

PROTOCOL CODE: UGUMCSPABI

A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment.

DOCTOR'S ORDERS	
Continuous treatment, one cycle consists of 4 weeks of abiraterone and corticosteroid	
DATE:	To be given:
Cycle #:	
Date of Previous Cycle: _____	
<input type="checkbox"/> Delay treatment _____ week(s) Dose modification for: <input type="checkbox"/> Bilirubin/ALT and potassium parameters _____ (refer to protocol) <input type="checkbox"/> Toxicity _____ Proceed with treatment based on blood work from _____	
TREATMENT:	
abiraterone 1000 mg PO once daily	
Dose modification: abiraterone <input type="checkbox"/> 750 mg OR <input type="checkbox"/> 500 mg OR <input type="checkbox"/> 250 mg PO once daily (select one).	
Mitte: 30 days (for cycles 1 to 3).	
Mitte: 90 days (for cycles 4 onwards). Repeat: _____	
predniSONE <input type="checkbox"/> 5 mg PO twice daily or <input type="checkbox"/> 10 mg PO daily (select one)	
Mitte: 30 days (for cycles 1 to 3).	
Mitte: 90 days (for cycles 4 onwards). Repeat: _____	
*Corticosteroid Dosing Option: <input type="checkbox"/> dexamethasone 1.5 mg PO daily.	
Mitte: 30 days (for cycles 1 to 3).	
Mitte: 90 days (for cycles 4 onwards). Repeat: _____	
RETURN APPOINTMENT ORDERS	
For cycles 1 to 3: <input type="checkbox"/> Return in 4 weeks for Doctor and Cycle _____ For cycle 4 onwards: <input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Differential, Platelets, Creatinine, ALT, alk phos, bilirubin, glucose, sodium, potassium, PSA, testosterone and Blood Pressure prior to each physician visit For cycles 1-3: Blood Pressure, potassium, ALT, alk phos, bilirubin every 2 weeks. If clinically indicated: <input type="checkbox"/> Tot. Prot <input type="checkbox"/> Albumin <input type="checkbox"/> GGT <input type="checkbox"/> Alk Phos. <input type="checkbox"/> LDH <input type="checkbox"/> TSH <input type="checkbox"/> Calcium <input type="checkbox"/> Glucose <input type="checkbox"/> Potassium <input type="checkbox"/> ALT <input type="checkbox"/> Bilirubin <input type="checkbox"/> MUGA scan or <input type="checkbox"/> Echocardiography (if clinically indicated) <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: