



Provincial Health Services Authority

Information on this form is a guide only.
User will be solely responsible for verifying
its currency and accuracy with the
corresponding BC Cancer treatment
protocols located at www.bccancer.bc.ca
and according to acceptable standards of
care

PROTOCOL CODE: LYCLLIV
(Cycle 4: Low or Medium TLS Risk)

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DOCTOR'S ORDERS		Wt _____ kg
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
DATE: Start date of dose ramp-up (must be on a Thursday): _____		
Outpatient Treatment		
<input type="checkbox"/> Delay treatment _____ week(s)		
May proceed with iBRUtinib as written if within 96 hours ANC greater than or equal to $1.0 \times 10^9/L$, platelets greater than or equal to $50 \times 10^9/L$		
May proceed with venetoclax as written if within 96 hours of venetoclax initiation: ANC greater than or equal to $1.0 \times 10^9/L$, platelets greater than or equal to $50 \times 10^9/L$, total bilirubin less than or equal to 3 x ULN		
Tumor Lysis Prophylaxis: Patient to take own supply. allopurinol 300 mg PO daily – start at least 72 hours prior to first dose of venetoclax Advise patient to drink 1.5 to 2 L of fluids daily starting 48 hours prior to first dose of venetoclax, until end of venetoclax ramp-up period		
TREATMENT:		
iBRUtinib <input type="checkbox"/> 420 mg or <input type="checkbox"/> 280 mg or <input type="checkbox"/> 140 mg (select one) PO daily Mitte: 35 days		
Venetoclax ramp-up		
Week 1: venetoclax 20 mg (2 x 10 mg) PO once daily for 7 days Week 2: venetoclax 50 mg (1 x 50 mg) PO once daily for 7 days Week 3: venetoclax 100 mg (1 x 100 mg) PO once daily for 7 days Week 4: venetoclax 200 mg (2 x 100 mg) PO once daily for 7 days **DO NOT take day 2 dose on weeks 1 and 2, until approval received** **DO NOT start weekly dose increase, until approval received** AND Week 5: venetoclax 400 mg (4 x 100 mg) PO once daily for 7 days **DO NOT start dose increase, until approval received**		
venetoclax _____ mg PO once daily for _____ days (to last until next dose ramp up to start on a Thursday)		
OR		
<input type="checkbox"/> Dose modifications:		
venetoclax _____ mg PO once daily. Start on _____ (enter date)		
Mitte: _____ weeks		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC:



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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in <u>five</u> weeks for Doctor and Cycle 5	
ALL LABS FROM WEEKS 1 TO 5 MUST BE ORDERED AS <u>STAT</u> AT A LABORATORY WITH RAPID TURNAROUND TIME (e.g. BC Cancer or hospital laboratory)	
CBC & Diff on Day 7 of weeks 1, 2, 3, and 4	
Ramp up Labs: potassium, calcium, phosphate, uric acid, creatinine, LDH, albumin on the following days and times:	
Note: Day 7 labs must be on a Wednesday	
Week 1 Day 1 at 12 noon Week 1 Day 2 at 8am Week 1 Day 7 before 12 noon Week 2 Day 1 at 12 noon Week 2 Day 2 at 8am Week 2 Day 7 before 12 noon Week 3 Day 7 before 12 noon Week 4 Day 7 before 12 noon	
Telephone nursing assessment on Day 6 of weeks 1, 2, 3 and 4	
Pharmacy booking as per centre specific standard on the following days:	
Week 1 and Week 2: Days 1, 2 and 7 Week 3 and Week 4: Day 7	
Prior to cycle 5: CBC & Diff, creatinine, total bilirubin, ALT	
If clinically indicated:	
<input type="checkbox"/> PTT <input type="checkbox"/> INR <input type="checkbox"/> HBV viral load	
<input type="checkbox"/> echocardiogram <input type="checkbox"/> MUGA Scan <input type="checkbox"/> ECG	
<input type="checkbox"/> Other tests:	
<input type="checkbox"/> Consults:	
<input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: