



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

Temozolomide



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Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

- Indication(s):** Brain tumors, High grade Glioma (adjuvant and recurrence).
 Small Cell Lung Cancer (Subsequent Line).
 Advanced Neuroendocrine Tumors.
 Advanced malignant melanoma.

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.

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
Temozolomide	150 - 200 mg/mg ² PO daily	To be given on an empty stomach or at bedtime to reduce nausea and vomiting.	D1 - 5
<input type="checkbox"/> Adjuvant (post-resection of high grade glioma): To be repeated every 4 weeks for 6 cycles. <input type="checkbox"/> Palliative: To be repeated every 4 weeks until disease progression or intolerable toxicity.			

Treatment Description:

Cycle	Day	Date	Temozolomide	Physician	Consultant
C# __	D1 - 5				
C# __	D1 - 5				
C# __	D1 - 5				
C# __	D1 - 5				
C# __	D1 - 5				
C# __	D1 - 5				

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