8, 15
GEMcitabine		1000 n	ng/m²	IV in 250 mL NS over 30 min.		D1, 8, 15
To be repeated every 4 weeks until disease progression or intolerable toxicity.						
Treatment Description:						
Cycle	Day	Date	NAB-PACLitaxel	GEMcitabine	Physician	Consultant
C#	D1					
	D8					
	D15					
Cycle	Day	Date	NAB-PACLitaxel	GEMcitabine	Physician	Consultant
C#	D1					
	D8					
	D15					
•	ted grade 3 Did it ind Did it ind Did it ind	3/4 toxicities icate hospit icate chemo icate dose ricate G-CSI	alization? o-delay for ≥ 7 days? eduction?	matological ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	on-Hematological	