



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

XELIRI (CAPEcitabine / IRINotecan)



Ministry of Health

Name: _____ **File #:** _____ **Ht (cm):** _____
Nationality: _____ **Civil ID:** _____ **Wt (Kg):** _____
Gender/Age: _____ **DOB:** _____ **BSA (m²):** _____

Indication(s): Colorectal cancer.

Neoadjuvant Adjuvant Palliative

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC \geq 1500; HB \geq 80; Plt \geq 75,000; 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
IRINotecan	250 mg/m ²	IV in 500 mL D5W over 90 min.	D1
CAPEcitabine	1000 mg/m ² PO bid	To be given with a large glass of water within 30 min after a meal.	D1 - 14
To be repeated every 3 weeks, usually for 6-8 cycles but can be continued until disease progression or intolerable toxicity.			

Treatment Description:

Cycle	Day	Date	IRINotecan	CAPEcitabine	Physician	Consultant
C# __	D1			XXXXXXXX		
	D1 - 14		XXXXXXXX			

Cycle	Day	Date	IRINotecan	CAPEcitabine	Physician	Consultant
C# __	D1			XXXXXXXX		
	D1 - 14		XXXXXXXX			

Cycle	Day	Date	IRINotecan	CAPEcitabine	Physician	Consultant
C# __	D1			XXXXXXXX		
	D1 - 14		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