



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: UGUPABI

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

DOCTOR'S ORDERS	
Continuous treatment, one cycle consists of 4 weeks of abiraterone and corticosteroid	
DATE:	To be given: Cycle #:
Date of Previous Cycle:	
<input type="checkbox"/> Delay treatment _____ week(s)	
Dose modification for: <input type="checkbox"/> Total bilirubin/ALT and potassium parameters _____ (refer to protocol)	
<input type="checkbox"/> Toxicity _____	
Proceed with treatment based on blood work from _____	
<b>TREATMENT:</b>	
abiraterone 1000 mg PO once daily	
Dose modification: abiraterone <input type="checkbox"/> 750 mg OR <input type="checkbox"/> 500 mg OR <input type="checkbox"/> 250 mg PO once daily (select one).	
Mitte: 30 days (for cycles 1 to 3).	
Mitte: 90 days (for cycles 4 onwards). Repeat: _____	
predniSONE <input type="checkbox"/> 5 mg PO twice daily or <input type="checkbox"/> 10 mg PO daily or <input type="checkbox"/> 5 mg PO daily (select one)	
Mitte: 30 days (for cycles 1 to 3).	
Mitte: 90 days (for cycles 4 onwards). Repeat: _____	
*Corticosteroid Dosing Option: dexamethasone 1.5 mg PO daily or <input type="checkbox"/> 0.5 mg PO daily (select one)	
Mitte: 30 days (for cycles 1 to 3).	
Mitte: 90 days (for cycles 4 onwards). Repeat: _____	
RETURN APPOINTMENT ORDERS	
For cycles 1 to 3:	
<input type="checkbox"/> Return in 4 weeks for Doctor and Cycle _____.	
For cycles 4 onwards:	
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____.	
<input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff, creatinine, ALT, alkaline phosphatase, total bilirubin, random glucose, sodium, potassium, PSA prior to each physician visit	
For <u>cycles 1-3</u> : potassium, ALT, alkaline phosphatase, total bilirubin every 2 weeks.	
If clinically indicated: <input type="checkbox"/> total prot <input type="checkbox"/> albumin <input type="checkbox"/> GGT <input type="checkbox"/> alkaline phosphatase	
<input type="checkbox"/> LDH <input type="checkbox"/> TSH <input type="checkbox"/> calcium <input type="checkbox"/> random glucose	
<input type="checkbox"/> potassium <input type="checkbox"/> ALT <input type="checkbox"/> total bilirubin	
<input type="checkbox"/> testosterone	
<input type="checkbox"/> MUGA scan or <input type="checkbox"/> echocardiogram	
<input type="checkbox"/> Other tests:	
<input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: