病名: 胃癌 レジメン名: トラスツズマブデルクステカン

## 1コース期間(休薬期間含む) 21 日

| 1/3 1/4 1/5 木 金 土 | 1/6<br>H |   | 火 水 | 1/10 |          |            | 月 月 | 火 火 | 1/16<br>水 | 1/17 木 | 金金 | 1/19<br>± | 1/20<br>B | 1/21<br>月 |
|-------------------|----------|---|-----|------|----------|------------|-----|-----|-----------|--------|----|-----------|-----------|-----------|
| 木 金 土             |          | 月 | 火水  |      | day2∼day | 土 日<br>y21 |     |     | 水         | 木      | 金  | 土         |           |           |
|                   |          |   |     |      |          |            |     |     |           |        |    |           |           |           |
|                   |          |   |     |      | 休薬       |            |     |     |           |        |    |           |           |           |
|                   |          |   |     |      |          |            |     |     |           |        |    |           |           |           |
|                   |          |   |     |      |          |            |     |     |           |        |    |           |           |           |
|                   |          |   |     |      |          |            |     |     |           |        |    |           |           |           |
|                   |          |   |     |      |          |            |     |     |           |        |    |           |           |           |
|                   |          |   |     |      |          |            |     |     |           |        |    |           |           |           |
|                   |          |   |     |      |          |            |     |     |           |        |    |           |           |           |
|                   |          |   |     |      |          |            |     |     |           |        |    |           |           |           |
|                   |          |   |     |      |          |            |     |     |           |        |    |           |           |           |
|                   |          |   |     |      |          |            |     |     |           |        |    |           |           |           |
|                   |          |   |     |      |          |            |     |     |           |        |    |           |           |           |
|                   |          |   |     |      |          |            |     |     |           |        |    |           |           |           |
|                   |          |   |     |      |          |            |     |     |           |        |    |           |           |           |
|                   |          |   |     |      |          |            |     |     |           |        |    |           |           |           |
|                   |          |   |     |      |          |            |     |     |           |        |    |           |           |           |
|                   |          |   |     |      |          |            |     |     |           |        |    |           |           |           |
|                   |          |   |     |      |          |            |     |     |           |        |    |           |           |           |
|                   |          |   |     |      |          |            |     |     |           |        |    |           |           |           |

注意コメント

day2-4 デがロン8mg内服