



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

pemBROLizumab (Keytruda®) / 6 weeks



Ministry of Health



Name: _____ **File #:** _____ **Ht (cm):** _____
Nationality: _____ **Civil ID:** _____ **Wt (Kg):** _____
Gender/Age: _____ **DOB:** _____ **BSA (m²):** _____

Indication(s): Multiple malignancies, specify: _____
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)
 Chlorphenamine 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
pemBROLizumab	400 mg	IV in 250 mL NS over 30 min.	D1
To be repeated every 6 weeks until disease progression or intolerable toxicity.			

Treatment Description:

Cycle	Date	pemBROLizumab	Physician	Consultant
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