

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: UGUNMPENZ

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

DOCTOR'S ORDERS	
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE: To be given: Cycle #	t :
Date of Previous Cycle:	
Delay treatment week(s)	
Proceed with treatment based on bloodwork from	
TREATMENT:	
enzalutamide 160 mg PO once daily. Mitte: 90 days. Repeat x	
Dose modification:	
enzalutamide 120 mg PO once daily. Mitte: 90 days. Repeat x	
enzalutamide 80 mg PO once daily. Mitte: 90 days. 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:	
☐ Other tests:	
☐ Consults:	
☐ See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: