

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.

DOCTOR'S ORDERS Ht _____ cm Wt _____ kg BSA _____ m²

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: _____ **To be given:** _____ **Cycle # 1**

- Low or medium TLS risk for outpatient treatment (must start on a **Monday or Tuesday**)
 High TLS risk for inpatient treatment

CBC & diff, platelets, sodium, potassium, chloride, serum bicarbonate, calcium, magnesium, phosphate, uric acid, creatinine, urea, bilirubin, ALT, LDH, GGT, alkaline phosphatase, albumin, INR and PTT day of treatment

May proceed with doses as written regardless of the ANC.
 For **venetoclax** ramp-up on **Days 1 to 4**: 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: **Drug Interaction** **Other** _____
 Proceed with treatment based on blood work from _____

Tumour Lysis Prophylaxis: Patient to take own supply. RN/Pharmacist to confirm _____.
allopurinol 300 mg 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

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.
ondansetron 8 mg PO 30 minutes prior to azaCITIDine
 prochlorperazine 10 mg PO 30 minutes prior to azaCITIDine
 Other: _____

CHEMOTHERAPY:

azaCITIDine 75 mg/m² 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.

venetoclax 100 mg PO once daily on Day 1
venetoclax 200 mg PO once daily on Day 2
venetoclax 400 mg PO once daily on Days 3 to 28

****DO NOT take doses on Days 1 to 4 until approval received****

Dose modification:
 venetoclax _____ mg PO once daily on Day 1, _____ mg PO on Day 2, _____ mg PO on Day 3,
 then _____ mg on Days _____

| | |
|----------------------------|-------------------|
| DOCTOR'S SIGNATURE: | SIGNATURE: |
| | UC: |

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

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Fill prescription at a community pharmacy

DATE:

allopurinol 300mg PO daily. Start at least 48 hours prior to first dose of venetoclax.

Start date: _____

Mitte: _____ days

Reminder to patient: Drink 1.5 to 2 litres of fluid (8 glasses) every day for the first 4 days of treatment, starting 2 days before taking the first dose of venetoclax

DOCTOR'S SIGNATURE: _____

Printed name: _____

License number: _____