

PROTOCOL CODE: LYVENOB

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

(Page 1 of 2)

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): _____	Cycle # 2
Date of previous cycle: _____		
Weeks 1 to 5 - Outpatient		
<input type="checkbox"/> Delay treatment _____ week(s)		
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 10⁹/L, platelets greater than or equal to 25 x 10⁹/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 10⁹/L, platelets greater than or equal to 25 x 10⁹/L		
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____		
Proceed with treatment based on blood work from _____		
Tumor Lysis Prophylaxis: Patient to take own supply. RN/Pharmacist to confirm _____ allopurinol 300 mg PO daily until end of venetoclax ramp-up period (Cycle 3 Day 1) Remind patient to drink 1.5 to 2 L of fluids daily until end of venetoclax ramp-up period (Cycle 3 Day 1)		
TREATMENT:		
Note: Week 1 starts on Day 1 of Cycle 2 (on a Thursday)		
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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(Page 2 of 2)

DATE:	
Have Hypersensitivity Reaction Tray and Protocol Available	
PREMEDICATIONS FOR oBINutuzumab INFUSION: Patient to take own supply of oral medications. RN/Pharmacist to confirm: _____ <input type="checkbox"/> If previous reaction was Grade 3, or if lymphocyte count greater than $25 \times 10^9/L$ in labs drawn for Cycle 2 Day 8, then 60 minutes prior to infusion: dexamethasone 20 mg IV 30 minutes prior to infusion: acetaminophen to 650 to 975 mg PO and diphenhydramine 50 mg PO	
TREATMENT: Note: Day 8 must be on a Thursday 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	
<input type="checkbox"/> Return in five weeks for Doctor and Cycle 3. Book treatment on Day 1.	
ALL LABS FROM WEEKS 1 TO 5 MUST BE ORDERED AS 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: Note: Day 7 labs must be on a Wednesday Week 1 Day 1 at 12 noon Week 1 Day 2 at 8 am Week 1 Day 7 before 12 noon Week 2 Day 1 at 12 noon (drawn during oBINutuzumab infusion if applicable) 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 next cycle: CBC & Diff, creatinine, total bilirubin, ALT If clinically indicated: <input type="checkbox"/> HBV viral load <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: