



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

PROTOCOL CODE: UGUMCSPAPA

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

DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies are documented on the Allergy & Alert Form.

DATE: _____ **To be given:** _____ **Cycle #:** _____

Date of Previous Cycle: _____

Delay treatment _____ week(s)
Proceed with treatment based on bloodwork from _____

TREATMENT:
 apalutamide 240 mg PO once daily. Mitte: 90 days. Dispense each 30-day supply in original container.
Repeat x _____
Dose modification:
 apalutamide 180 mg PO once daily. Mitte: 90 days. Dispense each 30-day supply in original container.
Repeat x _____
 apalutamide 120 mg PO once daily. Mitte: 90 days. Dispense each 30-day supply in original container.
Repeat x _____

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor and Cycle _____.
 Last Cycle. Return in _____ week(s).

PSA, blood pressure prior to each physician visit
If clinically indicated: **TSH** **creatinine** **sodium** **potassium** **ECG**
 Other tests:
 Consults:
 See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: _____ **SIGNATURE:** _____
UC: _____