



Name:	File #:	Ht (cm):
Nationality:	Civil ID:	Wt (Kg):
Gender/Age:	DOB:	BSA (m²):

Indication(s): ☐ Hypercalcemia of malignancy.
☐ Bone metastasis.
☐ Giant Cell tumor.

Central line: ☐ Available ☐ NA **Allergies:** ☐ NKA ☐ Yes, specify; _____

Parameters: Firstly, Dental clearance. CrCl > 45 ml/min

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
DENOSumab (Xgeva®)	120 mg	Subcutaneous injection	D1
To be repeated every 4 weeks until intolerable toxicity.			

Special instructions: Prior To administration, keep the ampule in room temperature in its original container for ~15 to 30 minutes; Do not warm by any other method.

Treatment Description:

Cycle	Date	Xgeva®	Physician	Consultant
C# __				
C# __				
C# __				
C# __				
C# __				
C# __				

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