



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

GEMOX (GEMcitabine / OXALiplatin)



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Advanced stage pancreatic cancer.

Metastasis of Unknown Origin.

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC \geq 1500; HB \geq 80; Plt \geq 75,000; CrCl > 45 ml/min.

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

Ondansetron 8 mg PO/IV

Dexamethasone 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
GEMcitabine	1000 mg/m ²	IV in 250 mL NS over 30 min.	D1, 8
OXALiplatin	100 mg/m ²	IV in 500 mL D5W over 2 hr.	D1
To be repeated every 3 week for 6 months.			

Special instructions: - Avoid ice chips.

Treatment Description:

Cycle	Day	Date	GEMcitabine	OXALiplatin	Physician	Consultant
C# __	D1					
	D8			XXXXXXXX		

Cycle	Day	Date	GEMcitabine	OXALiplatin	Physician	Consultant
C# __	D1					
	D8			XXXXXXXX		

Cycle	Day	Date	GEMcitabine	OXALiplatin	Physician	Consultant
C# __	D1					
	D8			XXXXXXXX		

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