



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: LYVENOB**

**(Ramp-up phase: Low or Medium TLS Risk  
venetoclax PLUS oBINutuzumab combination therapy  
- Cycle 2)**

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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: Start date of dose ramp-up (must be on a Thursday): _____ Cycle # 2</b>	
Date of previous cycle: _____	
<b>Weeks 1 to 5 - <u>Outpatient</u></b>	
<input type="checkbox"/> Delay treatment _____ week(s) May proceed with doses as written if lab work is within 72 h of venetoclax initiation: <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, platelets greater than or equal to 25 x 10<sup>9</sup>/L, total bilirubin less than or equal to 3 x ULN</b>  Day 8: May proceed with oBINutuzumab as written if within 72 hours <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 25 x 10<sup>9</sup>/L</b>  Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ <b>Proceed with treatment based on blood work from _____</b>	
<b>Tumor Lysis Prophylaxis:</b> Patient to take own supply. RN/Pharmacist to confirm _____ <b>allopurinol 300 mg PO daily until end of venetoclax ramp-up period (Cycle 3 Day 1)</b> Remind patient to drink 1.5 to 2 L of fluids daily until end of venetoclax ramp-up period (Cycle 3 Day 1)	
<b>CHEMOTHERAPY:</b>	
<b>Note: Week 1 starts on Day 1 of Cycle 2 (on a Thursday)</b>	
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 and 2, until approval received**</b> <b>**DO NOT start weekly dose increase, until approval received**</b>  <b>AND</b> Week 5: <b>venetoclax 400 mg</b> (4 x 100 mg) PO once daily for 7 days <b>**DO NOT start dose increase, until approval received**</b>  <b>venetoclax _____ mg PO once daily for _____ days (to last until next dose ramp up to start on a Thursday)</b>  <b>OR</b> <input type="checkbox"/> Dose modifications: <b>venetoclax _____ mg PO once daily. Start on _____ (enter date)</b> <b>Mitte: _____ weeks</b>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>



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**DATE:**

**\*\*Have Hypersensitivity Reaction Tray and Protocol Available\*\***

**PREMEDICATIONS FOR oBINutuzumab INFUSION:**

Patient to take own **acetaminophen** and **diphenhydrAMINE** supply. RN/Pharmacist to confirm: \_\_\_\_\_

30 minutes prior to infusion:

**acetaminophen to 650 to 975 mg PO**

**diphenhydrAMINE 50 mg PO**

If previous reaction was grade 3, or if lymphocyte count greater than  $25 \times 10^9/L$  before treatment:

60 minutes prior to infusion:

**dexamethasone 20 mg IV** in 50 mL NS over 15 minutes

**TREATMENT:**

**Note: Day 8 must be on a Thursday**

**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**

Return in **five** weeks for Doctor and Cycle 3. Book Chemo on Day 1.

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**SIGNATURE:**

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**DATE:**

**\*\*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 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:

**Note: Day 7 labs must be on a Wednesday**

Week 1 Day 1 at 12 noon

Week 1 Day 2 at 8 am

Week 1 Day 7 before 12 noon

Week 2 Day 1 at 12 noon (drawn during oBINutuzumab infusion if applicable)

Week 2 Day 2 at 8 am

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 next cycle: **CBC & differential, creatinine, total bilirubin, ALT.**

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**