



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

AC

ADRIAmycin / CYCLOPHOSPHamide



Ministry of Health

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

Indication(s): Early breast cancer, as adjuvant.
 Metastatic breast cancer, as palliative.
Central line: Available NA **Allergies:** NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC ≥ 1500; HB ≥ 80; Plt ≥ 100,000; CrCl > 45 ml/min.
 Baseline ECHO and/or MUGA scan before initiation of anthracycline-containing regimen.
 Date of pre-treatment ECHO and/or MUGA scan is _____. LVEF is ____ %.

Pre-treatment Medications: (30-60 min before starting treatment)
 Akynzeo 1 Capsule PO (300 mg NETUpitant/0.5 mg PALONOssetron) on Day 1
 Dexamethasone 12 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
DOXOrubicin	60 mg/m ²	IV in 250 mL NS over 20 min.	D1
CYCLOPHOSPHamide	600 mg/m ²	IV in 250 mL NS over 20 min.	D1

Adjuvant: to be repeated every 3 weeks for 4 cycles.
 Palliative: to be repeated every 3 weeks for 6 cycles.

Special instructions: The maximum cumulative dose of DOXOrubicin is 450 mg/m² (in normal cardiac function) and 350 mg/m² (in case of cardiac dysfunction or exposed to mediastinal IR).

Treatment Description:

Cycle	Date	DOXOrubicin	CYC	Physician	Consultant
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