5-Fluorouracil / mitoMYcin + Radiotherapy







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Name: Nationality: Gender/Age:	File #: Civil ID: DOB:	Ht (cm): Wt (Kg): BSA (m²):		
Indication(s): Anal cancer. Central line: ☐ Available ☐ NA	Allergies: ☐ NKA ☐ Yes, speci	fy;		
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 10 mg PO/IV				

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
mitoMYcin	12 mg/m² (max: 20 mg)	IV in 100 mL NS over 10 min.	D1 (C# 1 ONLY)
5-FU (infusion)	2000 mg/m²	For outpatient: continuous infusion via 5-FU pump or For inpatient: IV in 1000 mL NS over 46 hr	D1, 2
5-FU (infusion)	2000 mg/m²	For outpatient: continuous infusion via 5-FU pump or For inpatient: IV in 1000 mL NS over 46 hr	D3, 4

- 5-FU infusion must be started at least 2 hours before starting the radiotherapy.
- To be given in weeks 1 and 5 of Radiotherapy.

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

Treatment Description:

Cycle	Day	Date	mitoMYcin	5-FU (infusion)	5-FU (infusion)
C#	D1		xxxxxx		xxxxxx
	D2		xxxxxx		xxxxxx
	D3		xxxxxx	xxxxxx	
	D4		xxxxxx	xxxxxx	

Physician (Stamp and signature)	Consultant (Stamp and signature)