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 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:

☐ **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, testosterone 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: