



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	
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"/> Bilirubin/ALT and potassium parameters _____ (refer to protocol)	
<input type="checkbox"/> Toxicity _____	
Proceed with treatment based on blood work from _____	
TREATMENT:	
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"/> 0.75 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, Platelets, Creatinine, ALT, alk phos, bilirubin, glucose, sodium, potassium, 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: <input type="checkbox"/> Tot. Prot <input type="checkbox"/> Albumin <input type="checkbox"/> GGT <input type="checkbox"/> Alk Phos. <input type="checkbox"/> LDH <input type="checkbox"/> TSH <input type="checkbox"/> Calcium <input type="checkbox"/> Glucose <input type="checkbox"/> Potassium <input type="checkbox"/> ALT <input type="checkbox"/> Bilirubin	
<input type="checkbox"/> MUGA scan or <input type="checkbox"/> Echocardiography (if clinically indicated) <input type="checkbox"/> Other tests: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: