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

(Ramp-up phase: High TLS Risk)

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: **Start date of dose ramp-up:** _____

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, at baseline

May proceed with doses as written if within 72h of venetoclax initiation: **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 30 x 10^9/L, bilirubin less than or equal to 3 x ULN**

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

Proceed with treatment based on blood work from _____

Tumor Lysis Prophylaxis:

allopurinol 300 mg PO daily – start at least 72 hours prior to first dose of venetoclax

☐ **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

Advise patient to drink 1.5 to 2 L of fluids daily during the first 5 weeks of therapy, starting 48 hours prior to first dose of venetoclax

☐ metoclopramide 10mg PO/IV q6h prn

CHEMOTHERAPY:

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:**

PROTOCOL CODE: ULYVENETO

(Ramp-up phase: High TLS Risk)

DATE:

RETURN APPOINTMENT ORDERS

☐ Readmit to hospital in 1 week for week # _____

☐ Return in five weeks for Doctor

****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)****

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**: 4h, 8h, 12h 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**: 4h, 8h, 12h 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 8am
Week 4 Day 7 before 12 noon
Week 5 Day 1 at 12 noon
Week 5 Day 2 at 8am

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 each doctor's visit (week 6 onwards): **CBC and diff, creatinine, bilirubin, ALT**

If clinically indicated:
☐ HBV viral load every 3 months ☐ HBsAg every 3 months
☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests**

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