Tumour lysis monitoring during ramp-up

Electrolyte	Increase (a)	Decrease (b)	Absolute TLS
Phosphate	> 25%		> 1.5 mmol/L
Potassium	> 0.5 mmol/L		> 6 mmol/L
Urate	> 25%		> 476 µmol/L
Corrected calcium		> 25%	< 1.75 mmol/L
Creatinine			> 25% above baseline

(a) Multiply baseline electrolyte by 1.25. **(b)** Multiply baseline electrolyte by 0.75.

For minor electrolyte changes (increases or decreases that do not meet absolute criteria, or one isolated phosphate or urate rise) TLS bloods can be checked within 24 hours. Gaviscon can be given for isolated hyperphosphataemia.

Absolute TLS changes of potassium, calcium or creatinine

Reassess immediately, either on C7, MAOS or the nearest medical centre able to check bloods urgently and give IV fluids. Expected to be very rare: hand over to the medical team (lymphoid registrar in hours, on-call haematology registrar out of hours).

Any two increase/decrease changes, or one absolute TLS threshold met?

No

Inform patient 'bloods are satisfactory' and continue with ramp-up

Yes

Hold next venetoclax, increase fluids (oral or, if not tolerated, IV) and repeat tumour lysis bloods#

After holding venetoclax

- If blood chemistry has resolved within 24–48 hours, resume treatment at the same dose
- If TLS continues on 48-hour bloods, a dose reduction is needed: mandatory discussion with consultant or haematology registrar
- Re-start when TLS bloods have normalised
- Continue any modified dose for at least 1 week (7 days in total) before the next dose escalation