BC CANCER
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 and previous bleomycin 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:

☐ Delay treatment______ week(s)

Proceed with treatment based on bloodwork from ______________________________

TREATMENT:

☐ **darolutamide 600 mg** PO twice daily.

Mitte: 90 days. Repeat x _____________

Dose modification:

☐ **darolutamide 300 mg** PO twice 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:

☐ **albumin** ☐ **total bilirubin** ☐ **INR** ☐ **ALT** ☐ **creatinine**

☐ **sodium** ☐ **potassium** ☐ **TSH** ☐ **ECG**

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: