



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

# NIVolumab (Opdivo®) every 4 weeks



Ministry of Health



**Name:**

**File #:**

**Ht (cm):**

**Nationality:**

**Civil ID:**

**Wt (Kg):**

**Gender/Age:**

**DOB:**

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

**Indication(s):** Multiple malignancies, specify: \_\_\_\_\_

**Central line:**  Available  NA

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

**Parameters:** Initiate treatment only if ANC ≥ 1000; HB ≥ 80; Plt ≥ 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
NIVolumab	480 mg	IV in 100 mL NS over 60 min.	D1
<b>To be repeated every 4 weeks until disease progression or intolerable toxicity.</b>			

## Treatment Description:

Cycle	Date	NIVolumab	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 ≥ 7 days?  Yes  No

Did it indicate dose reduction?  Yes  No

Did it indicate G-CSF support?  Yes  No