



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

Ramucirumab



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Gastric and gastro-oesophageal junction adenocarcinoma, advanced or metastatic.

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)

Dexamethasone 10 mg PO/IV

Chlorphenamine 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
Ramucirumab	8 mg/kg	IV in 250 mL NS over 60 min.	D1, 15
To be repeated every 2 weeks until disease progression or intolerable toxicity.			

Treatment Description:

Cycle	Day	Date	Ramucirumab	Physician	Consultant
C# __	D1				
	D15				

Cycle	Day	Date	Ramucirumab	Physician	Consultant
C# __	D1				
	D15				

Cycle	Day	Date	Ramucirumab	Physician	Consultant
C# __	D1				
	D15				

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