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Appendices

Appendices

1. **Pharmacokinetic parameters formula from winnonlin software.**

Ke = $(\ln C_1 - \ln C_2)/(t_2 - t_1)$

Half-life = 0.693/Ke

Vd = Dose/Ke x AUC0 -τ

Cl = $Dose/AUC_{0-\tau}$

$[,AUC_{0-t}]_0^t$ = $\sum (C_{n-1}+C_n)(t_n+t_{n-1})/2$

Ke from winnonlin calculated may not equal to in manual calculated because in winnonlin software used more than 2 point of concentration to select the best fit of calculated value

Table A Eastern Cooperative Oncology Group (ECOG) Performance Status

Performance Status	Description ECOG scale
0	Fully active, able to carry on all predisease activity
1	Restricted in strenuous activity, but ambulatory and able to carry out work of a light or sedentary nature.
2	Out of bed more than 50% of time; ambulatory and capable of self-care, but unable to carry out any work activities
3	In bed more than 50% of time; capable of only limited self-care
4	Bedridden; cannot carry out any self-care, completely disabled

Table B Common Toxic Criteria version 2, National Institute of Health, National Cancer Institute

Toxicity	Grade				
	0	1	2	3	4
WBC (x 10^3g/dL)	$\geq$ 4.0	3.0 – <LLM	2.0-2.9	1.0-1.9	<1.0
PLT(/μL)	WNL	75.0-normal	50.0-74.9	10.0-49.9	<10.0
Hgb (g/dL)	WNL	10.0-normal	8.0-10.0	6.5-7.9	<6.5
ANC	$\geq$ 2.0	<1.5-1.9	1.0-1.4	0.5-0.9	<0.5
Hand-foot syndrome	none	Skin changes or dermatitis without pain (erythema, peeling)	Skin changes with pain, not interfering with function.	Skin changes with pain, interfering with function.	-
Diarrhea	none	Increase of 2-3 stools/ day over pre-Rx baseline	Increase of 4-6 stools/ day, nocturnal stools, or moderate cramping	Increase of 7-9 stools/ day, incontinence, or severe cramping	Increase of $\geq$ 10 stools/ day, grossly bloody diarrhea, or need for parenteral support
Stomatitis	none	Painless ulcers, edema, or ulcers, but can eat	Painful erythema, edema, or ulcers, but can eat	Painful erythema, edema, or ulcers, and cannot eat	Requires parenteral or enteral support

Table C Response criteria for the evaluation of target lesions

The definitions specifically for the evaluation of target lesions are given below:

Complete Response (CR)	The disappearance of all target lesions with no new lesion forming.
Partial Response (PR)	At least a 30% decrease in the sum of the LD of target lesions, taking as a reference the baseline sum of the LD.
Progressive Disease (PD)	At least a 20% increase in the sum of the LD of target lesions, taking as a reference the smallest sum of the LD recorded since the treatment start, or the appearance of one or more new lesions.
Stable Disease (SD)	The target lesions have neither sufficiently shrunk to quality for PR, nor sufficiently increased in size to quality for PD, taking as reference the smallest sum of the LD since treatment started.

VITAE

Ms. Natthinee Khaonongbua was born on November 14,1973 in Sriracha District of Chonburi Province, Thailand. She graduated with Bachelor Degree in Pharmaceutical Sciences in 1996 from Faculty of Pharmacy, Chiang Mai University. June 2001,she had been enrolled in the Master Degree Program of Clinical Pharmacy at Faculty of Pharmaceutical Sciences, Chulalongkorn University (CU). Currently, she is the staff clinical pharmacist at Department of Pharmacy Service in Lamphun Hospital, Lamphun.