

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: UGUMCSPDD

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

DOCTOR'S ORDERS	Ht	cm	Wt	kg	BSA	m²
REMINDER: Please ensure drug allergies ar	nd previous l	bleomycin a	are docu	mented on	the Alle	ergy & Alert Form
DATE: To be	given:			Cy	/cle #:	
Date of Previous Cycle:						
Delay treatment week(s)						
☐ CBC & Diff, platelets day of treatment						
For Cycles 1 to 6: May proceed with DOCEtaxel as written if within 96 hours ANC greater than or equal to 1.5 x 10 ⁹ /L, platelets greater than 90 x 10 ⁹ /L and (if ordered), total bilirubin less than or equal to ULN, alkaline phosphatase less than 2.5 x ULN (unless bone metastases), and ALT less than or equal to 1.5 x ULN						
For Cycles 1 to 6: May proceed with darolutamic platelets greater than or equal to 50 x 109/L	de if within 96	hours ANC	greater	than or eq	<u>ual to</u> 1.	. 0 x 10⁹/L, and
Dose modification for: Hematology		☐ Other	Toxicity:			
Proceed with treatment based on blood worl	k from					
PREMEDICATIONS: Patient to take own sup	pply. RN/Pha	rmacist to co	onfirm			·
dexamethasone 8 mg PO bid for 3 days, starti doses pretreatment	ng one day p	rior to DOCE	Etaxel; pa	tient must	receive	a minimum of 3
Optional: Frozen gloves starting 15 minutes before DOCEtaxel infusion until 15 minutes after end of DOCEtaxel infusion; gloves should be changed after 45 minutes of wearing.						
Other:						
Have Hypersensitivity Reaction Tray and Protocol Available						
TREATMENT:						
CYCLES 1 to 6 (DOCEtaxel and darolutar	mide combina	ation treatme	ent)			
DOCEtaxel 75 mg/m² x BSA = mg						
Dose Modification:% =	_ mg/m² x BS			9		
IV in 250 to 500 mL (non-DEHP bag) NS ove	r one hour (u	se non-DEH	P tubing)			
darolutamide 600 mg PO twice daily.						
Dose modification:						
darolutamide 300 mg PO twice daily.						
Mitte: days (maximum 90 days)		 				
Remember to commence standard androgen d	leprivation the	nerapy (i.e.,	LHRH a	gonist, LHR	H antag	onist)
Continued on Page 2				ا ما	- NI A T! !	
DOCTOR'S SIGNATURE:				310	SNATU	KE:
				UC	<u>: </u>	



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DATE:					
TREATMENT, continued:					
☐ CYCLES 7 onwards (darolutamide treatment)					
darolutamide 600 mg PO twice daily.					
Dose modification:					
☐ 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					
Return in three weeks for Doctor and Cycle					
Return in weeks for Doctor and Cycle					
Last Cycle. Return in week(s).					
Cycles 1 to 6 (DOCEtaxel and darolutamide combination treatment): CBC & Diff and PSA prior to each cycle					
☐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: ☐ ECG ☐ calcium ☐ albumin ☐ total bilirubin ☐ ALT ☐ INR ☐ random glucose ☐ HbA1c ☐ creatinine ☐ sodium ☐ potassium ☐ TSH ☐ testosterone					
☐ Other tests:					
☐ Consults:					
See general orders sheet for additional requests.					
DOCTOR'S SIGNATURE:	SIGNATURE:				
	uc:				