PROTOCOL CODE: LYVENOB

(Ramp-up phase: High TLS Risk venetoclax PLUS oBINutuzumab combination therapy - Cycle 2)

DOCTOR'S ORDERS

Wt_____kg

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: **To be given:** **Cycle # 2**

Date of previous cycle:

Weeks 1 to 5: Inpatient for initial 20 mg and 50 mg doses, Outpatient for 100 mg dose and onwards.

☐ Delay treatment _____ week(s)
☐ **CBC & Diff** day of treatment

May proceed with doses as written if lab work is within 72 h of venetoclax initiation: **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 25 x 10^9/L, total bilirubin less than or equal to 3 x ULN**

Day 8: May proceed with oBINutuzumab as written if within 72 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 25 x 10^9/L**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** _____

Proceed with treatment based on blood work from _____

Tumor Lysis Prophylaxis: Patient to take own supply of oral medication. RN/Pharmacist to confirm_____

allopurinol 300 mg PO daily until end of venetoclax ramp-up period (Cycle 3 Day 1)

☐ **rasburicase 3 mg IV x 1 dose** for patients at high risk of TLS prior to first dose of venetoclax.
May repeat q24h prn (MD order required for additional doses)

****For patients on rasburicase, blood sample for uric acid must be placed on ice while awaiting assay****

NS 0.9% IV at ☐ 150 mL/h or ☐ 200 mL/h until discharged

Remind patient to drink 1.5 to 2 L of fluids daily until end of venetoclax ramp-up period (Cycle 3 Day 1)

☐ **metoclopramide 10 mg** PO/IV q6h prn

TREATMENT:

Note: Week 1 starts on Day 1 of Cycle 2

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 to 4,** until approval received****
****DO NOT** start weekly dose increase, until approval received****

AND

Week 5: **venetoclax 400mg** (4 x 100 mg) PO once daily for 7 days

****DO NOT** start dose increase or take **Day 2** dose, until approval received****

venetoclax _____ mg PO once daily for _____ days (to last until next dose ramp up to start on a Thursday)

OR

☐ Dose modifications:

venetoclax _____ mg PO once daily. Start on _____ (enter date)

Mitte: _____ days

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

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DATE:

****Have Hypersensitivity Reaction Tray and Protocol Available****

PREMEDICATIONS FOR oBINutuzumab INFUSION: Patient to take own supply of oral medications.

☐ If previous reaction was Grade 3, or if lymphocyte count greater than 25 x 10^9/L in labs drawn for Cycle 2 Day 8, then
60 minutes prior to infusion: **dexamethasone 20 mg** IV

30 minutes prior to infusion: **acetaminophen 650 mg to 975 mg** PO and **diphenhydrAMINE 50 mg** PO

TREATMENT:

oBINutuzumab 1000 mg IV in 250 mL NS on **Day 8.**

If no infusion reaction or only Grade 1 infusion reaction in the previous infusion and final infusion rate 100 mg/h or faster:
Start at **100 mg/h**. Increase by 100 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs. Refer to protocol appendix for oBINutuzumab infusion rate titration table.

RETURN APPOINTMENT ORDERS

☐ Readmit to hospital in 1 week for week # _____
☐ Return in **five** weeks or _____ weeks for Doctor and Cycle 3. Book treatment on Day 1.

****ALL LABS FROM WEEKS 1 TO 5 MUST BE ORDERED STAT 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:**

*****For patients on rasburicase, blood sample for uric acid must be placed on ice while awaiting assay****

Note: Day 7 labs must be on a Wednesday

Week 1 Day 1**: 4 h, 8 h, 12 h AND 24 h after 1st dose**
Week 1 Day 7 or _____ (day before dose escalation, on a Wednesday) before 12 noon
Week 2 Day 1**: 4 h, 8 h, 12 h AND 24 h after dose increase**
Week 2 Day 7 or _____ (day before dose escalation, on a Wednesday) before 12 noon
Week 3 Day 1 at 12 noon
Week 3 Day 2 at 8 am
Week 3 Day 7 before 12 noon
Week 4 Day 1 at 12 noon
Week 4 Day 2 at 8 am
Week 4 Day 7 before 12 noon
Week 5 Day 1 at 12 noon
Week 5 Day 2 at 8 am

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: Day 7
Week 3 and Week 4: Days 1, 2, 7
Week 5 Day 1 and 2

Prior to next cycle: **CBC & Diff, creatinine, total bilirubin, ALT**

If clinically indicated:
☐ **HBV viral load**
☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests**

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**