



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

DOCEtaxel / EPIrubicin



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Metastatic breast cancer.

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC \geq 1500; HB \geq 80; Plt \geq 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 ____ %.

Preparatory Medications:

Dexamethazone tab 8 mg at 12, 6, and 2 hrs before DOCEtaxel.

Pre-treatment Medications: (30-60 min before starting treatment)

Ondansetron 8 mg PO/IV

Dexamethasone 12 mg PO/IV

Chlorphenamine 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
EPIrubicin	75 mg/m ²	IV in 150 mL NS over 20 min.	D1
DOCEtaxel	75 mg/m ²	IV In 500 mL NS over 60 min.	D1

To be repeated every 3 weeks for 6 cycles.

Special instructions: The maximum cumulative dose of Epirubicin is 900 mg/m².

Treatment Description:

Cycle	Date	EPIrubicin	DOCEtaxel	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 \geq 7 days? Yes No

Did it indicate dose reduction? Yes No

Did it indicate G-CSF support? Yes No