

PROTOCOL CODE: LYVENETOR

(Ramp-up phase: 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) <input type="checkbox"/> CBC & Diff day of treatment, at baseline May proceed with doses as written if within 72h of venetoclax initiation: ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 30 x 10⁹/L, bilirubin less than or equal to 3 x ULN Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: Proceed with treatment based on blood work from _____	
Tumour 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** 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 the first 6 weeks of therapy, starting 48 hours prior to first dose of venetoclax <input type="checkbox"/> metoclopramide 10 mg PO/IV q6h prn	
CHEMOTHERAPY: 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 and book Cycle 1 chemo	
<p>**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)**</p> <p>Ramp up labs: Potassium, calcium, phosphate, uric acid, creatinine, LDH, albumin on the following days and times:</p> <p>***For patients on rasburicase, blood sample for uric acid must be placed on ice while awaiting assay**</p> <p>Note: Day 7 labs must be on a Wednesday</p> <p>Week 1 Day 1: 4 h, 8 h, 12 h and 24 h after 1st dose Week 1 Day 7 or _____ (day before dose escalation, on a Wednesday) before 12 noon Week 2 Day 1: 4 h, 8 h, 12 h 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 8 am Week 4 Day 7 before 12 noon Week 5 Day 1 at 12 noon Week 5 Day 2 at 8 am</p> <p>Telephone nursing assessment on day 6 of weeks 1, 2, 3, and 4</p> <p>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</p> <p>Prior to each doctor's visit (week 6 onwards): CBC and diff, creatinine, bilirubin, ALT If clinically indicated:</p> <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests	
DOCTOR'S SIGNATURE:	SIGNATURE: UC:

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Fill prescription at a community pharmacy

DATE:

allopurinol 300mg PO daily. Start at least 72 hour prior to first dose of venetoclax.

Start date: _____ (Monday)

Mitte: _____ weeks (minimum 6 weeks) Refill x _____

Reminder to patient: Drink 1.5 to 2 litres of fluid (8 glasses) every day for the first 6 weeks, starting 2 days before taking the first dose of venetoclax

DOCTOR'S SIGNATURE: _____

Printed name: _____

License number: _____