



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: ULYZANU

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

### DOCTOR'S ORDERS

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

**DATE:**

Delay treatment \_\_\_\_\_ week(s)

**CBC & Diff** day of treatment

May proceed with doses as written if lab work is within 7 days of zanubrutinib initiation, then within 14 days of dispensing the next supply of zanubrutinib thereafter: **ANC greater than or equal to  $1.5 \times 10^9/L$ , Platelets greater than or equal to  $75 \times 10^9/L$**

Dose modification for:  **Hematology**  **Other Toxicity:** \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

### CHEMOTHERAPY: Continuous treatment

**zanubrutinib**  **160 mg** PO twice daily or  **320 mg** PO daily (select one)

Dose modification if required:

**zanubrutinib**  **80 mg** PO twice daily or  **160 mg** PO daily or (select one)

**zanubrutinib**  **80 mg** PO daily

Mitte: \_\_\_\_\_ days (maximum 90 days)

### RETURN APPOINTMENT ORDERS

Return in \_\_\_\_\_ weeks (maximum 12 weeks) for Doctor

Prior to each doctor's visit: **CBC & Diff, Platelets, bilirubin, ALT**

If clinically indicated:

**albumin**  **calcium**  **uric acid**  **potassium**  **phosphate**  
 **random glucose**  **creatinine**  **PTT**  **INR**  **LDH**  **IgM level**  
 **Echocardiogram**  **MUGA Scan**  **ECG**

**Other tests:**

**Consults:**

See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**