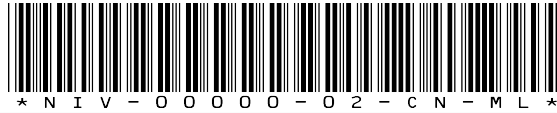




مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

NIVolumab (Opdivo®)



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Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Approved indication(s):

- Locally advanced or metastatic NSCLC.
- Locally advanced or metastatic urothelial carcinoma.
- Locally advanced or metastatic head & neck cancers.
- Locally advanced or metastatic melanoma.
- Locally advanced or metastatic renal cell carcinoma.
- Locally advanced or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) GIT tumors.

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC ≥ 1000; HB ≥ 80; Plt ≥ 100,000; CrCl > 45 ml/min

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

Chlorphenamine 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	INSTRUCTIONS	DAYS
NIVolumab	240 mg	IV in 250 mL NS over 60 min.	D1
To be repeated every 2 weeks until disease progression or intolerable toxicity.			

Treatment Description:

Cycle	DATE	NIVolumab	Physician	Consultant
C# __				

Comments: