

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: GUMCSPAPA

DOCTOR'S ORDERS	
REMINDER: Please ensure drug allergies 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: apalutamide 240 mg PO once daily. Mitte: 90 days. Dispense each 30-day supply in original container. Repeat x Dose modification: apalutamide 180 mg PO once daily. Mitte: 90 days. Dispense each 30-day supply in original container. Repeat x apalutamide 120 mg PO once daily. Mitte: 90 days. Dispense each 30-day supply in original container. Repeat x	
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: TSH creatinine sodium potassium ECG Other tests: Consults: See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: