



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

## IRINotecan (every 3 weeks)



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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):  Metastatic Colorectal Cancer.

Small Cell Lung Cancer.

Ovarian Cancer / Uterine Cancer / Cervical cancer.

Central line:  Available  NA

Allergies:  NKA  Yes, specify; \_\_\_\_\_

Parameters: Initiate treatment only if ANC  $\geq$  1500; HB  $\geq$  80; Plt  $\geq$  100,000; CrCl  $>$  45 ml/min.

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

Ondansetron 8 mg PO/IV

Dexamethasone 10 mg PO/IV

Atropine 1 mg SC 30 min before Irinotecan

### Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
IRINotecan	350 mg/m <sup>2</sup>	IV in 500 mL D5W over 90 min.	D1
<b>To be repeated every 3 weeks until disease progression or intolerable toxicity.</b>			

### Treatment Description:

Cycle	Date	IRINotecan	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