

PROTOCOL CODE: ULKAMLAVEN
(Cycle 2 plus)

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

DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
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) <input type="checkbox"/> CBC & diff, creatinine, GGT, alkaline phosphatase, ALT, total bilirubin, LDH, albumin, sodium, potassium, chloride, serum bicarbonate, urea, INR and PTT day of treatment <input type="checkbox"/> Patient not in remission: May proceed with doses as written regardless of the ANC. <input type="checkbox"/> Patient in remission: May proceed with doses as written if within 96 hours ANC greater than or equal to 1.0 x 10⁹/L and platelets greater than or equal to 50 x 10⁹/L Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Drug Interaction <input type="checkbox"/> Other _____ Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
ondansetron 8 mg PO 30 minutes prior to azaCITIDine <input type="checkbox"/> prochlorperazine 10 mg PO 30 minutes prior to azaCITIDine <input type="checkbox"/> Other: _____				
CHEMOTHERAPY:				
azaCITIDine <input type="checkbox"/> 75 mg/m² OR <input type="checkbox"/> 50 mg/m² OR <input type="checkbox"/> 37.5 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 400 mg PO once daily on Days 1 to 28 Dose modification: <input type="checkbox"/> venetoclax _____ mg PO once daily on Days _____				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo x 7 days. <input type="checkbox"/> Last Cycle. Return in _____ week (s).				
Prior to each cycle: CBC & diff, creatinine, sodium, potassium, chloride, serum bicarbonate, total bilirubin, ALT, alkaline phosphatase, GGT, LDH, INR and PTT Weekly on Days 8, 15, and 22: CBC & diff, creatinine, total bilirubin, ALT, alkaline phosphatase, GGT, LDH If clinically indicated: <input type="checkbox"/> HBV viral load every 3 months <input type="checkbox"/> Other tests: _____ <input type="checkbox"/> Consults: _____ <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: