



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: UGUNMPENZ

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

DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

Continuous treatment, one cycle consists of 4 weeks of enzalutamide

DATE: To be given: Cycle #:

Date of Previous Cycle:

Delay treatment ___ week(s)

Proceed with treatment based on bloodwork from _____

TREATMENT:

enzalutamide 160 mg PO once daily.

Mitte: ___ days.

Dose modification:

enzalutamide 120 mg PO once daily.

Mitte: ___ days.

enzalutamide 80 mg PO once daily.

Mitte: ___ days.

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: sodium potassium creatinine ECG

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: SIGNATURE:

UC: