



PROTOCOL CODE: UGUMCSPDD

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DATE:	
TREATMENT, continued:	
<input type="checkbox"/> CYCLES 7 onwards (darolutamide treatment)	
darolutamide 600 mg PO twice daily.	
Dose modification:	
<input type="checkbox"/> darolutamide 300 mg PO twice daily.	
Mitte: _____ days (maximum 90 days). Repeat x _____	
Remember to continue standard androgen deprivation therapy (i.e., LHRH agonist, LHRH antagonist)	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____ <input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
Cycles 1 to 6 (DOCEtaxel and darolutamide combination treatment): CBC & Diff and PSA prior to each cycle <input type="checkbox"/> Prior to Cycle 4 and as clinically indicated for Cycles 1 to 6: ALT, alkaline phosphatase, total bilirubin, LDH, testosterone	
Cycles 7 onward (darolutamide treatment): PSA prior to each physician visit If clinically indicated for Cycles 7 onward: <input type="checkbox"/> ECG <input type="checkbox"/> calcium <input type="checkbox"/> albumin <input type="checkbox"/> total bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> INR <input type="checkbox"/> random glucose <input type="checkbox"/> HbA1c <input type="checkbox"/> creatinine <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> TSH <input type="checkbox"/> testosterone	
<input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: