



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

# EPIrubicin



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

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

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 \_\_\_\_ %.

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

Ondansetron 8 mg PO/IV

Dexamethasone 12 mg PO/IV

## Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
EPIrubicin	30 mg/m <sup>2</sup>	IV in 100 mL NS over 5 min.	D1, 8
<b>To be repeated every 3 weeks for 6 cycles.</b>			

Special instructions: The maximum cumulative dose of Epirubicin is 900 mg/m<sup>2</sup>.

## Treatment Description:

Cycle	Day	Date	EPIrubicin	Physician	Consultant
C# __	D1				
	D8				

Cycle	Day	Date	EPIrubicin	Physician	Consultant
C# __	D1				
	D8				

Cycle	Day	Date	EPIrubicin	Physician	Consultant
C# __	D1				
	D8				

## 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