



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

DOCEtaxel / Prednisone



* D O C P R E - 0 0 - 0 3 - 0 6 - G U *



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 \geq 1000; HB \geq 80; Plt \geq 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
DOCEtaxel	30 mg/m ²	IV in 500 mL D5W glass bottle over 60 min.	D1, 8, 15
Prednisone	10 mg PO daily	-	D1 - 21

To be repeated every 3 weeks for 6 cycles.

Treatment Description:

Cycle	Day	Date	DOCEtaxel	Prednisone	Physician	Consultant
C# __	D1			XXXXXXXX		
	D8			XXXXXXXX		
	D15			XXXXXXXX		
	D1 - 21		XXXXXXXX			

Cycle	Day	Date	DOCEtaxel	Prednisone	Physician	Consultant
C# __	D1			XXXXXXXX		
	D8			XXXXXXXX		
	D15			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 \geq 7 days? Yes No

Did it indicate dose reduction? Yes No

Did it indicate G-CSF support? Yes No