



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

CAPEcitabine / Temozolomide



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Advanced Neuroendocrine Tumors.

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC ≥ 1500; HB ≥ 80; Plt ≥ 75,000; CrCl > 45 ml/min.

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
CAPEcitabine	750 mg/m ² PO bid	To be given with a large glass of water within 30 min after a meal.	D1 - 14
Temozolomide	200 mg/m ² PO once daily	To be given on an empty stomach and/or at bedtime to reduce nausea and vomiting.	D10 - 14

To be repeated every 4 weeks until disease progression or intolerable toxicity.

Treatment Description:

Cycle	Day	Date	CAPEcitabine	Temozolomide	Physician	Consultant
C# __	D1 - 14			XXXXXXXX		
	D10 - 14		XXXXXXXX			

Cycle	Day	Date	CAPEcitabine	Temozolomide	Physician	Consultant
C# __	D1 - 14			XXXXXXXX		
	D10 - 14		XXXXXXXX			

Cycle	Day	Date	CAPEcitabine	Temozolomide	Physician	Consultant
C# __	D1 - 14			XXXXXXXX		
	D10 - 14		XXXXXXXX			

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