



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

Cycles 5 to 15

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DOCTOR'S ORDERS		Wt _____ kg	Cycle # _____
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form			
DATE:			
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff day of treatment			
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 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			
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity			
Proceed with treatment based on blood work from _____			
TREATMENT:			
<input type="checkbox"/> Repeat in 4 weeks <input type="checkbox"/> Repeat in 4 and 8 weeks			
iBRUtinib <input type="checkbox"/> 420 mg or <input type="checkbox"/> 280 mg or <input type="checkbox"/> 140 mg (select one) PO daily			
venetoclax (select one): <input type="checkbox"/> venetoclax 400 mg (4 x 100 mg) PO once daily OR <input type="checkbox"/> venetoclax _____ mg PO once daily			
Mitte: 28 days			
RETURN APPOINTMENT ORDERS			
<input type="checkbox"/> Return in 4 weeks for Doctor and Cycle _____			
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____			
<input type="checkbox"/> Last Cycle. Return in _____ weeks			
Prior to each cycle: CBC & Diff, creatinine, total bilirubin, ALT			
If clinically indicated: <input type="checkbox"/> HBV viral load <input type="checkbox"/> PTT <input type="checkbox"/> INR <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:	