



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

# Sorafenib (Nexavar®)



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

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

- Indication(s):**  Hepatocellular Carcinoma.  
 Metastatic Renal Cell Carcinoma.  
 Thyroid Cancer, differentiated.  
 Refractory desmoid tumor.  
 Metastatic GIST after failure of IMAtinib (off-label).  
 CD117 positive Thymic Carcinoma (off-label).  
 Inoperable Angiosarcoma (off-label).

**Central line:**  Available  NA

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

**Parameters:** Initiate treatment only if ANC  $\geq$  1000; HB  $\geq$  80; Plt  $\geq$  100,000

## Standard Protocol:

DRUG	DOSE	ADMINISTRATION
Sorafenib	400 mg PO twice daily	To be given on empty stomach.
<p><b>To be given continuously until disease progression or intolerable toxicity.</b>  <b>In Desmoid tumors: the dose is 400 mg PO once daily continuously until disease progression or intolerable toxicity.</b></p>		

**Special instructions:** - High-fat meal may decrease the bioavailability of SORAFInib.

## Treatment Description:

Cycle	Date	Sorafenib	Physician	Consultant
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