



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

# VinORELBine ORAL



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  $\geq$  1000; HB  $\geq$  80; Plt  $\geq$  100,000; CrCl > 45 ml/min.

## Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
VinORELBine	60 mg/m <sup>2</sup> PO once	To be given with some food and glass of water without chewing, sucking, or dissolving the capsule.	D1, 8
<b>To be repeated every 3 weeks until disease progression or intolerable toxicity.</b>			

## Treatment Description:

Cycle	Day	Date	VinORELBine	Physician	Consultant
C# __	D1				
	D8				
C# __	D1				
	D8				
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