

**INSIDE THIS ISSUE**

- [Editor's Choice](#): Referral to Communities Oncology Network; Updated Antiemetics Guidelines (SCNAUSEA)
- [Cancer Drug Manual](#) – Erlotinib, Docetaxel, Pamidronate, Interferon
- [Highlights of Protocol Changes](#) – Supportive Care Protocol Summaries – SCNAUSEA and SCDRUGRX
- [List of New and Revised Protocols](#) – **New**: SCDRUGRX; **Revised**: BRAJCEF, BRAJFEC, BRAVNAV, BRAVTPC, BRAVTRNAV, GOOVIN, (U)GUAJPG, (U)GUNAJPG, GUPDOC, LUNAVP, SAAVGI, SCNAUSEA
- [List of New and Revised Pre-Printed Orders](#) – **Revised**: BRAJFEC, BRAJTR, BRAVDOC7, BRAVNAV, BRAVTR, BRAVTRNAV, GIPAJFF, GOOVIN, GUAVPG, GUPDOC, LYFLUDR
- [Nursing Update](#): Continuing Education On-Line; Article of the month - Keys to Unlock Cancer: Targeted Therapy
- [Policies and Procedures](#): Pharmacy Policy on Handling Delivery of Cytotoxic and Hazardous Vials
- [Website Resources](#)

[IN TOUCH](#) phone list is provided if additional information is needed.

EDITOR'S CHOICE**IMPROVING REFERRAL TO COMMUNITIES ONCOLOGY NETWORK**

A number of community oncologists, GPs in oncology practicing in small centres, family physicians, chemotherapy nurses and pharmacists have brought to the attention of the BC Cancer Agency that there are often some difficulties in communication between the Agency and the professional staff in these centres regarding the intended treatment plan for a patient expected to receive chemotherapy in that centre.

We have now posted a new referral form on the BC Cancer Agency website:

<http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms.htm>. (See attachment)

All medical oncologists, residents and GPs in oncology in the regional satellite centres should complete this form for patients anticipated to receive chemotherapy if they are anticipating the patient will receive chemotherapy in another centre and fax it to the family physician, and the centres' chemotherapy nurse and the pharmacists in that centre to apprise them of the treatment intentions, the regimen and the proposed schedule.

UPDATED ANTIEMETIC GUIDELINES (SCNAUSEA)

The BC Cancer Agency's antiemetic guidelines (**SCNAUSEA**) have been updated and completely reformatted. This protocol is evidence-based and easy to use, with the first three pages containing all the information needed to start caring for patients.

- Page 1 describes prophylactic antiemetic *regimens*.
- Page 2 gives *therapeutic tips*, defines emetogenicity, and explains how to determine the emetogenicity of chemotherapy regimens.
- Pages 2 and 3 outline a stepwise *approach to treatment failures*.

There are now three levels of antiemetic prophylaxis. As before, patients receiving “highly emetogenic” chemotherapy should be premedicated with a 5-HT₃ antagonist (e.g., ondansetron) and a corticosteroid. Patients receiving “rarely emetogenic” chemotherapy can be treated on a “prn only” basis. The third group includes those “in between” patients for whom a 5-HT₃ antagonist is not warranted, but an as-needed regimen is not sufficient. In agreement with national and international guidelines, and indeed with our own daily practice, the Low Emetogenicity regimen was created for use with these patients.

However, there is often a need for an intermediate regimen; i.e., a 5-HT₃ antagonist is not warranted, but an as-needed regimen is not sufficient. In agreement with national and international guidelines, and indeed with our own daily practice, the Low Emetogenicity regimen was created.

The evidence base of the SCNAUSEA has been largely provided by the comprehensive review of the literature by Dr. Paul Hoskins of the Vancouver Centre, BC Cancer Agency. Additional thanks are due to the many enthusiastic reviewers of this protocol. Important and helpful feedback was received from pharmacists, nurses, and physicians. Reviewers represented all four regional centres, as well as one CON site: special thanks to Daryl Regier and Lynn Shervill of the Bulkley Valley Hospital in Smithers. The updated protocol may be found at www.bccancer.bc.ca/ChemoProtocols > Supportive Care.

Sarah Jennings, B.Sc. (Biomed), B.Sc.Pharm.
Acting - Oncology Drug Information Specialist
BC Cancer Agency

CANCER DRUG MANUAL

Erlotinib (Tarceva®) monograph and handout These have been developed for this new agent currently licensed for advanced non-small cell lung cancer. Note that erlotinib is not a BC Cancer Agency benefit drug and use of this agent continues to require undesignated request approval.

Docetaxel monograph has been revised to clarify amount of diluent used for reconstitution.

Pamidronate monograph has undergone minor revision on the general management for osteonecrosis of the jaw.

Interferon monograph has been revised for a typo in dosing (total dose per cycle should read 9 MU and not 90U).

HIGHLIGHTS OF PROTOCOL CHANGES

Supportive Care Protocol Summaries The antiemetics protocol (**SCNAUSEA**) has been updated and completely reformatted to allow step-by-step approach to the use of antiemetics for chemotherapy. For more details, see Editor’s Choice above.

A new protocol has been introduced for the management of hypersensitivity reactions to chemotherapy agents (**SCDRUGRX**). This is based on the BC Cancer Agency policy on hypersensitivity reactions and presented in more user-friendly format.

LIST OF NEW AND REVISED PROTOCOLS

The **BC Cancer Agency Protocol Summaries** are revised on a periodic basis. New and revised protocols for this month are listed below. Protocol codes for treatments requiring “Undesignated Indication” approval are prefixed with the letter **U**.

New protocol:

Code	Protocol Name
SCDRUGRX	Management of Hypersensitivity Reactions to Chemotherapeutic Agents

Revised protocols:

Code	Changes	Protocol Name
BRAJCEF	<i>dose modification clarified</i>	Adjuvant therapy for breast cancer using doxorubicin and cyclophosphamide
BRAJFEC	<i>dose modification clarified</i>	Adjuvant therapy for breast cancer using fluorouracil, epirubicin and cyclophosphamide
BRAVNAV	<i>IV flushing regimen clarified</i>	Palliative therapy for symptomatic metastatic breast cancer using vinorelbine (Navelbine®)
BRAVTPC	<i>title revised, reference typo corrected</i>	Palliative therapy for metastatic breast cancer using trastuzumab (Herceptin®), paclitaxel and carboplatin as first-line treatment for advanced breast cancer
BRAVTRNAV	<i>IV flushing regimen clarified</i>	Palliative therapy for metastatic breast cancer using trastuzumab (Herceptin®) and vinorelbine
GOOVIN	<i>IV flushing regimen clarified</i>	Palliative chemotherapy for re-treatment of ovarian, tubal, and peritoneal cancer using vinorelbine
(U)GUAJPG	<i>number of treatment cycles corrected, reference added</i>	Adjuvant therapy for urothelial carcinoma using cisplatin and gemcitabine
(U)GUNAJPG	<i>reference added</i>	Neo-adjuvant therapy for urothelial carcinoma using cisplatin and gemcitabine
GUPDOC	<i>timing of PSA testing clarified, prednisone added to treatment, title revised</i>	Palliative therapy for metastatic hormone refractory prostate cancer using docetaxel and prednisone
LUNAVP	<i>IV flushing regimen clarified</i>	Treatment for advanced non-small cell lung cancer (NSCLC) with cisplatin and vinorelbine
SAAVGI	<i>indications broadened, higher dose option on failure added</i>	Treatment of advanced c-kit positive gastrointestinal stromal cell tumours (GIST's) using imatinib (Gleevec®)
SCNAUSEA	<i>updated and reformatted</i>	Prevention and treatment of chemotherapy-induced nausea and vomiting in adults

LIST OF NEW AND REVISED PRE-PRINTED ORDERS

The **INDEX to BC Cancer Agency Pre-printed Orders** are revised on a periodic basis. The revised pre-printed orders for this month are listed below.

Revised pre-printed orders:

Code	Changes	Protocol Name
BRAJFEC	<i>Hydrocortisone box added to the Premedications section</i>	Adjuvant Therapy for Breast Cancer Using Fluorouracil, Epirubicin and Cyclophosphamide
BRAJTR	<i>Interval x 3 weeks added to the treatment section for Cycle 2</i>	Adjuvant Therapy for Breast Cancer using Trastuzumab (Herceptin®) following the Completion of Chemotherapy (Sequential)
BRAVDOC7	<i>timing of blood work clarified</i>	Palliative therapy for metastatic breast cancer using weekly docetaxel (Taxotere®)
BRAVNAV	<i>IV flushing regimen clarified</i>	Palliative therapy for symptomatic metastatic breast cancer using vinorelbine (Navelbine®)
BRAVTR	<i>Interval x 3 weeks added to the treatment section for Cycle 2</i>	Palliative Therapy for Metastatic Breast Cancer using Trastuzumab (Herceptin®)
BRAVTRNAV	<i>IV flushing regimen clarified</i>	Palliative therapy for metastatic breast cancer using trastuzumab (Herceptin®) and vinorelbine
GIPAJFF	<i>timing of blood work clarified</i>	Adjuvant therapy for resected pancreatic cancer using leucovorin and fluorouracil
GOOVIN	<i>IV flushing regimen clarified</i>	Palliative chemotherapy for re-treatment of ovarian, tubal, and peritoneal cancer using vinorelbine
GUAVPG	<i>Clarification of prehydration orders</i>	Palliative therapy for urothelial carcinoma using cisplatin and gemcitabine
GUPDOC	<i>timing of PSA clarified prednisone added to treatment</i>	Palliative therapy for metastatic hormone refractory prostate cancer using docetaxel and prednisone
LYFLUDR	<i>height, weight and BSA added</i>	Treatment of chronic lymphocytic leukemia or prolymphocytic leukemia with fludarabine and rituximab

NURSING UPDATE

CONTINUING EDUCATION ON-LINE: On Target: Molecular Targets in Oncology Care. By the end of this web-based continuing education program, you will be able to:

- Summarize the roles of HER1/EGFR and VEGF activity in cancer
- Identify patients most likely to respond to HER1/EGFR and VEGF targeted therapies
- Discuss the rationale for combination targeted therapy
- Discuss symptom management and patient education specific to HER1/EGFR and anti-VEGF targeted therapies

http://oes.digiton.com/on_target/objectives.asp

Article of the month: Viel, C. (2005). Keys to Unlock Cancer: Targeted Therapy. *Oncology Nursing Forum* 32(5), 935-940.

This article will support your learning on the targeted therapies that are discussed in the above webcast. It focuses on the function of the human EGFR family and VEG-F mediated angiogenesis and their role in therapeutic options for tumour growth.

Follow this link <http://www.ons.org/publications/journals/ONF/Volume32/Issue5/3205toc.asp> if you are on the BCCA network.

If you are *not* on the BCCA network and wish to have a copy of this article, please send your request to: requests@bccancer.bc.ca. You *must* include the name of the article and also your mailing address.

Judy Oliver, RN. BScN, Med
Education Resource Nurse
BC Cancer Agency

POLICIES AND PROCEDURES

New Pharmacy Policy on Handling Delivery of Cytotoxic and Hazardous Vials A new policy (Pharmacy Policy III-40-03) has been approved by the BC Cancer Agency Provincial Pharmacy Professional Practice Council. The results of several European and American studies have shown that surface contamination exists on commercially available vials of chemotherapy as delivered from manufacturers. Given the increasingly global nature of the pharmaceutical supply chain, it is assumed that vials delivered to Canadian hospital pharmacies are also contaminated.

Exposure control steps should begin when cytotoxic and hazardous drugs enter the facility. For example, persons involved in drug distribution, receiving and inventory control should:

1. be informed of the existence of surface contamination on chemotherapy and hazardous drug vials,
2. wear gloves when handling chemotherapy and hazardous drug vials,
3. quarantine packages with visual signs of damage, and open in a biological safety cabinet (BSC) using personal protective equipment (e.g., gown, gloves, etc.),
4. wash their hands after handling chemotherapy and hazardous drug vials (N.B. gloves are not a substitute for hand washing),
5. dispose of potentially contaminated materials (e.g., gloves) as hazardous waste.

Employers are encouraged to:

1. make sure the storage area has sufficient general exhaust ventilation to dilute and remove any airborne contaminants,
2. depending on the physical nature and quantity of the stored drugs, consider installing a dedicated emergency exhaust fan that is large enough to quickly purge airborne contaminants from the storage room in the event of a spill and prevent contamination in adjacent areas,
3. purchase products, which are verified to be free of external contamination.

For any questions regarding this matter, please discuss them with your regional BC Cancer Agency Pharmacy Professional Practice Leader or a member of the Pharmacy Safe Handling Working Group.

To request a copy of the policy, contact Gigi Concon at 604.877.6000 x 2247 or gconcon@bccancer.bc.ca.

WEBSITE RESOURCES

The followings are available on the BC Cancer Agency website (www.bccancer.bc.ca) under the Health Professionals Info section:

Reimbursement and Forms: Benefit Drug List, Class II, Undesignated Indication	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms
Cancer Drug Manual	www.bccancer.bc.ca/cdm
Cancer Management Guidelines	www.bccancer.bc.ca/CaMgmtGuidelines
Cancer Chemotherapy Protocols	www.bccancer.bc.ca/ChemoProtocols
Cancer Chemotherapy Pre-Printed Orders	www.bccancer.bc.ca/ChemoProtocols under the index page of each tumour site
Systemic Therapy Program Policies	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Policies
Unconventional Cancer Therapies Manual	under Patient/Public Info, Unconventional Therapies

EDITORIAL REVIEW BOARD

Mário de Lemos, MSc, PharmD (Editor)	Judy Oliver, BScN, MEd
Thanh Vu, PharmD (Assistant Editor)	Beth Morrison, MLS
Caroline Lohrisch, MD	Jaya Venkatesh, MHA, CMA
Johanna Den Duyf, MA	Susan Walisser, BSc (Pharm)
	Gigi Concon (Editorial Assistant)

IN TOUCH	www.bccancer.bc.ca	bulletin@bccancer.bc.ca
BC Cancer Agency.....	(604) 877-6000.....	Toll-Free 1-(800) 663-3333
Communities Oncology Network.....	Ext 2744	jvenkate@bccancer.bc.ca
Education Resource Nurse	Ext 2638	nursinged@bccancer.bc.ca
Nursing Professional Practice.....	Ext 2623	ilundie@bccancer.bc.ca
Pharmacy Professional Practice	Ext 2247	gconcon@bccancer.bc.ca
Provincial Systemic Therapy Program.....	Ext 2247	gconcon@bccancer.bc.ca
Communities Oncology Network Pharmacist	Ext 6277	lkovacic@bccancer.bc.ca
Drug Information	Ext 6275	druginfo@bccancer.bc.ca
Library/Cancer Information	1-888-675-8001	requests@bccancer.bc.ca
	Ext 8003	
OSCAR Help Desk.....	1-888-355-0355.....	oscar@bccancer.bc.ca
	Fax (604) 708-2051	
Undesignated Drug Application office.....	Ext 6277	undesignated@bccancer.bc.ca
	Fax (604) 708-2026	
Update Editor	Ext 2288	mdelemos@bccancer.bc.ca
Centre for the Southern Interior (CCSI)	(250) 712-3900.....	Toll-Free 1-(888) 563-7773
Fraser Valley Centre (FVCC).....	(604) 930-2098.....	Toll-Free 1-(800) 523-2885
Vancouver Centre (VCC).....	(604) 877-6000.....	Toll-Free 1-(800) 663-3333
Vancouver Island Centre (VICC)	(250) 519-5500.....	Toll-Free 1-(800) 670-3322



BC Cancer Agency

ONCOLOGIST'S REFERRAL FOR CON CHEMOTHERAPY

Date/Time: _____	
ALLERGY/ALERT: <input type="checkbox"/> No known drug allergy OR Allergies to _____	
Ht _____ cm	Wt _____ kg BSA _____ m ²
Clinical summary: 	
BCCA Oncologist _____	<input type="checkbox"/> CSI 1-888-563-7773 local _____ <input type="checkbox"/> VC 1-800-663-3333 local _____ <input type="checkbox"/> FVC 1-800-523-2885 local _____ <input type="checkbox"/> VIC 1-800-670-3322 local _____
Next chemotherapy treatment to be administered as follows	
Supervising physician (Community Oncologist): _____	
Community Oncology (CON) site: _____	
Date next chemotherapy due: _____	
Protocol: _____	
Please fax the following documents to the individuals identified below <input type="checkbox"/> This page <input type="checkbox"/> Oncology consultation <input type="checkbox"/> Protocol _____ <input type="checkbox"/> Protocol pre-printed orders <input type="checkbox"/> Chemotherapy Patient Treatment Record <input type="checkbox"/> Other	
Fax above documents to <input type="checkbox"/> General Practitioner <input type="checkbox"/> Supervising physician (Community Oncologist) _____ <input type="checkbox"/> Chemo Nurse in _____ <input type="checkbox"/> Pharmacy in _____ <input type="checkbox"/> Please call Local 5937 to arrange urgent transcription and Faxing out of today's note	
<input type="checkbox"/> See general order sheet for additional requests.	
DOCTOR'S SIGNATURE	
	Signatures UC: RN: