

**PROTOCOL CODE: ULKAMLAVEN**  
**(Cycle 2 plus)**

Page 1 of 1

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 #:</b> |                   |                          |
| Date of Previous Cycle: _____   |                     |                 |                   |                          |
| <input type="checkbox"/> Delay treatment _____ week(s)<br><input type="checkbox"/> <b>CBC &amp; diff, Platelets, serum creatinine, GGT, alkaline phosphatase, ALT, Bilirubin, LDH, Albumin, sodium, potassium, chloride, serum bicarbonate, urea, INR and PTT</b> day of treatment<br><br><input type="checkbox"/> <b>Prior to remission:</b> May proceed with doses as written regardless of the ANC.<br><input type="checkbox"/> <b>After remission:</b> May proceed with doses as written if within 24 hours <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L</b> and <b>platelets greater than or equal to 50 x 10<sup>9</sup>/L</b><br><br>Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Drug Interaction</b> <input type="checkbox"/> <b>Other</b> _____<br>Proceed with treatment based on blood work from _____ |                     |                 |                   |                          |
| <b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.<br><b>ondansetron 8 mg PO 30 minutes prior to azaCITIDine</b><br><input type="checkbox"/> <b>prochlorperazine 10 mg PO 30 minutes prior to azaCITIDine</b><br><input type="checkbox"/> <b>Other:</b> _____   |                     |                 |                   |                          |
| <b>CHEMOTHERAPY:</b><br><br><b>azaCITIDine</b> <input type="checkbox"/> <b>75 mg/m<sup>2</sup></b> OR <input type="checkbox"/> <b>50 mg/m<sup>2</sup></b> OR <input type="checkbox"/> <b>37.5 mg/m<sup>2</sup></b> x BSA = _____ mg<br>subcutaneous daily for 7 days starting on Day 1 (date): _____.<br><br>Alternate regimen: treatment may be interrupted by weekends.<br>(May interrupt for more than 2 days but every effort should be made to avoid scheduling over long weekends)<br><br>Administer doses greater than 4 mL as two syringes at two separate sites.<br><br><b>venetoclax 400 mg PO once daily on Days 1 to 28</b><br>Dose modification:<br><input type="checkbox"/> <b>venetoclax</b> _____ mg PO once daily on Days _____  |                     |                 |                   |                          |
| <b>RETURN APPOINTMENT ORDERS</b>  |                     |                 |                   |                          |
| <input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo x 7 days.<br><input type="checkbox"/> Last Cycle. Return in _____ week (s).  |                     |                 |                   |                          |
| <b>CBC &amp; differential, platelets, creatinine, sodium, potassium, chloride, serum bicarbonate, bilirubin, ALT, alkaline phosphatase, GGT, LDH, INR and PTT</b> weekly during treatment and prior to each cycle<br><br><input type="checkbox"/> <b>Other tests:</b><br><input type="checkbox"/> <b>Consults:</b><br><input type="checkbox"/> <b>See general orders sheet for additional requests.</b>   |                     |                 |                   |                          |
| <b>DOCTOR'S SIGNATURE:</b>  |                     |                 | <b>SIGNATURE:</b> |                          |
|   |                     |                 | <b>UC:</b>        |                          |