



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: LYMCIV
(Cycle 1: Low 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 (must be on a Thursday): _____	
Outpatient Treatment	
<input type="checkbox"/> Delay treatment _____ week(s)	
May proceed with treatment as written if within 96 hours of treatment initiation: ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 50 x 10⁹/L	
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity	
Proceed with treatment based on blood work from _____	
Tumor Lysis Prophylaxis: Patient to take own supply. allopurinol 300 mg PO daily – start at least 72 hours prior to first dose of venetoclax Advise patient to drink 1.5 to 2 L of fluids daily starting 48 hours prior to first dose of venetoclax, until end of venetoclax ramp-up period	
TREATMENT:	
iBRUtinib	
<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	
Venetoclax Ramp-Up	
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 and 2, until approval received	
DO NOT start weekly dose increase, until approval received	
AND	
Week 5: venetoclax 400 mg (4 x 100 mg) PO once daily for 7 days	
DO NOT start dose increase, 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)	
Dispense: _____ weeks	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:



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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in five weeks for Doctor and Cycle 2	
ALL LABS FROM WEEKS 1 TO 5 MUST BE ORDERED AS STAT 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:	
Note: Day 7 labs must be on a Wednesday	
Week 1 Day 1 at 12 noon	
Week 1 Day 2 at 8 a.m.	
Week 1 Day 7 before 12 noon	
Week 2 Day 1 at 12 noon	
Week 2 Day 2 at 8 a.m.	
Week 2 Day 7 before 12 noon	
Week 3 Day 7 before 12 noon	
Week 4 Day 7 before 12 noon	
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: Days 1, 2 and 7	
Week 3 and Week 4: Day 7	
Prior to Cycle 2: CBC & 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: