

DOH-ESOPHAGO-GASTRIC CANCER MEDICINE ACCESS PROGRAM
Drug Request Form EGMAP F2 (Filled-up by Physician for each Chemotherapy Cycle)

NAME OF PATIENT: _____ MD Name/ Lic/ PTR _____
 Cancer Site: Esophagus (Y/N) _____ Gastrci (Y/N) _____ This serves as Doctor's prescription:
 Date Needed : _____ Cycle Number: _____ (Indicate Regimen, Drugs/ No of vials/tabs needed)

TREATMENT ARM	DRUG	CYCLE DAYS GIVEN	DRUG PREPARATION (encircle dose form)	Rx- NO OF VIALS/ AMPS/ TABS	No Released by Navigator
1st LINE; WITH METS					
1. Pre-Op ChemoRT or ChemoRT w/out Surgery					
a. Paclitaxel 50 mg/m2 IV D1	Paclitaxel	D1 wkly x 5 wks	100 mg vial		
Plus Carboplatin AUC 2 IV D1 – OR-	Carboplatin	D1 wkly x 5 wks	50 mg vial		
b. Oxaliplatin 85 mg/m2 IV	Oxaliplatin	D1, 15, 29 x 3 doses	50 mg vial		
Plus Capecitabine 625 mg/m2 PO BID	Capecitabine	D1-5 wkly x 5 wks	500 mg tab		
2. Peri-Op (4 cycles preop and 4 cycles postop)					
a. FU 2600 mg/m2 IV over 24 hrs	Fluorouracil	D1 every 14 days	500 mg vial		
Leucovorin 200 mg/m2	Docetaxel	D1 every 14 days	50 mg ; 200 mg vial		
Oxaliplatin 85 mg/m2 IV	Cisplatin	D1 every 14 days	50 mg vial		
Docetaxel 50 mg/m2 IV	Cisplatin	D1 every 14 days	80 mg vial		
b. Oxaliplatin 130 mg/m2 IV	Oxaliplatin	D1 every 21 days	50 mg vial		
Capecitabine 1000 mg/m2 PO BID	Capecitabine	D1-14 every 21 days	500 tab		
ADVANCED/ METASTATIC/ 2ND LINE					
1. Trastuzumab 8 mg/kg IV loading dose then 6 mg/kg IV - PLUS	Trastuzumab	D1 every 21 days	150 mg vial; 450 mg vial; 600 mg vial		
Any of the chemotherapy regimens above not yet used					
2. Docetaxel 75 mg/m2 IV	Docetaxel	D1 every 21 days	20 mg; 80 mg vial		
3. Irinotecan 250 mg/m2 IV	Irinotecan	D1 every 21 days	100 mg vial		
Metoclopramide			10 mg vial		
Ondansetron			8 mg vial		
Diphenhydramine			50 mg vial		
Dexamethasone			8 mg vial		
Ranitidine			50 mg vial		
G-CSF			300 mcg pfs		

Physician: _____

Lic No: _____

PTR No: _____

Released by : _____ Date: _____