



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: LYMCIV**  
**(Cycle 1: High TLS Risk)**

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<b>DOCTOR'S ORDERS</b>	Wt _____ kg
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>	
<b>DATE:</b> _____ <b>Start date of dose ramp-up:</b> _____	
<b>Weeks 1 to 5: <u>Inpatient</u> for initial 20 mg and 50 mg doses, <u>Outpatient</u> for 100 mg dose and onwards.</b>	
<input type="checkbox"/> Delay treatment _____ week(s)	
May proceed with doses as written if within 96 hours of treatment initiation: <b>ANC <u>greater than or equal to</u> 1.0 x 10<sup>9</sup>/L, platelets <u>greater than or equal to</u> 50 x 10<sup>9</sup>/L</b>	
<b>Tumor Lysis Prophylaxis:</b>	
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 (physician order required for additional doses)	
<b>**For patients on rasburicase, blood sample for uric acid must be placed on ice while awaiting assay**</b>	
<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 10 mg PO/IV q6h PRN nausea	
<b>TREATMENT:</b>	
<b>iBRUtinib</b>	
<input type="checkbox"/> 560 mg or <input type="checkbox"/> 420 mg or <input type="checkbox"/> 280 mg or <input type="checkbox"/> 140 mg (select one) PO daily	
Dispense: 35 days	
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 to 4, until approval received**</b>	
<b>**DO NOT start weekly dose increase, until approval received**</b>	
<b>AND</b>	
Week 5: <b>venetoclax 400mg</b> (4 x 100 mg) PO once daily for 7 days	
<b>**DO NOT start dose increase or take Day 2 dose, 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)	
Dispense: _____ days	
<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"/> Readmit to hospital in 1 week for Week # _____ <input type="checkbox"/> Return in five weeks for Doctor	
<p><b>**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)**</b></p> <p><b>CBC &amp; Diff on Day 7 of Weeks 1, 2, 3, and 4</b></p> <p>Ramp up labs: <b>potassium, calcium, phosphate, uric acid, creatinine, LDH, albumin</b> on the following days and times:</p> <p><b>**For patients on rasburicase, blood sample for uric acid must be placed on ice while awaiting assay**</b></p> <p><b>Note: Day 7 labs must be on a Wednesday</b></p> <p>Week 1 Day 1: <b>4h, 8h, 12h and 24h after 1<sup>st</sup> dose</b>          Week 1 Day 7 or _____ (day before dose escalation, on a Wednesday) before 12 noon          Week 2 Day 1: <b>4h, 8h, 12h AND 24 h after dose increase</b>          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 8 a.m.          Week 4 Day 7 before 12 noon          Week 5 Day 1 at 12 noon          Week 5 Day 2 at 8 a.m.</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: Day 7          Week 3 and Week 4: Days 1, 2, 7          Week 5: Days 1 and 2</p> <p>Prior to Cycle 2: <b>CBC &amp; Diff, creatinine, total bilirubin, ALT</b></p> <p>If clinically indicated:</p> <p><input type="checkbox"/> <b>PTT</b>   <input type="checkbox"/> <b>INR</b>   <input type="checkbox"/> <b>HBV viral load</b>  <input type="checkbox"/> <b>echocardiogram</b>   <input type="checkbox"/> <b>MUGA scan</b>   <input type="checkbox"/> <b>ECG</b>  <input type="checkbox"/> <b>Other tests:</b>  <input type="checkbox"/> <b>Consults:</b>  <input type="checkbox"/> <b>See general orders sheet for additional requests</b></p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>