



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](http://www.bccancer.bc.ca) and according to acceptable standards of care.

### PROTOCOL CODE: UGUPAPA

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 (30 days) of apalutamide

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: