

**PROTOCOL CODE: ULKAMLAVEN (Cycle 1)**  
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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>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<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 # 1</b>			
<input type="checkbox"/> Low or medium TLS risk for outpatient treatment (must start on a <b>Monday or Tuesday</b> ) <input type="checkbox"/> High TLS risk for inpatient treatment					
<input type="checkbox"/> <b>CBC &amp; Diff, sodium, potassium, chloride, serum bicarbonate, calcium, magnesium, phosphate, uric acid, creatinine, urea, total bilirubin, ALT, LDH, GGT, alkaline phosphatase, albumin, INR and PTT</b> day of treatment May proceed with doses as written regardless of the ANC. For <b>venetoclax</b> ramp-up on <b>Days 1 to 4</b> : bloodwork must be reviewed by prescriber prior to proceeding (prescriber responsible to monitor results and advise whether to proceed with venetoclax and supportive treatment) Dose modification for: <input type="checkbox"/> <b>Drug Interaction</b> <input type="checkbox"/> <b>Other</b> _____ Proceed with treatment based on blood work from _____					
<b>Tumour Lysis Prophylaxis:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>allopurinol 300 mg</b> PO daily starting 48 to 72 hours prior to first dose of venetoclax (for 7 days or per physician) Advise patient to drink 1.5 to 2 L of fluids daily starting 48 hours prior to first dose of venetoclax and continue until day 4					
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>ondansetron 8 mg</b> PO 30 minutes prior to azaCITIDine <input type="checkbox"/> <b>prochlorperazine 10 mg</b> PO 30 minutes prior to azaCITIDine <input type="checkbox"/> <b>Other:</b>					
<b>CHEMOTHERAPY:</b>  <b>azaCITIDine 75 mg/m<sup>2</sup></b> x BSA = _____ mg subcutaneous daily for 7 days starting on Day 1 (date): _____.  Alternate regimen: treatment may be interrupted by weekends. (May interrupt for more than 2 days but every effort should be made to avoid scheduling over long weekends)  Administer doses greater than 4 mL as two syringes at two separate sites.  <b>venetoclax 100 mg</b> PO once daily on Day 1 <b>venetoclax 200 mg</b> PO once daily on Day 2 <b>venetoclax 400 mg</b> PO once daily on Days 3 to 28 <b>**DO NOT take doses on Days 1 to 4 until approval received**</b> Dose modification: <input type="checkbox"/> <b>venetoclax</b> _____ mg PO once daily on Day 1, _____ mg PO on Day 2, _____ mg PO on Day 3, then _____ mg on Days _____					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>

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DATE:	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in four weeks for Doctor and Cycle 2. Book chemo x 7 days.	
<p><b>Potassium, calcium, phosphate, uric acid, creatinine, LDH, albumin</b> on the following days and times:</p> <p><input type="checkbox"/> <b>Inpatient</b> (higher risk for TLS): Q8H on Days 1 to 4, starting prior to first dose of venetoclax</p> <p><input type="checkbox"/> <b>Outpatient</b> (lower risk for TLS): Prior to treatment on Days 1 to 4</p> <p><b>Days 1 to 4:</b> CBC &amp; Diff</p> <p><b>Days 8, 11, 15, 18, 22, 25:</b> CBC &amp; Diff, creatinine, sodium, potassium, chloride, serum bicarbonate, <b>total</b> bilirubin, ALT, alkaline phosphatase, GGT, LDH, INR, PTT</p> <p><b>CBC &amp; Diff, creatinine, sodium, potassium, chloride, serum bicarbonate, total bilirubin, ALT, alkaline phosphatase, GGT, LDH, INR and PTT</b> prior to next cycle</p> <p><b>If clinically indicated:</b></p> <p><input type="checkbox"/> HBV viral load every 3 months</p> <p><input type="checkbox"/> <b>Bone marrow aspirate and biopsy between day 22-28 following treatment (requisition required):</b></p> <p><input type="checkbox"/> <b>Other tests:</b></p> <p><input type="checkbox"/> <b>Consults:</b></p> <p><input type="checkbox"/> <b>See general orders sheet for additional requests.</b></p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>