



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

# ZOLEdronic Acid (Zometa®), every 6 months



Ministry of Health



Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m<sup>2</sup>):

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
<b>To be repeated every 6 months until intolerable toxicity.</b>			

## 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