مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

PERTuzumab (Perjeta®)

PRT-000000-03-CN-BR

Ministry of Health

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

Indication(s): HER2 +ve breast cancer, Neoadjuvant / Palliative
Central line: ☐ Available ☐ NA **Allergies:** ☐ NKA ☐ Yes, specify; _____

Parameters: Baseline ECHO and/or MUGA scan before initiation of Anti-HER2 therapy.
Then, every 3 months during and upon completion of Anti-HER2 therapy.
Then, every 6 months for at least 2 years following completion of Anti-HER2 therapy.

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
PERTuzumab	840 mg (Loading dose)	IV in 250 mL NS over 60 min.	1st dose only
PERTuzumab	420 mg (Maintenance)	IV in 250 mL NS over 60 min.	D1

☐ **Neodjuvant: to be repeated every 3 weeks for 3 to 6 cycles.**
☐ **Palliative: to be repeated every 3 weeks until disease progression or intolerable toxicity.**

Treatment Description:

Cycle	Date	PERTuzumab	LVEF	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 ≥ 7 days? ☐ Yes ☐ No
Did it indicate dose reduction? ☐ Yes ☐ No
Did it indicate G-CSF support? ☐ Yes ☐ No