



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

Ziv-Aflibercept (Zaltrap®)



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 1500; 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
Ziv-Aflibercept	4 mg/kg	IV in 100 mL NS over 60 min. Then, flush the IV line with 50 mL NS at end of infusion. If prescribed with FOLFIRI regimen, administer Aflibercept in another line and prior to the FOLFIRI component.	D1
To be repeated every 2 weeks until disease progression or intolerable toxicity.			

Treatment Description:

Cycle	Date	Ziv-Aflibercept	Physician	Consultant
C# __				
C# __				
C# __				
C# __				
C# __				
C# __				
C# __				

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