

CAPEcitabine





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Name: Nationality: Gender/Age:			* X E L - 0 0 0 0 0 - File Civil	#: ID:	Ht (cm): Wt (Kg): BSA (m²):
Indication(s): Rectal cancer, concomitant chemo-radiotherapy. Central line: □ Available □ NA Allergies: □ NKA □ Yes, specify;					
Paramete	ers: Initia	te treatment o	nly If ANC ≥ 1500; HB ≥ 8	0; Plt ≥ 100,000; CrCl > 4	5 ml/min.
Standard Protocol:					
DRUG		DOSE		ADMINISTRATION	DAYS
CAPEcitabine		900 mg/m² PO bid To be		ren With a large glass of v 30 min after a meal.	vater within D1 - 5
To be given 5 days in a week, beginning on the first day of external beam radiation therapy (EBRT) and continue as long as the patient still on radiation therapy. Treatment Description:					
Cycle	Day	Date	CAPEcitabine	Physician	Consultant
W#	D1 - 5				
W#	D1 - 5				
W#	D1 - 5				
W#	D1 - 5				
W#	D1 - 5				
Importan	t Notes:				
Repor	ted grade : Did it ind Did it ind	3/4 toxicities: licate hospital licate chemo- licate dose red	delay for ≥ 7 days? □ Y	es □ No es □ No	gical

Did it indicate G-CSF support?

☐ No

☐ Yes