Systemic Therapy Update

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BC Cancer Agency

An agency of the Provincial Health Services Authority

For Health Professionals Who Care For Cancer Patients

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- Website Resources and Contact Information

EDITOR'S CHOICE

New Programs

Effective 1 May 2017, the BCCA Provincial Systemic Therapy Program has approved the following programs.

Gastrointestinal:

Ramucirumab with Weekly Paclitaxel for Second-Line Treatment of Metastatic or Locally Advanced Gastric or Gastroesophageal Junction Cancer (UGIGAVRAMT) – Patients with advanced gastric or gastroesophageal junction (GEJ) cancer whose disease progressed after first-line therapy were previously offered irinotecan or paclitaxel based therapy. Ramucirumab with paclitaxel is now approved as the standard second-line treatment and can be accessed through the BCCA Compassionate Access Program (CAP). In the phase 3 RAINBOW trial involving 665 patients, ramucirumab with paclitaxel demonstrated superior median overall survival (9.6 mo vs. 7.4 mo [HR 0.81, 95% CI 0.68-0.96]) and median progressionfree survival (4.4 mo vs. 2.9 mo [HR 0.64, 95% CI 0.54-0.75]) when compared to paclitaxel alone. This treatment also resulted in improved quality of life particularly in the nausea and vomiting and emotional function domains, although it was associated with higher rates of grades 3 and 4 neutropenia, hypertension and fatigue. For further information about the toxicities and pharmacology of ramucirumab, please see the Cancer Drug Manual section below.

Reference:

Wilke H, et al. Ramucirumab plus paclitaxel versus placebo plus paclitaxel in patients with previously treated advanced gastric or gastrooesophageal junction adenocarcinoma (RAINBOW): a double-blind, randomised phased 3 trial. Lancet Oncol 2014;15:1224-35.

EDITOR'S CHOICE

Leukemia:

Azacitidine with Sorafenib as Salvage Therapy for Transplant Eligible Patients with Acute Myeloid Leukemia (AML) (ULKAMLAS) – This combination treatment is now approved for patients with AML with FLT3 ITD mutation who are eligible for stem cell transplant (SCT) but have failed to achieve a complete remission (CR) on standard chemotherapy. FLT3 is a receptor tyrosine kinase expressed on most AML blasts and can be targeted by the multikinase inhibitor sorafenib. In a phase II study, the addition of sorafenib to azacitidine was associated with an overall response rate of 46%, including CR with incomplete count recovery in 27% and CR in 16% of patients. Maintenance with sorafenib for one year after SCT further reduces the risk of relapse. The most common severe toxicities are cytopenias. Azacitidine with sorafenib can be accessed through the BCCA Compassionate Access Program (CAP).

References:

- 1. Ravandi F, et al. Phase 2 study of azacytidine plus sorafenib in patients with acute myeloid leukemia and FLT-3 internal tandem duplication mutation. Blood 2013;121:4655-62.
- 2. Chen YB, et al. Phase 1 trial of maintenance sorafenib after allogeneic hematopoietic stem cell transplantation for Fms-like tyrosine kinase 3 internal tandem duplication acute myeloid leukemia. Biol Blood Marrow Transplant 2014;20:2042-8.

REVISED PROGRAMS

Breast:

Genomic Testing for Single Lymph Node Microscopic Disease (0.3-2 mm deposit) – This is now incorporated into the existing eligibility criteria on a permanent basis. Previously, the temporary coverage for this patient population was due to end in 15 April 2017. For more details on the genomic testing in this setting, see the August 2016 issue of the <u>Systemic Therapy Update</u>.

BENEFIT DRUG LIST

New Programs

Effective 1 May 2017, the following BCCA treatment programs have been added to the BCCA <u>Benefit Drug</u> <u>List</u>:

Protocol Title	Protocol Code	Benefit Status
Second-Line Therapy for Metastatic or Locally Advanced Gastric or Gastroesophageal Junction Cancer Using Weekly PACLitaxel and Ramucirumab	UGIGAVRAMT	Restricted
Therapy of Acute Myeloid Leukemia Using azaCITIDine and SORAfenib	ULKAMLAS	Restricted

CANCER DRUG MANUAL

New Monographs and Patient Handouts

The **Ramucirumab Monograph and Handout** have been developed. Expert review was provided by Dr. Janine Davies (medical oncologist) and Jackie Buston (pharmacist) from the BCCA Gastrointestinal Tumour Group. Ramucirumab, a recombinant human IgG1 monoclonal antibody, is a vascular endothelial growth factor receptor (VEGFR)-2 antagonist that inhibits activation of the VEGF2 receptor and its downstream signalling pathways. The VEGF pathway mediates tumour angiogenesis and regulates tumour growth and metastatic spread. Due to its mechanism of action, ramucirumab has the potential for activity in many malignancies. Currently in Canada, ramucirumab is being used for the treatment of advanced or metastatic gastric cancer or gastroesophageal junction adenocarcinoma. Class effects of VEGF inhibitors include hypertension, proteinuria, bleeding, and impaired wound healing. The most common adverse reactions experienced with ramucirumab are diarrhea and hypertension. Serious side effects of ramucirumab include GI perforation and arterial thromboembolic events. Ramucirumab 8 mg/kg is given over 1 hour every two weeks as a single agent or in combination with paclitaxel (BCCA Protocol UGIGAVRAMT). Diphenhydramine premedication is recommended prior to each ramucirumab dose to prevent infusion related reactions. Blood pressure and proteinuria are monitored prior to each treatment; treatment delay and dose reduction may be required if elevated.

Atezolizumab Interim Monograph has been developed. Atezolizumab is a humanized IgG1 monoclonal antibody immune checkpoint inhibitor that binds to programmed death-ligand 1 (PD-L1) and blocks the interaction with PD-1 and B7-1 receptors on T-lymphocytes. Blocking these receptors restores anti-tumor T-cell activity. Recommended dose is a fixed dose of 1200mg administered IV once every three weeks. Like other immune checkpoint inhibitors, atezolizumab is associated with immune-mediated adverse events such as endocrinopathies, diarrhea/colitis, hepatitis, nephritis, pneumonitis and rash. Immune mediated reactions should be managed according to their severity; treatment interruption and/or corticosteroids may be indicated. Other highlights from this document:

- Mild to moderate infusion-related reactions may require temporary interruption of the infusion or reduced infusion rates. Atezolizumab should be permanently discontinued for grade 3-4 infusion reactions.
- Severe infections including sepsis, herpes encephalitis, pneumonia, and mycobacterial infection leading to retroperitoneal hemorrhage have been reported.

Atezolizumab has now been added to the **Chemotherapy Preparation and Stability Chart** and has been evaluated for the **Hazardous Drug List.**

REVISED MONOGRAPHS AND PATIENT HANDOUTS

Highlights of key changes and/or updates to the Monographs and Patient Handouts are listed below:

Nivolumab Monograph:

Dosing: addition of flat rate dosing

Pembrolizumab Monograph and Handout:

- Side Effect table: addition of Stevens-Johnson syndrome and toxic epidermal necrolysis
- Handout: addition of blisters to See Your Doctor section

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".

NEW PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)						
CODE	Protocol	РРРО	Patient Handout	Protocol Title		
UGIGAVRAMT	V	V	V	Second-Line Therapy for Metastatic or Locally Advanced Gastric or Gastroesophageal Junction Cancer Using Weekly PACLitaxel and Ramucirumab		
GUPDOCADT			\checkmark	First-Line Treatment of Castration Sensitive, Metastatic Prostate Cancer Using Docetaxel and Androgen Deprivation Therapy		
ULKAMLAS	\checkmark	\checkmark		Therapy of Acute Myeloid Leukemia Using azaCITIDine and SORAfenib		

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)						
CODE	Protocol	РРРО	Patient Handout	Changes	Protocol Title	
BRAVEVEX	V	\checkmark		Stomatitis prophylaxis added, references updated	Therapy for Advanced Breast Cancer Using Everolimus and Exemestane	
CNBEV		V		Bevacizumab first dose infusion time clarified	Palliative Therapy for Recurrent Malignant Gliomas Using Bevacizumab With or Without Concurrent Etoposide or Lomustine	
CNTEM60	V			Exclusions clarified	Therapy for Newly Diagnosed Malignant Brain Tumours with MGMT Methylation in Elderly Patients using Temozolomide	
GOENDAI	V			Precautions clarified	Advanced Therapy for Endometrial Cancer using an Aromatase Inhibitor	
GOOVDDCAT	V		V	Total number of cycles clarified	Treatment of Advanced Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma Using CARBOplatin and Weekly PACLitaxel	
GOOVDOC		V		Tests clarified	Treatment of Relapsed/Progressing Epthelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma Using DOCEtaxel	
GUAJPG	\checkmark			Contact physician updated	Adjuvant Therapy for Urothelial Carcinoma Using CISplatin and Gemcitabine	
GUAVPG				Contact physician updated	Palliative Therapy for Urothelial Carcinoma Using CISplatin and Gemcitabine	

