



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

ZOLEdronic Acid (Zometa®), every 3 months



Ministry of Health



Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Bone metastasis.

Central line: Available NA

Allergies: NKA Yes, specify; _____

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

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
ZOLEdronic Acid (Zometa®)	4 mg	IV in 50 mL NS over 15 min.	D1
To be repeated every 3 months until intolerable toxicity.			

Treatment Description:

Cycle	Date	Zometa®	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