



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: LYVENOB

(Ramp-up phase: High TLS Risk venetoclax PLUS oBINutuzumab combination therapy - Cycle 2)

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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:	Cycle # 2
Date of previous cycle:	
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, Platelets day of treatment May proceed with doses as written if lab work is within 72 h of venetoclax initiation: ANC <u>greater than or equal to</u> 1.0 x 10⁹/L, platelets <u>greater than or equal to</u> 25 x 10⁹/L, total bilirubin <u>less than or equal to</u> 3 x ULN Day 8: May proceed with oBINutuzumab as written if within 72 hours ANC <u>greater than or equal to</u> 1.0 x 10⁹/L, Platelets <u>greater than or equal to</u> 25 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:	
allopurinol 300 mg PO daily until end of venetoclax ramp-up period (Cycle 3 Day 1)	
<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	
Remind patient to drink 1.5 to 2 L of fluids daily until end of venetoclax ramp-up period (Cycle 3 Day 1)	
<input type="checkbox"/> metoclopramide 10 mg PO/IV q6h prn	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:



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Date:

CHEMOTHERAPY:

Note: Week 1 starts on Day 1 of Cycle 2

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

Dose modifications:

venetoclax _____ mg PO once daily. Start on _____ (enter date)

Mitte: _____ days

DOCTOR'S SIGNATURE:

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DATE:	
Have Hypersensitivity Reaction Tray and Protocol Available	
PREMEDICATIONS FOR oBINutuzumab INFUSION:	
30 minutes prior to infusion: <div style="margin-left: 20px;"> acetaminophen 650 mg to 975 mg PO diphenhydrAMINE 50 mg PO </div>	
If previous reaction was grade 3, or if lymphocyte count greater than 25 x 10 ⁹ /L before treatment: 60 minutes prior to infusion: <input type="checkbox"/> dexamethasone 20 mg IV in 50 mL NS over 15 minutes	
TREATMENT:	
oBINutuzumab 1000 mg IV in 250 mL NS on Day 8 .	
Start at 100 mg/h. Increase by 100 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs. Refer to protocol appendix for oBINutuzumab infusion rate titration table.	
Vital signs prior to start of infusion, and as clinically indicated during and post infusion Refer to protocol for resuming infusion following a reaction If flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain, any other new acute discomfort or exacerbation of any existing symptoms occur, stop infusion and page physician.	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Readmit to hospital in 1 week for week # _____ <input type="checkbox"/> Return in five weeks or _____ weeks for Doctor and Cycle 3. Book Chemo on Day 1.	
DOCTOR'S SIGNATURE:	SIGNATURE:
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DATE:

****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)****

CBC and differential, platelets 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: **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

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 next cycle: **CBC and differential, creatinine, total bilirubin, ALT**

Other tests:

Consults:

See general orders sheet for additional requests

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: