



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

# TRASTuzumab (SubCut)



\* T R T S C - 0 0 0 - 0 3 - C N - B R \*



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

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

Indication(s): HER2 +ve breast cancer, Neoadjuvant / Adjuvant / 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	600 mg SubCut	over 2-5 min.	D1
<input type="checkbox"/> Neoadjuvant: to be repeated every 3 weeks for 4-6 cycles. <input type="checkbox"/> Adjuvant: to be repeated every 3 weeks for 1 year. <input type="checkbox"/> Palliative: to be repeated every 3 weeks 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  $\geq 7$  days?  Yes  No

Did it indicate dose reduction?  Yes  No

Did it indicate G-CSF support?  Yes  No