

## SUNitinib (Sutent®) 50 mg





Name: Nationality: Gender/Age:		File #: Civil ID: DOB:	Ht (cm): Wt (Kg): BSA (m²):			
Approved indication(s):   - Metastatic Renal Cell Carcinoma.     Central line:   □ Available   □ NA     Allergies:   □ NKA   □ Yes, specify;						
<b>Parameters:</b> Initiate treatment only if ANC $\geq$ 1000; HB $\geq$ 80; Plt $\geq$ 100,000						
Standard Pro	DOB: BSA (m²):   ndication(s): - Metastatic Renal Cell Carcinoma.   :: □ Available □ NA   Allergies: □ NKA   □ Yes, specify;   :: Initiate treatment only if ANC ≥ 1000; HB ≥ 80; Plt ≥ 100,000					
DRUG	DOSE	INSTRUCTIONS				
SUNitinib	50 mg PO daily	To be given with or withou	To be given with or without food.			

To be given daily for 4 weeks of 6 weeks cycle until disease progression or intolerable toxicity.

**Special instructions:** - Avoid grapefruit and grapefruit juice.

- Avoid drugs that prolong the QT interval.

- Avoid concomitant use with strong CYP3A4 inducers (Anticonvulsants) and inhibitors.

## **Treatment Description:**

Cycle	DATE	SUNitinib	Physician	Consultant
C#				

Post-treatment Medications: (The recommended home medications)

- □ Imodium Cap First dose 4 mg PO then 2 mg PO after each loose stool up to max of 16 mg/day.
- $\hfill\square$  Vaseline Skin care TID as long as skin is dry.
- □ Fucicort cream rub the affected area with a thin film twice daily for 1 month.

## Comments: