ZOLEdronic Acid (Aclasta®), annually

مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

ZOL5 OOOO 52 CN AD

Ministry of Health

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

Indication(s): ☐ Androgen deprivation-induced bone loss in men with prostate cancer.
☐ Armotase inhibitor-induced bone loss in women with breast cancer.
☐ Postmenopausal osteoporosis.

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

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

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
ZOLEdronic Acid (Aclasta®)	5 mg	IV in 50 mL NS over 15 min.	D1
To be repeated every 12 months until intolerable toxicity.			

Treatment Description:

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