



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: LYCLLIV
(Cycle 4: High TLS Risk)

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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: <u>Inpatient</u> for initial 20 mg and 50 mg doses, <u>Outpatient</u> for 100 mg dose and onwards.		
<input type="checkbox"/> Delay treatment _____ week(s)		
May proceed with iBRUtinib 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> $50 \times 10^9/L$		
May proceed with venetoclax as written if within 96 hours of venetoclax initiation: ANC <u>greater than or equal to</u> $1.0 \times 10^9/L$, platelets <u>greater than or equal to</u> $50 \times 10^9/L$, total bilirubin less than or equal to 3 x ULN		
Tumor Lysis Prophylaxis: allopurinol 300 mg PO daily – start at least 72 hours prior to first dose of venetoclax <input type="checkbox"/> 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** <input type="checkbox"/> NS 0.9% IV at <input type="checkbox"/> 150 mL/h or <input type="checkbox"/> 200 mL/h until discharged Advise patient to drink 1.5 to 2 L of fluids daily during venetoclax ramp-up, starting 48 hours prior to first venetoclax dose <input type="checkbox"/> metoclopramide 10mg PO/IV q6h prn nausea		
TREATMENT:		
iBRUtinib <input type="checkbox"/> 420 mg or <input type="checkbox"/> 280 mg or <input type="checkbox"/> 140 mg (<i>select one</i>) PO daily Mitte: 35 days		
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 <input type="checkbox"/> Dose modifications: venetoclax _____ mg PO once daily. Start on _____ (enter date) Mitte: _____ days		
DOCTOR'S SIGNATURE:		SIGNATURE: UC:



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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Readmit to hospital in 1 week for week # _____	
<input type="checkbox"/> Return in five weeks for Doctor	
ALL LABS FROM WEEKS 1 TO 5 MUST BE ORDERED <u>STAT</u> AT A LABORATORY WITH RAPID TURNAROUND TIME (e.g. BC Cancer or hospital laboratory)	
CBC & Diff on Day 7 of weeks 1, 2, 3, and 4	
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 1 st 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, total bilirubin, ALT	
If clinically indicated:	
<input type="checkbox"/> PTT <input type="checkbox"/> INR <input type="checkbox"/> HBV viral load	
<input type="checkbox"/> echocardiogram <input type="checkbox"/> MUGA Scan <input type="checkbox"/> ECG	
<input type="checkbox"/> Other tests:	
<input type="checkbox"/> Consults:	
<input type="checkbox"/> See general orders sheet for additional requests	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: