



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

TCF (TRASTuzumab / CISplatin / 5-Fluorouracil)



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): HER2 +ve metastatic gastric and gastro-oesophageal junction adenocarcinoma

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC ≥ 1500; HB ≥ 80; Plt ≥ 75,000; CrCl > 45 ml/min.
Baseline ECHO and/or MUGA scan before initiation of Anti-HER2 therapy.
Then, every 3 months during and upon completion of Anti-HER2 therapy.
Then, every 6 months for at least 2 years following completion of Anti-HER2 therapy.

Pre-treatment Medications: (30-60 min before starting treatment)

Akynzeo 1 Capsule PO (300 mg NETUpitant/0.5 mg PALONOssetron) on Day 1
Dexamethasone 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
TRASTuzumab	8 mg/kg (Loading dose)	IV in 250 mL NS over 90 min.	1st dose only
TRASTuzumab	6 mg/kg (Maintenance)	IV in 250 mL NS over 30 min.	D1
CISplatin	60 mg/m ²	IV in 1000 mL NS over 60 min.	D1
5-FU (infusion)	1000 mg/m ²	For outpatient: continuous infusion via 5-FU pump or For inpatient: IV in 1000 mL NS over 46 hr	D1, 2
5-FU (infusion)	1000 mg/m ²	For outpatient: continuous infusion via 5-FU pump or For inpatient: IV in 1000 mL NS over 46 hr	D3, 4

To be repeated every 3 weeks for 6 cycles. (Apply the appropriate Dose Band INFUSOR for 5-FU.)

Treatment Description:

Pre-hydration: 1 Liter NS + KCl 10 mEq + MgSO₄ 4 mEq IV over 1 hrs.

Cycle	Day	Date	TRASTuzumab	CISplatin	5-FU (infusion)	5-FU (infusion)
C# __	D1					XXXXXXX
	D2		XXXXXXX	XXXXXXX		XXXXXXX
	D3		XXXXXXX	XXXXXXX	XXXXXXX	
	D4		XXXXXXX	XXXXXXX	XXXXXXX	

Post-hydration: 1 Liter NS IV over 1 hrs.

Physician (Stamp and signature)

Consultant (Stamp and signature)