



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

# ado-TRASTuzumab-Emtansine (Kadcyla®)



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, 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.

**Pre-treatment Medications:** (30-60 min before starting treatment)

Dexamethasone 12 mg PO/IV

**Standard Protocol:**

| DRUG   | DOSE      | ADMINISTRATION  | DAYS |
|--|-----------|---|------|
| TDM-1 (Kadcyla®)   | 3.6 mg/kg | IV in 250 mL NS. Initial dose over 90 min and subsequent doses over 60 min. | D1   |
| <b>To be repeated every 3 weeks until disease progression or intolerable toxicity.</b> |           |   |      |

**Treatment Description:**

| Cycle | Date | TDM-1 | 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