



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: UGUPABI

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 abiraterone and corticosteroid

DATE: To be given: Cycle #:

Date of Previous Cycle:

Delay treatment week(s) Dose modification for: Bilirubin/ALT and potassium parameters Toxicity

Proceed with treatment based on blood work from

TREATMENT:

abiraterone 1000 mg PO once daily on an empty stomach (one hour before or two hours after a meal). Dose modification (for toxicity): 750 mg OR 500 mg OR 250 mg (select one). Mitte: days.

predniSONE 5 mg PO twice daily or 10 mg PO daily. Mitte: days.

*Corticosteroid Dosing Option: dexamethasone 1.5 mg PO daily. Mitte: days.

RETURN APPOINTMENT ORDERS

Return in weeks for Doctor and Cycle Last Cycle. Return in week(s).

CBC & Diff, Platelets, Creatinine, ALT, alk phos, bilirubin, glucose, electrolytes, PSA and Blood Pressure Measurement prior to each physician visit

For cycles 1-3: Blood Pressure Measurement, serum potassium, ALT, alk phos, bilirubin every 2 weeks.

If clinically indicated: Tot. Prot Albumin GGT Alk Phos. LDH TSH Calcium Glucose Potassium ALT Bilirubin

MUGA scan or Echocardiography (if clinically indicated)

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: SIGNATURE: UC: