



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](http://www.bccancer.bc.ca) and according to acceptable standards of care.

## **PROTOCOL CODE: UGUMCSPENZ**

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

<b>DOCTOR'S ORDERS</b>	
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>	
<b>DATE:</b>	<b>To be given: Cycle #:</b>
Date of Previous Cycle:	
<input type="checkbox"/> Delay treatment _____ week(s)	
Proceed with treatment based on bloodwork from _____	
<b>TREATMENT:</b>	
<input type="checkbox"/> <b>enzalutamide 160 mg</b> PO once daily. Mitte: 90 days. Repeat x _____	
Dose Modification:	
<input type="checkbox"/> <b>enzalutamide 120 mg</b> PO once daily. Mitte: 90 days. Repeat x _____	
<input type="checkbox"/> <b>enzalutamide 80 mg</b> PO once daily. Mitte: 90 days. Repeat x _____	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____.	
<input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<b>PSA, blood pressure</b> prior to each physician visit	
If clinically indicated: <input type="checkbox"/> <b>sodium</b> <input type="checkbox"/> <b>potassium</b> <input type="checkbox"/> <b>creatinine</b> <input type="checkbox"/> <b>ECG</b>	
<input type="checkbox"/> <b>Other tests:</b>	
<input type="checkbox"/> <b>Consults:</b>	
<input type="checkbox"/> <b>See general orders sheet for additional requests.</b>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>