



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: LYVENETOR

(Ramp-up phase: 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): _____ (ensure minimum 3 days until start date to allow time for allopurinol x 72 h)		
Weeks 1 to 5 - <u>Outpatient</u>		
<input type="checkbox"/> Delay treatment _____ week(s)		
May proceed with doses as written if lab work is within 72 hours of venetoclax initiation: ANC greater than or equal to $1.0 \times 10^9/L$, platelets greater than or equal to $30 \times 10^9/L$, total bilirubin less than or equal to 3 x ULN		
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity		
Tumor Lysis Prophylaxis: Allopurinol 300 mg PO daily – start at least 72 hours prior to first dose of venetoclax (patient's own supply) Advise patient to drink 1.5 to 2 L of fluids daily during the first 6 weeks of therapy starting 48 hours prior to first dose of venetoclax		
TREATMENT: 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	
Return in five weeks for Doctor and book Cycle 1 chemo	
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)	
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 8 am 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 each doctor's visit (week 6 onwards): CBC & Diff, creatinine, total bilirubin, ALT	
If clinically indicated:	
<input type="checkbox"/> HBV viral load every 3 months	
<input type="checkbox"/> HBsAg 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: