



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

5-Fluorouracil / CISplatin ± Radiotherapy



* F L U C I S - O O - O 4 - O 4 - R T *



Ministry of Health

Name: _____ **File #:** _____ **Ht (cm):** _____
Nationality: _____ **Civil ID:** _____ **Wt (Kg):** _____
Gender/Age: _____ **DOB:** _____ **BSA (m²):** _____

Indication(s): Locally advanced esophageal cancer.

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC ≥ 1500; HB ≥ 75; Plt ≥ 75, 0; CrCl > 45 ml/min.

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

Ondansetron 8 mg PO/IV
Dexamethasone 12 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
CISplatin	75 mg/m ²	IV In 1000 mL NS over 2 hr.	D1
5-FU (infusion)	100 mg/m ²	For outpatient: continuous infusion via 5-FU pump or For inpatient: IV in 1000 mL NS over 46 hr	D1, 2
5-FU (infusion)	1000 mg/m ²	For outpatient: continuous infusion via 5-FU pump or For inpatient: IV in 1000 mL NS over 46 hr	D3, 4

To be repeated on week 1, 5, 9, 13 ± radiotherapy.

Special instructions: The appropriate Dose Band INFUSOR for 5-FU will be applied accordingly.

Treatment Description:

Pre-hydration: 1 Liter NS + KCl 20 mEq + MgSO₄ 8 mEq IV over 1 hrs on Day 1.

Cycle	Day	Date	CISplatin	5-FU (infusion)	5-FU (infusion)
C# __	D1				XXXXXXXX
	D2		XXXXXXXX		XXXXXXXX
	D3		XXXXXXXX	XXXXXXXX	
	D4		XXXXXXXX	XXXXXXXX	

Post-hydration: 1 Liter NS IV over 2 hrs followed by 150 mL Mannitol 20% IV bolus on Day 1.

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

Physician (Stamp and signature)

Consultant (Stamp and signature)