



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 x 10⁹/L, platelets greater than or equal to 50 x 10⁹/L		
May proceed with venetoclax as written if within 96 hours ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 50 x 10⁹/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 (<i>select one</i>) 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: