

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: **UGUPENZ**

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

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: 90 days. Repeat x _____

Dose Modification:

☐ **enzalutamide 120 mg** PO once daily. Mitte: 90 days. Repeat x _____

☐ **enzalutamide 80 mg** PO once daily. Mitte: 90 days. Repeat x _____

RETURN APPOINTMENT ORDERS

☐ Return in _____ weeks for Doctor and Cycle _____.

☐ Last Cycle. Return in _____ week(s).

PSA prior to each physician visit

If clinically indicated: ☐ **sodium** ☐ **potassium** ☐ **creatinine** ☐ **ECG**

☐ **testosterone**

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: