



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: UGUNMPDAR

A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment

DOCTOR'S ORDERS	
REMINDER: Please ensure drug allergies are documented on the Allergy & Alert Form.	
Continuous treatment, one cycle consists of 30 days of darolutamide	
DATE:	To be given: Cycle #:
Date of Previous Cycle:	
<input type="checkbox"/> Delay treatment _____ week(s)	
Proceed with treatment based on bloodwork from _____	
TREATMENT:	
<input type="checkbox"/> darolutamide 600 mg PO twice daily.	
Mitte: 90 days. Repeat x _____	
Dose modification:	
<input type="checkbox"/> darolutamide 300 mg PO twice daily.	
Mitte: 90 days. Repeat x _____	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____.	
<input type="checkbox"/> Last Cycle. Return in _____ week(s).	
PSA, blood pressure prior to each physician visit	
If clinically indicated: <input type="checkbox"/> albumin <input type="checkbox"/> total bilirubin <input type="checkbox"/> INR <input type="checkbox"/> ALT <input type="checkbox"/> creatinine	
<input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> TSH <input type="checkbox"/> ECG	
<input type="checkbox"/> Other tests:	
<input type="checkbox"/> Consults:	
<input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: