



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: ULYVENETO

(Ramp-up phase: High TLS Risk)

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A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment.

<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) <input type="checkbox"/> <b>CBC &amp; Diff</b> day of treatment, at baseline May proceed with doses as written if within 72h of venetoclax initiation: <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, platelets greater than or equal to 30 x 10<sup>9</sup>/L, bilirubin less than or equal to 3 x ULN</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity:</b> Proceed with treatment based on blood work from _____	
<b>Tumor Lysis Prophylaxis:</b> <b>allopurinol 300 mg PO daily</b> – start at least 72 hours prior to first dose of venetoclax <input type="checkbox"/> <b>rasburicase 3 mg IV x 1 dose</b> for patients at high risk of TLS prior to first dose of venetoclax. May repeat q24h prn (MD 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"/> <b>NS 0.9% IV</b> 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 5 weeks of therapy, starting 48 hours prior to first dose of venetoclax <input type="checkbox"/> metoclopramide 10mg PO/IV q6h prn	
<b>CHEMOTHERAPY:</b> Week 1: <b>venetoclax 20 mg</b> (2 x 10 mg) <b>PO</b> once daily for 7 days Week 2: <b>venetoclax 50 mg</b> (1 x 50 mg) <b>PO</b> once daily for 7 days Week 3: <b>venetoclax 100 mg</b> (1 x 100 mg) <b>PO</b> once daily for 7 days Week 4: <b>venetoclax 200 mg</b> (2 x 100 mg) <b>PO</b> 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) <b>PO</b> 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) <b>Mitte:</b> _____ 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 <u>STAT</u> AT A LABORATORY WITH RAPID TURNAROUND TIME (e.g. BC Cancer or hospital laboratory)**</b></p> <p>Ramp up labs: <b>Potassium, calcium, phosphate, uric acid, creatinine, LDH, albumin on the following days and times:</b></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 24 h 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 8am          Week 4 Day 7 before 12 noon          Week 5 Day 1 at 12 noon          Week 5 Day 2 at 8am</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 Day 1 and 2</p> <p>Prior to each doctor's visit (week 6 onwards): <b>CBC and diff, creatinine, bilirubin, ALT</b></p> <p>If clinically indicated:  <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>

Fill prescription at a community pharmacy



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**DATE:**

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

Start date: \_\_\_\_\_ (Monday)

Mitte: \_\_\_\_\_ weeks

Reminder to patient: Drink 1.5 to 2 liters of fluid (8 glasses) every day for the first 5 weeks, starting 2 days before taking the first dose of venetoclax

**DOCTOR'S SIGNATURE:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**License number:** \_\_\_\_\_