



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

# Durvalumab (Imfinzi®)



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Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

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

**Indication(s):**  Unresectable stage III Non-Small Cell Lung Cancer whose disease has not progressed following concurrent platinum-based chemotherapy and radiotherapy.  
 Locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy.

**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.

**Pre-treatment Medications:** (30-60 min before starting treatment)

Chlorphenamine 10 mg PO/IV

### Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
DURVALumab	10 mg/kg	IV in 100 mL NS over 60 min.	D1
<input type="checkbox"/> In lung ca: To be repeated every 2 weeks for 1 year. <input type="checkbox"/> In urothelial ca: To be repeated every 2 weeks until disease progression or intolerable toxicity.			

### Treatment Description:

Cycle	Date	DURVALumab	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