BEVAcizumab / IRINotecan 340 mg







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Name: Nationality: Gender/Age:		File #: Civil ID: DOB:		Ht (cm): Wt (Kg): BSA (m²):		
ndication(s): Ovar Central line: □ A		ancer / Cervical cancer. Allergies:	□ NKA □ Yes, spe	cify;		
Urine If the		$C \ge 1000$; HB ≥ 80 ; Plt ≥ 1 dipstick > 2 , Do urine pro				
Pre-treatment Med Ondansetron Dexamethasone Atropine Standard Protocol	8 mg PO/IV 10 mg PO/IV 1 mg SC 30 min b	pefore starting treatment) pefore Irinotecan				
DRUG	DOSE	ADMINIS	STRATION	DAYS		
BEVAcizumab (Avastin®)		IV in 100 mL North If the initial infusion is well usion to 60 min. If the second shorten the subseque	olerated,			
IRINotecan	340 mg/m²	IV in 500 mL D5W over 90 min.		D1		
To be repeated e	very 2 weeks until dis	ease progression or int	colerable toxicity.			
Special instruction	ns: IRINotecan 340 m	g/m² is used for patients v	vho don't take enzym	e inducing drugs.		
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Treatment Descrip	tion:					

Cycle	Date	Avastin®	IRINotecan	Physician	Consultant
C#					

C#											
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nportant Notes:											
Reported grade 3/4 toxicities: None Hematological Non-Hematological											
If yes;	yes; Did it indicate hospitalization?				☐ Yes	\square N	٧o				
	Did it indicate chemo-delay for ≥ 7 days?				☐ Yes		٧o				
	Did it indicate dose reduction?				☐ Yes		٧o				
	Did it indica	ate G-CSF supp	ort?		☐ Yes		No				
NTI-CANCE	R TREATMENT P	REPRINTED ORDE	R, V2		Approv	ed: 01/F	Feb/2017		Printed: 13/Ma	ay/2020	