



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

## de Gramont regimen (Infusional 5-FU / Leucovorin)



\* D E G R A M O N T - O 2 - C N - G I \*



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m<sup>2</sup>):

Indication(s):  Neoadjuvant  Adjuvant  Palliative

Central line:  Available  NA

Allergies:  NKA  Yes, specify; \_\_\_\_\_

Parameters: Initiate treatment only if ANC ≥ 1500; HB ≥ 80; Plt ≥ 100,000; CrCl > 45 ml/min.

### Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
Leucovorin	200 mg/m <sup>2</sup>	IV In 250 mL NS over 2 hr.	D1, 2
5-FU (bolus)	400 mg/m <sup>2</sup>	For IV In 250 mL NS over 15 min.	D1, 2
5-FU (infusion)	600 mg/m <sup>2</sup>	For outpatient: continuous infusion via 5-FU pump or For inpatient: IV in 1000 mL NS over 22 hr	D1, 2

To be repeated every 2 week until disease progression or intolerable toxicity.

Special instructions: The appropriate Dose Band INFUSOR for 5-FU will be applied accordingly.

### Treatment Description:

Cycle	Day	Date	Leucovorin	5-FU (bolus)	5-FU (inf.)	Physician	Consultant
C# __	D1						
	D2						
C# __	D1						
	D2						
C# __	D1						
	D2						

### 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 ≥ 7 days?  Yes  No

Did it indicate dose reduction?  Yes  No

Did it indicate G-CSF support?  Yes  No