



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: LYCLLACALV

Cycles 4 to 14

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DOCTOR'S ORDERS		Wt _____ kg	Cycle # _____
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 within 96 hours ANC <u>greater than or equal to</u> $1.0 \times 10^9/L$, platelets <u>greater than or equal to</u> $50 \times 10^9/L$			
Dose modification for: ☐ Hematology ☐ Other Toxicity			
Proceed with treatment based on blood work from _____			
TREATMENT:			
☐ Repeat in 4 weeks ☐ Repeat in 4 and 8 weeks			
acalabrutinib (select one):			
☐ 100 mg PO twice daily			
OR			
☐ 100 mg PO once daily			
venetoclax (select one):			
☐ venetoclax 400 mg (4 x 100 mg) PO once daily			
OR			
☐ venetoclax _____ mg PO once daily			
Dispense: 28 days			
RETURN APPOINTMENT ORDERS			
☐ Return in 4 weeks for Doctor and Cycle _____			
☐ Return in _____ weeks for Doctor and Cycle(s) _____			
☐ Last Cycle. Return in _____ weeks			
Prior to each cycle: CBC & Diff, creatinine, total bilirubin, ALT			
If clinically indicated:			
☐ PTT ☐ INR ☐ HBV viral load			
☐ ECG			
☐ Other tests:			
☐ Consults:			
☐ See general orders sheet for additional requests.			
DOCTOR'S SIGNATURE:		SIGNATURE:	
		UC:	