

**PROTOCOL CODE: UGUPAVNABI**

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

<b>DOCTOR'S ORDERS</b>		
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>		
<b>DATE:</b> _____	<b>To be given:</b> _____	<b>Cycle #:</b> _____
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff</b> day of treatment		
May proceed with doses as written if within 96 hours <b>Hgb greater than or equal to 80 g/L, ANC greater than or equal to <math>1.5 \times 10^9/L</math>, and platelets greater than or equal to <math>75 \times 10^9/L</math></b>		
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity:</b> _____		
Proceed with treatment based on blood work from _____		
<b>TREATMENT:</b>		
<b>niraparib-abiraterone 200 mg-1000 mg once daily</b> (Each dose = TWO tablets of niraparib-abiraterone 100mg – 500mg tablet)		
Dose modification:		
For hematological toxicity: Dose level -1 <input type="checkbox"/> <b>niraparib-abiraterone 100 mg-1000 mg once daily</b> (Each dose = TWO tablets of niraparib-abiraterone 50mg - 500mg tablet)		
For hepatotoxicity: Dose level -1 <input type="checkbox"/> <b>niraparib-abiraterone 100 mg-500 mg once daily</b> (Each dose = ONE tablet of niraparib-abiraterone 100mg – 500mg tablet)		
Mitte: 30 days		
<b>STEROID (select one of the following steroids and doses)</b>		
<input type="checkbox"/> <b>predniSONE</b> <input type="checkbox"/> <b>5 mg PO twice daily</b> or <input type="checkbox"/> <b>10 mg PO once daily</b> or <input type="checkbox"/> <b>5 mg PO once daily</b>		
Mitte: 30 days		
<input type="checkbox"/> <b>dexamethasone</b> <input type="checkbox"/> <b>1.5 mg PO once daily</b> OR <input type="checkbox"/> <b>0.5 mg PO once daily</b>		
Mitte: 30 days		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>
		<b>UC:</b>

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<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle _____ (1 cycle = 4 weeks) <input type="checkbox"/> Return in ____ weeks for Doctor and Cycle _____ (1 cycle = 4 weeks) <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<p>Prior to each cycle: <b>CBC &amp; Diff, total bilirubin, ALT, alkaline phosphatase, creatinine, random glucose, sodium, potassium, PSA</b></p> <p>Cycle 1, Days 8 and 22: <b>CBC &amp; Diff</b></p> <p>Cycles 1 to 3, Day 15: <b>CBC &amp; Diff, total bilirubin, ALT, alkaline phosphatase, potassium</b></p> <p>If clinically indicated:</p> <input type="checkbox"/> <b>Weekly CBC &amp; Diff</b> <input type="checkbox"/> <b>Day 15 total bilirubin, ALT, and alkaline phosphatase</b> <p>If clinically indicated, prior to next cycle:</p> <input type="checkbox"/> <b>ECG</b> <input type="checkbox"/> <b>MUGA scan or echocardiogram</b> <input type="checkbox"/> <b>total protein</b> <input type="checkbox"/> <b>albumin</b> <input type="checkbox"/> <b>GGT</b> <input type="checkbox"/> <b>LDH</b> <input type="checkbox"/> <b>TSH</b> <input type="checkbox"/> <b>calcium</b> <input type="checkbox"/> <b>INR</b> <input type="checkbox"/> <b>testosterone</b> <input type="checkbox"/> <b>triglycerides</b> <input type="checkbox"/> <b>total cholesterol</b> <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>  <b>UC:</b>