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)						
CODE	Protocol	РРРО	Patient Handout	Changes	Protocol Title	
GUEDPM	V	V		Cisplatin administration guideline updated, filter size specified	Treatment of Metastatic Adrenocortical Cancer wit Etoposide, DOXOrubicin, CISplatin and Mitotane	
GUEP	V	V		Contact physician updated, filter size specified	Etoposide-CISplatin Protocol for Germ Cell Cancers	
GUEVER	V			Stomatitis prophylaxis added to Precautions	Therapy for Advanced Renal Cancer Using Everolimus	
GUMVAC	V			Contact physician updated	Therapy for Transitional Cell Cancers of the Urothelium using Methotrexate, vinBLAStine, DOXOrubicin and CISplatin	
GUPMX	V			Contact physician updated, TALLman lettering formatted	Palliative Therapy for Hormone Refractory Prostate Cancer Using mitoXANTRONE and predniSONE	
GUSCARB	V			Contact physician updated	Adjuvant Therapy for Stage I High Risk Seminoma Using CARBOplatin	
GUSCPE	V	\checkmark		Prehydration added, filter size specified	Palliative Therapy of Extensive Stage Genitourinar Small Cell Tumours with a Platinum and Etoposide	
GUSCPERT	V	\square		Contact physician updated, filter size specified	Therapy of Genitourinary Small Cell Tumors with a Platin and Etoposide with Radiation	
UGUTAXGEM	V			Contact physician updated	Palliative Therapy for Germ Cell Cancers Using PACLitaxel and Gemcitabine	
GUVEIP	V			Contact physician updated	BCCA Protocol Summary for Consolidation and Salvage Treatment for Germ Cell Cancer Using vinBLAStine, CISplatin, Ifosfamide and Mesna	
GUVIP2	Ø			Contact physician updated, filter size specified, protocol title clarified	Consolidation and Salvage Therapy for Nonseminoma Using Etoposide, CISplatin, Ifosfamide, Mesna	
HLHETCSPA	V	V		Filter size specified, lab tests clarified	Treatment of Hemophagocytic Lymphohistiocytosis with Etoposide, Dexamethasone and cycloSPORINE	
HNOTTSH	V			Eligibility updated	Radioiodine Imaging and Treatment in Patients with Thyroid Cancer Using Thyrotropin Alpha	
LYCDA	V	$\mathbf{\overline{A}}$		Administration days and route clarified, precautions updated	Treatment of Hairy Cell Leukemia with Cladribine	

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)						
CODE	Protocol	РРРО	Patient Handout	Changes	Protocol Title	
LYCHOPRMTX	V			Drug interactions updated, filter size specified	Central Nervous System Prophylaxis with High Dose Methotrexate, CHOP and RiTUXimab in Diffuse Large B-cell Lymphoma	
LYCODOXMR		V		Body weight for dosing clarified	Treatment of Burkitt Lymphoma and Leukemia with Cyclophosphamide, vinCRIStine, DOXOrubicin, Methotrexate, Leucovorin and riTUXimab	
LYGDP	V			Dexamethasone dosing clarified	Treatment of Lymphoma with Gemcitabine, Dexamethasone and CISplatin	
LYGDPR	V			Dexamethasone dosing clarified	Treatment of Lymphoma with Gemcitabine, Dexamethasone and CISplatin with riTUXimab	
LYHDMRP	V			Drug interactions updated	Treatment of Primary Intracerebral Lymphoma with High Dose Methotrexate and riTUXimab	
LYHDMTXP	V			Drug interactions updated	Primary Intracerebral Lymphoma with High Dose Methotrexate	
LYHDMTXR	V			Drug interactions updated	Treatment of Leptomeningeal Lymphoma or Recurrent Intracerebral Lymphoma with High Dos Methotrexate	
LYIVACR				Body weight for dosing clarified, filter size specified	Treatment of Burkitt Lymphoma and Leukemia with Ifosfamide, Mesna, Etoposide, Cytarabine and riTUXimab	
UMYLDREL	V	V	V	Replacing UMYLENDEX	Therapy of Relapsed Multiple Myeloma Using Lenalidomide with Dexamethasone	
UMYLENDEX	V		V	Protocol code and title changed (replaced by UMYLDREL)	Therapy of Multiple Myeloma Using Lenalidomide with Dexamethasone	
UMYLENMTN	V			Treatment section clarified	Maintenance Therapy of Multiple Myeloma Using Lenalidomide	
SAHDMTX	V			Methotrexate serum level and contact physician updated	Treatment of Osteosarcoma Using High Dose Methotrexate with Leucovorin Rescue	
USMAVDT		V		Tests clarified	Treatment of BRAF V600 Mutation-Positive Unresectable or Metastatic Melanoma Using daBRAFenib and Trametinib	
SMAVTMZ	V			Dose modifications for hepatic dysfunction updated	Palliative Therapy for Malignant Melanoma with Brain Metastases Using Temozolomide	
SMCCNU	V			Contact physician updated	Palliative Therapy for Metastatic Melanoma Using Lomustine	

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)						
CODE	CODE Protocol PPPO Patient Handout Changes Protocol Title					
SMTAM	V			Contact physician updated	Palliative Therapy for Malignant Melanoma Using Tamoxifen	

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, 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				
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