



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

ATEZOlizumab / BEVAcizumab



Ministry of Health

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

Indication(s): Advanced stage NSCLC (IMPower 150).
 Unresectable hepatocellular carcinoma with no prior systemic therapy (IMbrave150 Trial).

Central line: Available NA **Allergies:** NKA Yes, specify; _____

Parameters: Urine dipstick $\leq +2$ (If Urine dipstick > 2 , Do urine protein/creatinine ratio And give bevacizumab if the ratio < 2).
 BP $\leq 150/90$ mmHg.

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
ATEZOlizumab (Tecentriq®)	1200 mg	IV in 250 mL NS over 60 min. If the initial infusion is well tolerated, shorten the subsequent infusions to 30 min.	D1
BEVAcizumab (Avastin®)	15 mg/kg	IV in 100 mL NS over 90 min. If the initial infusion is well tolerated, shorten second infusion to 60 min. If the second infusion is well tolerated, shorten the subsequent infusions to 30 min.	D1

To be repeated every 3 weeks till disease progression or intolerable toxicities.

Treatment Description:

Cycle	Date	Tecentriq®	Avastin®	Bl. Pr.	Wt (Kg)	Physician	Consultant
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 ≥ 7 days? Yes No

Did it indicate dose reduction? Yes No

Did it indicate G-CSF support? Yes No