



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

CABAZitaxel / Prednisone



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Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Castration Resistant Prostate Cancer.

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC ≥ 1000; HB ≥ 80; Plt ≥ 100,000; CrCl > 45 ml/min.

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

Ondansetron 8 mg PO/IV

Dexamethasone 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
CABAZitaxel	25 mg/m ²	IV in 500 mL D5W glass bottle over 60 min.	D1
Prednisone	10 mg PO daily	-	D1 - 21

To be repeated every 3 weeks until disease progression or intolerable toxicity.

Treatment Description:

Cycle	Day	Date	CABAZitaxel	Prednisone	Physician	Consultant
C# __	D1			XXXXXXXX		
	D1 - 21		XXXXXXXX			
C# __	D1			XXXXXXXX		
	D1 - 21		XXXXXXXX			
C# __	D1			XXXXXXXX		
	D1 - 21		XXXXXXXX			

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