

PROTOCOL CODE: GUMCSPABI

DOCTOR'S ORDERS	
Continuous treatment, one cycle consists of 4 weeks of abiraterone and corticosteroid	
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE:	To be given:
Cycle #:	
Date of Previous Cycle: _____	
<input type="checkbox"/> Delay treatment _____ week(s) Dose modification for: <input type="checkbox"/> Total bilirubin/ALT and potassium parameters _____ (refer to protocol) <input type="checkbox"/> Toxicity _____ Proceed with treatment based on blood work from _____	
TREATMENT:	
abiraterone 1000 mg PO once daily	
Dose modification: abiraterone <input type="checkbox"/> 750 mg OR <input type="checkbox"/> 500 mg OR <input type="checkbox"/> 250 mg PO once daily (select one).	
Mitte: 30 days (for cycles 1 to 3).	
Mitte: 90 days (for cycles 4 onwards). Repeat: _____	
predniSONE <input type="checkbox"/> 5 mg PO twice daily or <input type="checkbox"/> 10 mg PO daily or <input type="checkbox"/> 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 <input type="checkbox"/> 1.5 mg PO daily or <input type="checkbox"/> 0.5 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:	
<input type="checkbox"/> Return in 4 weeks for Doctor and Cycle _____	
For cycle 4 onwards:	
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____	
<input type="checkbox"/> Last Cycle. Return in _____ week(s).	
Cycles 1 to 3: CBC & Diff, platelets, creatinine, ALT, alkaline phosphatase, total bilirubin, random glucose, sodium, potassium, PSA every 4 weeks Cycles 1 to 3: potassium, ALT, alkaline phosphatase, total bilirubin every 2 weeks Cycles 4 onwards: CBC & Diff, platelets, creatinine, ALT, alkaline phosphatase, total bilirubin, random glucose, sodium, potassium, PSA, testosterone prior to each physician visit If clinically indicated: <input type="checkbox"/> total protein <input type="checkbox"/> albumin <input type="checkbox"/> GGT <input type="checkbox"/> LDH <input type="checkbox"/> TSH <input type="checkbox"/> calcium <input type="checkbox"/> MUGA scan or <input type="checkbox"/> echocardiogram <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: