



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

BEVAcizumab (15 mg/kg every 3 weeks)



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Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Multiple malignancies, specify: _____

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC \geq 1000; HB \geq 80; Plt \geq 100,000; CrCl $>$ 45 ml/min.

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
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 until disease progression or intolerable toxicity.			

Treatment Description:

Cycle	Date	Avastin®	Bl. Pr.	Wt (Kg)	Physician	Consultant
C# __						
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