



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

TRASTuzumab IV (weekly)



Ministry of Health



* T R T I V - 0 0 0 - 0 1 - C N - B R *

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): HER2 +ve breast cancer, Adjuvant.

HER2 +ve breast cancer, 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
TRASTuzumab	4 mg/kg (Loading dose)	IV in 250 mL NS over 30 min.	1st dose only
TRASTuzumab	2 mg/kg (Maintenance)	IV in 250 mL NS over 30 min.	D1

Adjuvant: to be repeated every week for 1 year.
 Palliative: to be repeated every week until disease progression or intolerable toxicity.

Treatment Description:

Cycle	Date	TRASTuzumab	LVEF	Physician	Consultant
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