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| 胃がん | DS(3週1コース) |
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◆1サイクル目

|      | 医薬品名    | 投与量                 | 投与方法             | 投与スケジュール(3週1コース) |   |   |   |   |   |   |   |   |    |    |    |    |    |        |    |    |    |    |    |    |  |
|------|---------|---------------------|------------------|------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|--------|----|----|----|----|----|----|--|
|      |         |                     | 投与時間             | 1                | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15     | 16 | 17 | 18 | 19 | 20 | 21 |  |
| Rp.1 | エスワンOD錠 | 80mg/m <sup>2</sup> | 経口<br>1日2回 朝、夕食後 | ●<br>夕           | ● | ● | ● | ● | ● | ● | ● | ● | ●  | ●  | ●  | ●  | ●  | ●<br>朝 |    |    |    |    |    |    |  |

◆2～7サイクル目

|      | 医薬品名    | 投与量    | 投与方法                   | 投与スケジュール(3週1コース) |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |   |   |   |  |  |  |  |
|------|---------|--------|------------------------|------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|---|---|---|--|--|--|--|
|      |         |        | 投与時間                   | 1                | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |   |   |   |  |  |  |  |
| Rp.1 | デキサート注  | 6.6mg  | 点滴静注<br>200mL/hr(15分)  | ●                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |   |   |   |  |  |  |  |
|      | ファモチジン注 | 20mg   |                        |                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |   |   |   |  |  |  |  |
|      | 生理食塩液   | 50mL   |                        |                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |   |   |   |  |  |  |  |
| Rp.2 | ドセタキセル注 | 40mg/㎡ | 点滴静注<br>____mL/hr(60分) | ●                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |   |   |   |  |  |  |  |
|      | 5%ブドウ糖液 | 250mL  |                        |                  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |   |   |   |  |  |  |  |
| Rp.3 | 生理食塩液   | 50mL   | 点滴静注<br>(全開)           | ●                |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |   |   |   |  |  |  |  |
| Rp.4 | エスワンOD錠 | 80mg/㎡ | 経口<br>1日2回 朝、夕食後       | ●<br>夕           | ● | ● | ● | ● | ● | ● | ● | ● | ●  | ●  | ●  | ●  | ●  | ●  | ●  | ●  | ●  | ●  | ●  | ●  | ● | ● | ● |  |  |  |  |