مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

pemBROLIzumab (Keytruda®)

* P M B – 0 0 0 0 0 – 0 2 – C N – M L *

Ministry of Health

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

Approved indication(s): - Multiple malignancies: Locally advanced or metastatic NSCLC / urothelial carcinoma / head & neck cancers / melanoma / renal cell carcinoma / microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) GIT tumors / Merkel cell carcinoma.

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 min before starting treatment)
Chlorphenamine 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	INSTRUCTIONS	DAYS
pemBROLIzumab	200 mg	IV in 250 mL NS over 30 min.	D1
To be repeated every 3 weeks until disease progression or intolerable toxicity.			

Treatment Description:

Cycle	DATE	pemBROLIzumab	Physician	Consultant
C# __				

Comments: