

Systemic Therapy Update



BC Cancer Agency

CARE + RESEARCH

An agency of the Provincial Health Services Authority

September 2016
Volume 19, Number 9

For Health Professionals Who Care For Cancer Patients

Inside This Issue:

- **Medication Safety Corner** – TALLman Lettering Revisions on all BCCA Documentation Completed
- **Benefit Drug List** – **Revised:** [Class II to Class I Reclassification] – Rituxmab (LYCHLRR, LYCHOPR, LYCHOPRMTX, LYCODXMR, LYCVPR, LYFCR, LYFLUDR, LYGDPR, LYHDMRP, LYIVACR, LYRITUX, LYRMTN), [Restricted to Class I Reclassification] – Bortezomib (MYBORMTN, MYBORPRE, MYBORREL, MYMPBOR)
- **List of New and Revised Protocols, Provincial Pre-Printed Orders and Patient Handouts** – **Revised:** BRINFCEFG, BRINFCEFG, UBRLACEF, BRLACEFG, GICOXB, UGIPGEMABR, GOENDCAT, GOCXAJCAT, GOTDLR, UGUAXIT, HNLACAFRT, ULKATOATRA, ULKATOP, ULKATOR, ULKCMLD, LKCMLI, ULKCMLN, ULKMDSA, LULAPE2RT, LYFCR, LYFLU, ULYIBRU, ULYOBCHLOR, MYBORMTN, MYBORPRE, MYBORREL, MYMPBOR, UMYTHALID, SAAJGI, SAAVGI, SAAVGIDD, USAAVGR, SAIME, SCPAINSU
- **Website Resources and Contact Information**

MEDICATION SAFETY CORNER

TALLMAN LETTERING REVISIONS ON ALL BCCA DOCUMENTATION COMPLETED

In the [April 2016](#) issue of the Systemic Therapy Update, it was announced that the TALLman lettering list had been revised to incorporate recent recommendations from the Institute of Safe Medication Practices (ISMP) Canada, ISMP US, and the Clinical and Systems Transformation (CST) project. Effective September 1st, all BCCA documentation (including chemotherapy protocols and PPPOs) and databases have been updated to reflect the revised TALLman lettering list. BCCA staff may access the revised TALLman lettering list by referring to the Provincial Pharmacy Directive in the BCCA internal drive at: H:\EVERYONE\Pharmacy\BCCA Pharmacy Directives\VI_RiskManagement\VI-90 Medication Nomenclature.

For further information about this initiative, please see the [April 2016](#) issue of the Systemic Therapy Update.

BENEFIT DRUG LIST

REVISED PROGRAMS

Effective 1 September 2016, the following BCCA treatment programs have been reclassified from **Class II** to **Class I** status on the BCCA [Benefit Drug List](#):

BENEFIT DRUG LIST

| Drug | Tumour Site | Protocol Title | Protocol Code |
|------------------|-------------|--|---------------|
| Rituximab | Lymphoma | Treatment of Indolent B-cell Lymphoma and Chronic Lymphocytic Leukemia with Chlorambucil and riTUXimab | LYCHLRR |
| | | Treatment of Lymphoma with DOXOrubicin, Cyclophosphamide, vinCRISStine, prednisone and riTUXimab | LYCHOPR |
| | | Central Nervous System Prophylaxis with High-Dose Methotrexate, CHOP and RiTUXimab in Diffuse Large B-cell Lymphoma | LYCHOPRMTX |
| | | Treatment of Burkitt's Lymphoma and Leukemia (ALL-L3) with Cyclophosphamide, vinCRISStine, DOXOrubicin, Methotrexate, Leucovorin (CODOX-M) and riTUXimab | LYCODOXMR |
| | | Treatment of Advanced Indolent Lymphoma Using Cyclophosphamide, vinCRISStine, predniSONE and riTUXimab | LYCVPR |
| | | Treatment of Chronic Lymphocytic Leukemia or Prolymphocytic Leukemia with Fludarabine, Cyclophosphamide and riTUXimab | LYFCR |
| | | Treatment of Chronic Lymphocytic Leukemia or Prolymphocytic Leukemia and Relapsed Indolent Lymphoma with Fludarabine and rituximab | LYFLUDR |
| | | Treatment of Lymphoma with Gemcitabine, Dexamethasone and CISplatin with riTUXimab | LYGDPR |
| | | Treatment of Primary Intracerebral Lymphoma with High-Dose Methotrexate and rituximab | LYHDMRP |
| | | Treatment of Burkitt's Lymphoma and Leukemia (ALL-L3) with Ifosfamide, Mesna, Etoposide, Cytarabine (IVAC) and riTUXimab | LYIVACR |
| | | Treatment of Lymphoma with Single-Agent riTUXimab | LYRITUX |
| | | Maintenance riTUXimab for Indolent Lymphoma | LYRMTN |

Effective 1 September 2016, the following BCCA treatment programs have been reclassified from **Restricted** to **Class I** status on the BCCA [Benefit Drug List](#):

| Drug | Tumour Site | Protocol Title | Protocol Code |
|-------------------|-------------|--|---------------|
| Bortezomib | Myeloma | Maintenance Therapy of Multiple Myeloma Using Bortezomib for Patients with the High-Risk Chromosome Abnormality | MYBORMTN |
| | | Treatment of Multiple Myeloma Using Bortezomib, Dexamethasone with or without Cyclophosphamide as Induction Pre-Stem Cell Transplant | MYBORPRE |
| | | Treatment of Relapsed Multiple Myeloma Using Bortezomib, Dexamethasone with or without Cyclophosphamide | MYBORREL |
| | | Treatment of Multiple Myeloma Using Melphalan, Prednisone and Weekly Bortezomib with the Option of Substituting Cyclophosphamide for Melphalan | MYMPBOR |

LIST OF NEW AND REVISED PROTOCOLS, PRE-PRINTED ORDERS AND PATIENT HANDOUTS

BC Cancer Agency Protocol Summaries, Provincial Pre-Printed Orders (PPPOs) and Patient Handouts are revised periodically. New, revised or deleted protocols, PPPOs and patient handouts for this month are listed below. Protocol codes for treatment requiring BCCA Compassionate Access Program approval are prefixed with the letter “U”.

| REVISED PROTOCOLS, PPPOs AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED) | | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|--|
| CODE | Protocol | PPPO | Patient Handout | Changes | Protocol Title |
| BRINFCEF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | Therapy for Inflammatory Breast Cancer Using Cyclophosphamide, Epirubicin and Fluorouracil |
| BRINFCEFG | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | Therapy for Inflammatory Breast Cancer Using Cyclophosphamide, Epirubicin, Fluorouracil and Filgrastim (G-CSF) |
| UBRLACEF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | Therapy for Locally Advanced Breast Cancer Using Cyclophosphamide, Epirubicin and Fluorouracil |
| BRLACEFG | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | Therapy for Locally Advanced Breast Cancer Using Cyclophosphamide, Epirubicin, Fluorouracil and Filgrastim (G-CSF) |
| GICOXB | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Priming of IV line added</i> | Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Oxaliplatin, Bevacizumab and Capecitabine |
| UGIPGEMABR | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Typo corrected</i> | First-Line Treatment of Locally Advanced and Metastatic Pancreatic Cancer with PACLitaxel-Nab (ABRAXANE®) and Gemcitabine |
| GOCXAJCAT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Protocol title clarified</i> | Primary Adjuvant Treatment of Adenocarcinoma/Adenosquamous Cancer of the Cervix with CARBOplatin and PACLitaxel Preceding or Following Irradiation with or without CISplatin |
| GOENDCAT | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>Minor typo corrected</i> | Treatment of Primary Advanced or Recurrent Endometrial Cancer Using Carboplatin and Paclitaxel |
| GOTDLR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | Therapy for Low Risk Gestational Trophoblastic Neoplasia (GO 94 02) Using Methotrexate, Leucovorin and Actinomycin D |
| UGUAXIT | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | Therapy for Metastatic Renal Cell Carcinoma Using Axitinib |
| HNLACAFRT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | Combined Chemotherapy (CARBOplatin and Fluorouracil) and Radiation Treatment for Locally Advanced Squamous Cell Carcinoma of the Head and Neck |
| ULKATOATRA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | First-Line Induction and Consolidation Therapy of Acute Promyelocytic Leukemia Using Arsenic Trioxide and Tretinoin (All-Trans Retinoic Acid) |

REVISED PROTOCOLS, PPPOs AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)

| CODE | Protocol | PPPO | Patient Handout | Changes | Protocol Title |
|------------|-------------------------------------|-------------------------------------|--------------------------|---|---|
| ULKATOP | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | First-Line Induction and Consolidation Therapy of Acute Promyelocytic Leukemia Using Arsenic Trioxide, Tretinoin (All-Trans Retinoic Acid) and DAUNOrubicin |
| ULKATOR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | Induction and Consolidation Therapy of Relapsed Acute Promyelocytic Leukemia Using Arsenic Trioxide |
| ULKCMLD | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | Treatment of Chronic Myeloid Leukemia and Ph+ Acute Lymphoblastic Leukemia Using Dasatinib |
| LKCMLI | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | Therapy for Chronic Myeloid Leukemia and Ph+ Acute Lymphoblastic Leukemia Using Imatinib |
| ULKCMLN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | Treatment of Chronic Myeloid Leukemia Using Nilotinib |
| ULKMDSA | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | Therapy of Myelodysplastic Syndrome Using Azacitidine |
| LULAPE2RT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Dose Modifications typo corrected</i> | Treatment of Locally Advanced Non-Small Cell Lung Cancer (NSCLC) Using Alternative Dosing of CISplatin and Etoposide with Radiation Therapy |
| LYFCR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Dose Modifications corrected</i> | Treatment of Chronic Lymphocytic Leukemia (CLL) or Prolymphocytic Leukemia with Fludarabine, Cyclophosphamide and ritUXimab |
| LYFLU | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Dose Modifications table reformatted</i> | Treatment of Low-Grade Lymphoma or Chronic Lymphocytic Leukemia with Fludarabine |
| ULYIBRU | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | Treatment of Relapsed/Refractory Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma Using Ibrutinib |
| ULYOBCHLOR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Dexamethasone administration clarified, precaution for tumour lysis syndrome clarified</i> | Treatment of Previously Untreated Chronic Lymphocytic Leukemia (CLL) or Small Lymphocytic Lymphoma with oBINutuzumab and Chlorambucil |
| MYBORMTN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Eligibility updated to delete CAP requirement</i> | Maintenance Therapy of Multiple Myeloma Using Bortezomib for Patients with the High-Risk Chromosome Abnormality |
| MYBORPRE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Eligibility updated to delete CAP requirement</i> | Treatment of Multiple Myeloma Using Bortezomib, Dexamethasone with or without Cyclophosphamide as Induction Pre-Stem Cell Transplant |

REVISED PROTOCOLS, PPPOs AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)

| CODE | Protocol | PPPO | Patient Handout | Changes | Protocol Title |
|-----------|-------------------------------------|-------------------------------------|--------------------------|---|---|
| MYBORREL | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Eligibility updated to delete CAP requirement and clarify re-treatment, order of treatment options revised</i> | Treatment of Relapsed Multiple Myeloma Using Bortezomib, Dexamethasone with or without Cyclophosphamide |
| MYMPBOR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Eligibility updated to delete CAP requirement</i> | Treatment of Multiple Myeloma Using Melphalan, Prednisone and Weekly Bortezomib with the Option of Substituting Cyclophosphamide for Melphalan |
| UMYTHALID | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Funding clarified</i> | Therapy of Multiple Myeloma Using Thalidomide |
| SAAJGI | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | Adjuvant Treatment of C-Kit Positive High Risk Gastrointestinal Stromal Cell Tumours Using Imatinib |
| SAAVGI | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | Treatment of Advanced c-Kit Positive and c-Kit Negative Gastrointestinal Stromal Cell Tumors (GIST's) Using Imatinib |
| SAAVGIDD | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | Treatment of Advanced c-Kit Positive Gastrointestinal Stromal Cell Tumors (GISTs) Using 800 mg Dosing of Imatinib |
| USAAVGR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | Third-Line Treatment of Advanced Gastrointestinal Stromal Cell Tumours (GIST's) Using Regorafenib |
| SAIME | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Premedications dosing clarified</i> | Etoposide, Ifosfamide-Mesna for Patients with Newly Diagnosed Ewing's Sarcoma/Peripheral Neuroectodermal Tumor or Rhabdomyosarcoma or Advanced Soft Tissue or Bony Sarcomas |
| SCPAINSU | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>TALLman lettering formatted</i> | Incident Pain Therapy Using Sufentanil via Sublingual Route |

WEBSITE RESOURCES AND CONTACT INFORMATION

| WEBSITE RESOURCES | WWW.BCCANCER.BC.CA |
|--|--|
| Systemic Therapy Update | www.bccancer.bc.ca/health-professionals/professional-resources/systemic-therapy/systemic-therapy-update |
| Reimbursement & Forms: Benefit Drug List, Class II, Compassionate Access Program | www.bccancer.bc.ca/health-professionals/professional-resources/systemic-therapy |
| Cancer Drug Manual | www.bccancer.bc.ca/health-professionals/professional-resources/cancer-drug-manual |
| Cancer Management Guidelines | www.bccancer.bc.ca/health-professionals/professional-resources/cancer-management-guidelines |
| Cancer Chemotherapy Protocols, Pre-Printed Orders, Protocol Patient Handouts | www.bccancer.bc.ca/health-professionals/professional-resources/chemotherapy-protocols |
| Systemic Therapy Program Policies | www.bccancer.bc.ca/health-professionals/professional-resources/systemic-therapy |
| CON Pharmacy Educators | www.bccancer.bc.ca/health-professionals/professional-resources/pharmacy |

| CONTACT INFORMATION | PHONE | FAX | EMAIL |
|---|---|--------------|--|
| Systemic Therapy Update Editor | | | bulletin@bccancer.bc.ca |
| Provincial Systemic Therapy Program | 604-877-6000 x 672247 | | mclin@bccancer.bc.ca |
| To update contact information of any CON sites, please contact: | | | |
| Oncology Drug Information | 604-877-6275 | | druginfo@bccancer.bc.ca |
| Education Resource Nurse | 604-877-6000 x 672638 | | nursinged@bccancer.bc.ca |
| Library/Cancer Information | 604-675-8003 Toll Free 888-675-8001 x 8003 | | requests@bccancer.bc.ca |
| Pharmacy Professional Practice | 604-877-6000 x 672247 | | mclin@bccancer.bc.ca |
| Nursing Professional Practice | 604-877-6000 x 672623 | | ilundie@bccancer.bc.ca |
| OSCAR | 888-355-0355 | 604-708-2051 | oscar@bccancer.bc.ca |
| Compassionate Access Program (CAP) | 604-877-6277 | 604-708-2026 | cap_bcca@bccancer.bc.ca |
| Pharmacy Chemotherapy Certification | 250-712-3900 x 686741 | | rxchemocert@bccancer.bc.ca |
| BCCA-Abbotsford Centre | 604-851-4710 Toll Free 877-547-3777 | | |
| BCCA-Centre for the North | 250-645-7300 Toll Free 888-775-7300 | | |
| BCCA-Fraser Valley Centre | 604-930-2098 Toll Free 800-523-2885 | | |
| BCCA-Sindi Ahluwalia Hawkins Centre for the Southern Interior | 250-712-3900 Toll Free 888-563-7773 | | |
| BCCA-Vancouver Centre | 604-877-6000 Toll Free 800-663-3333 | | |
| BCCA-Vancouver Island Centre | 250-519-5500 Toll Free 800-670-3322 | | |

EDITORIAL REVIEW BOARD

Sally Waignein, PharmD (Editor)
 Mario de Lemos, PharmD, MSc (Oncol)
 Caroline Lohrisch, MD
 Robert Crisp, BScPT, MBA

Lorraine Leitz, MLS
 Ava Hatcher, RN, BN CONc
 Rob Watt, BSc(Pharm)