



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](http://www.bccancer.bc.ca)  
and according to acceptable standards of  
care

## PROTOCOL CODE: ULYVENETO

(Ramp-up phase: Low or Medium TLS Risk)

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

<b>DOCTOR'S ORDERS</b>		Wt _____ kg
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
<b>DATE:</b>		<b>Start date of dose ramp-up (must be on a Thursday):</b> _____
<b>Weeks 1 to 5 - <u>Outpatient</u></b>		
<input type="checkbox"/> Delay treatment _____ week(s)		
May proceed with doses as written if lab work is within 72 h of venetoclax initiation: <b>ANC greater than or equal to <math>1.0 \times 10^9/L</math>, platelets greater than or equal to <math>30 \times 10^9/L</math>, total bilirubin less than or equal to 3 x ULN</b>		
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b>		
<b>Tumor Lysis Prophylaxis:</b> <b>allopurinol 300 mg PO daily</b> – 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 5 weeks of therapy starting 48 hours prior to first dose of venetoclax		
<b>CHEMOTHERAPY:</b>  Week 1: <b>venetoclax 20 mg</b> (2 x 10 mg) PO once daily for 7 days Week 2: <b>venetoclax 50 mg</b> (1 x 50 mg) PO once daily for 7 days Week 3: <b>venetoclax 100 mg</b> (1 x 100 mg) PO once daily for 7 days Week 4: <b>venetoclax 200 mg</b> (2 x 100 mg) PO once daily for 7 days <b>**DO NOT take day 2 dose on weeks 1 and 2, until approval received**</b> <b>**DO NOT start weekly dose increase, until approval received**</b>  <b>AND</b> Week 5: <b>venetoclax 400 mg</b> (4 x 100 mg) PO once daily for 7 days <b>**DO NOT start dose increase, until approval received**</b>  <b>venetoclax</b> _____ mg PO once daily for _____ days (to last until next dose ramp up to start on a Thursday) <b>OR</b> <input type="checkbox"/> Dose modifications:  <b>venetoclax</b> _____ mg PO once daily. Start on _____ (enter date)  <b>Mitte:</b> _____ weeks		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b> <b>UC:</b>



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<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in five weeks for Doctor	
<p><b>**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)**</b></p> <p><b>Potassium, calcium, phosphate, uric acid, creatinine, LDH, albumin on the following days and times:</b> <b>Note: Day 7 labs must be on a Wednesday</b></p> <p>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 8am Week 2 Day 7 before 12 noon Week 3 Day 7 before 12 noon Week 4 Day 7 before 12 noon</p> <p><b>Telephone nursing assessment on day 6 of weeks 1, 2, 3 and 4</b></p> <p><b>Pharmacy booking as per centre specific standard on the following days:</b> Week 1 and Week 2: Days 1, 2 and 7 Week 3 and Week 4: Day 7</p> <p>Prior to each doctor's visit (week 6 onwards): <b>CBC &amp; Diff, creatinine, total bilirubin, ALT</b></p> <p>If clinically indicated: <input type="checkbox"/> <b>HBV viral load every 3 months</b> <input type="checkbox"/> <b>HBsAg every 3 months</b> <input type="checkbox"/> <b>Other tests:</b></p> <p><input type="checkbox"/> <b>Consults:</b></p> <p><input type="checkbox"/> <b>See general orders sheet for additional requests.</b></p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>