



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

Goserelin Acetate (Zoladex® 10.8 mg every 3 months)



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Advanced stages of breast cancer.

Advanced stages of prostatic adenocarcinoma.

Central line: Available NA

Allergies: NKA Yes, specify; _____

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
Zoladex	3.6 mg	SubCut	D1
To be repeated every 3 months until disease progression or intolerable toxicity.			

Treatment Description:

Cycle	Date	Zoladex	Physician	Consultant
C# __				
C# __				
C# __				
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 ≥ 7 days? Yes No

Did it indicate dose reduction? Yes No

Did it indicate G-CSF support? Yes No