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: GUMCSPABI

DOCTOR'S ORDERS

Continuous treatment, one cycle consists of 4 weeks of abiraterone and corticosteroid

DATE: **To be given:** **Cycle #:**

Date of Previous Cycle:

☐ Delay treatment _____ week(s)

Dose modification for: ☐ Bilirubin/ALT and potassium parameters_____ (refer to protocol)

☐ Toxicity _____

Proceed with treatment based on blood work from _____

TREATMENT:

abiraterone 1000 mg PO once daily

Dose modification: **abiraterone** ☐ **750 mg OR** ☐ **500 mg OR** ☐ **250 mg PO once daily** (select one).

Mitte: 30 days (for cycles 1 to 3).

Mitte: 90 days (for cycles 4 onwards). Repeat:_____

predniSONE ☐**5 mg PO twice daily or** ☐**10 mg PO daily or** ☐ **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** ☐ **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:

☐ Return in 4 weeks for Doctor and Cycle _____

For cycle 4 onwards:

☐ Return in _____ weeks for Doctor and Cycle _____

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

CBC & Differential, Platelets, Creatinine, ALT, alk phos, bilirubin, glucose, sodium, potassium, PSA, testosterone and **Blood Pressure** prior to each physician visit

For **cycles 1-3**: **Blood Pressure, potassium, ALT, alk phos, bilirubin** every 2 weeks.

If clinically indicated: ☐ **Tot. Prot** ☐ **Albumin** ☐ **GGT** ☐ **Alk Phos.**
☐ **LDH** ☐ **TSH** ☐ **Calcium** ☐ **Glucose**
☐ **Potassium** ☐ **ALT** ☐ **Bilirubin**

☐ **MUGA scan or** ☐ **Echocardiography (if clinically indicated)**

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: