

Chemotherapy Protocol

Chronic Lymphocytic Leukaemia

VENETOCLAX (low risk)

Funding may be required for this regimen.

are at greater risk of tumour lysis syndrome when initiating venetoclax. Reduced renal function (creatinine clearance less than 30ml/min) further increases the risk. The risk may decrease as tumour burden decreases with venetoclax treatment. The table below defines the risk. Drug interactions may also contribute. Always check for drug interactions.

TLS Risk Category	Criteria
Low	All measurable lymph nodes with the largest diameter less than 1 cm and a lymphocyte count less than $2 \times 10^9 /L$
Medium	All measurable lymph nodes with the largest diameter between 1 cm to 10cm and a lymphocyte count less than $2 \times 10^9 /L$
High	Any measurable lymph node with the largest diameter more than 10cm or lymphocyte count greater than $2 \times 10^9 /L$ and any measurable lymph nodes with the largest diameter between 1 cm to 10cm or a lymphocyte count greater than $100 \times 10^9 /L$

Prior to initiating y-4. (v)1 1. 0. 01 Tm ()Tj 12. 2 T1tea1. 1 02101(u)12.1 1(r)-4.1ea1. 1 0

[Regimen](#)

28 day cycle until disease progression or intolerance (6 cycles will be set in ARIA)

Cycle 1

This cycle will be set up on ARIA in 7 day blocks that can be prescribed independently

Drug	Dose	Days	Administration
Venetoclax	20mg*	1, 2, , 4, , ,	Oral
	0mg	, , 10, 11, 12, 1 , 1 ⁴	
	100mg	1 , 1 , 1 , 1 , 1 , 20, 21	
	200mg	22, 2 , 2 ⁴ , 2 , 2 , 2 , 2	

*Day one will be dispensed as a separate supply to allow evaluation for TLS on day 2

Cycle 2 onwards

Drug	Dose	Days	Administration
Venetoclax	400mg*	1-2 inclusive	Oral

*Day one of cycle two only will be dispensed as a separate supply to allow evaluation for TLS on day 2

[Dose Information](#)

- Venetoclax is available as 10mg, 0mg and 100mg film-coated tablets.
- For patients who have had a dosing interruption la

- Grapefruit products, Seville oranges, and starfruit (carambola) should be avoided during treatment with venetoclax.

Additional Therapy

- Antiemetics

As take home medication

- metoclopramide 10mg three times a day when required oral
- Allopurinol 100mg once a day oral for 2 days oral starting 2 hours prior to venetoclax
- Patients should be adequately hydrated during the dose-titration phase to reduce the risk of TLS. Patients should be instructed to drink plenty of water daily starting 2 days before and throughout the dose-titration phase. Patients should be particularly instructed to drink 1. to 2L of water daily, 2 days prior to and the days of dosing at initiation and each subsequent dose increase. Intravenous fluids should be administered as indicated based on overall risk of TLS or for those who cannot maintain an adequate level of oral hydration.
- Gastric protection with a proton pump inhibitor or a H₂ antagonist may be considered

and each subsequent dose increase. Intravenous fluids should be administered as indicated based on overall risk of TLS or for those who cannot maintain an adequate level of oral hydration.

• Venetoclax 100mg once a day for 21 days oral

Administration Information

Take with or just after food, or a meal. Take with a full glass of water.

Day 22

10. Warning Dose escalation and hydration

Administration instructions

Please note this dose has been automatically escalated by ARIA, please check the dose is appropriate for the patient.

Patients should be adequately hydrated during the dose-titration phase to reduce the risk of TLS. Patients should be instructed to drink plenty of water daily starting 2 days before and throughout the dose-titration phase. Patients should be particularly instructed to drink 1. to 2

Cycle 3

Day 1

1. Venetoclax 400mg once a day for 2 days oral
Administration Information
Take with or just after food, or a meal. Take with a full glass of water.

- 1 . Allopurinol 300mg once a day for 2 days oral

- 1 . Metoclopramide 10mg three times a day when required for the relief of nausea oral
Administration Instructions
Please supply 2 tablets or nearest equivalent pack size

DOCUMENT CONTROL

Version	Date	Amendment	Written By	Approved By
1	February 201	None	Eleanor Taylor Pharmacist	Dr Andrew Duncombe Consultant Haematologist

This chemotherapy protocol has been developed as part of the chemotherapy electronic prescribing project. This was and remains a collaborative project that originated from the former CSCCN. These documents have been approved on behalf of the following T