



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: ULYVENETO

(Post ramp-up phase: Low, medium, high TLS risk)

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A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment.

DOCTOR'S ORDERS		Wt _____ kg
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
DATE:		
Week 6 onwards		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff day of treatment May proceed with doses as written if within 72 h 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		
Proceed with treatment based on blood work from _____		
CHEMOTHERAPY:		
<input type="checkbox"/> venetoclax 400 mg (4 x 100 mg) PO once daily for _____ weeks (maximum 12 weeks)		
OR		
<input type="checkbox"/> Dose modifications:		
venetoclax _____ mg PO once daily		
Mitte: _____ weeks		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in _____ weeks for Doctor		
Prior to each doctor's visit: 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: