



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

LEtrozole (Femara®)



* L E T - O O O O - D L - C N - B R *



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): HR +ve breast cancer, Neoadjuvant / Adjuvant / Palliative.

Central line: Available NA

Allergies: NKA Yes, specify; _____

Standard Protocol:

DRUG	DOSE	ADMINISTRATION
LEtrozole	2.5 mg PO daily	To be taken at the same time every day, with or without food.
<input type="checkbox"/> Adjuvant: Postmenopausal: Duration of LEtrozole treatment is 5 years. <input type="checkbox"/> Extended adjuvant therapy: 5 years Tamoxifen followed by 5 years of LEtrozole. <input type="checkbox"/> Palliative: To be continued until disease progression or intolerable toxicity.		

Treatment Description:

Cycle	Date	LEtrozole	Physician	Consultant
C# __				
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