



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 (m<sup>2</sup>):

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	10.8 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