

## For Health Professionals Who Care for Cancer Patients

### Inside This Issue:

#### Editor's Choice

**New Programs:** Lenvatinib for Hepatocellular Carcinoma (UGILEN) | Octreotide for Non-Functional Neuroendocrine Tumours of the GI Tract (UGINFOCLAR) | Crizotinib for ROS1-Positive Advanced NSCLC (LUAVCRIZR)

**Program Updates:** SCNAUSEA and Antiemetics

#### Drug Update

Leucovorin Dosing in GI Protocols | Daratumumab Premedications | Biosimilar Rituximab Coming in August | Patient Assistance Programs

#### Drug Shortages

**Updated:** Hydroxyurea

#### Cancer Drug Manual<sup>®</sup>

**Revised:** Atezolizumab, Avelumab, Cyclophosphamide, Docetaxel, Mitomycin, Olaparib

#### Provincial Systemic Therapy Program

Financial Support Drug Program (FSDP) Update

#### Research

Immune Checkpoint Inhibition in Renal Transplant Patients

#### ST Update Editorial Board

Membership Update

#### Benefit Drug List

**New Programs:** GI: UGILEN, UGINFOCLAR LU: LUAVCRIZR

**Revised Programs:** BR: BRAJPAM, BRAJTTW GI: GIAJRALOX, GIDEBTACE, GINOS GO: GOOVBEVG, GOOVBEVLD, GOOVBEVP, GOOVBEVV, GOOVCATB HN: HNLADCF LY: LYBRENTUX, LYBV, LYIBRU, LYIDELAR, LYMBEX, LYMBIBRU, LYNIV, LYNIV4, LYOBEND, LYOBCHLOR, LYRITZ, LYVENETOR SM: SMAVDAB, SMAVDT, SMAVFIPI, SMAVI, SMAVIPI, SMAVNIV, SMAVNIV4, SMAVPEM, SMAVPEM6, SMAVTRA, SMAVVC, SMAVVEM, SMMCCAIVE

#### NEW Protocols, PPOs and Patient Handouts

GI: UGILEN, UGINFOCLAR GO: GOSCPPE, GOSCPERT GU: UGUAVPEM, UGUAVPEM6 LU: LUAVCRIZR, ULUAVPCPMB, ULUAVPGPMB, LUAVPMBM, LUAVPMBM6, LUAVPPMBM, ULUAVPPMBM LY: ULYPEM, ULYPEM6

#### REVISED Protocols, PPOs and Patient Handouts

BR: BRAJACTT, BRAJACTTG, BRAVGEMT, BRAVPAM, BRAVTAX, BRAVTRA GI: GIAJFFOX, GIAJRALOX, GIAVCAP, GIDEBTACE, GIFFIRB, UGIFIRPAN, GIFFOXB, UGIFFOXPAN, GIFIRINOX, GIFOLFIRI, GIFOLFOX, GIGAJFFOX, GIGAVFFOX, GIGAVFFOXT, GIGAVTR, GIGFLODOC, GIGFOLFIRI, UGINETEV, GIPAJFIROX, GIRAJFFOX, GIREGO GO: GOOVBEVG, GOOVBEVLD, GOOVBEVP, GOOVBEVV, GOOVVAG, GOOVVAV, GOOVVATX, GOOVVAVCPO, GOOVVDOC, GOOVVETO, GOOVVEM, GOOVVLDX, GOOVVATX3, GOOVVTOP, GOOVVIN GU: GUTAXGEM HN: HNOTLEN LU: LUAVCRIZR, LUAVCRIZF, LUAVPMBM, LUAVPMBM6, ULUAVPPMBM LY: LYNIV, LYNIV4, ULYPRA MY: MYBORPRE, MYBORREL, UMYCARDEX, UMYDARBDD, UMYDARLD SC: SCNAUSEA SM: SMAVDT, SMAVI, SMAVNIV, SMAVNIV4, SMAVPEM, SMAVPEM6, SMAVTRA, SMAVVC, SMAVVEM

#### CAP Requirement Removed:

BR: BRAJPAM, BRAJTTW GI: GIAJRALOX, GIDEBTACE GO: GOOVBEVG, GOOVBEVLD, GOOVBEVP, GOOVBEVV, GOOVVATB HN: HNLADCF LY: LYBRENTUX, LYBV, LYIBRU, LYIDELAR, LYMBEX, LYMBIBRU, LYNIV, LYNIV4, LYOBEND, LYOBCHLOR, LYRITZ, LYVENETOR SM: SMAVDAB, SMAVDT, SMAVFIPI, SMAVI, SMAVIPI, SMAVNIV, SMAVNIV4, SMAVPEM, SMAVPEM6, SMAVTRA, SMAVVC, SMAVVEM, SMMCCAIVE

#### Resources and Contact Information

## Editor's Choice

### New Programs

Effective 01 July 2020, the BC Cancer Provincial Systemic Therapy Program has approved the following new treatment programs. The full details of these programs can be found on the BC Cancer website in the [Chemotherapy Protocols](#) section.

#### Gastrointestinal

**First-Line Lenvatinib for Advanced Hepatocellular Carcinoma (UGILEN)** — The BC Cancer Gastrointestinal Tumour Group is introducing lenvatinib, a multikinase inhibitor, for the first-line treatment of hepatocellular carcinoma (HCC) that is not amenable to local-regional treatment.<sup>1</sup> Patients may receive lenvatinib or sorafenib (UGISORAF), but not their sequential use, except in the case of intolerance. A

BC Cancer Compassionate Access Program (CAP) approval is required. Patients whose disease progresses on lenvatinib (or sorafenib) may receive regorafenib in the second-line setting (GIREGO).

Approval for this treatment program is based on the phase III REFLECT trial that compared lenvatinib to sorafenib.<sup>2</sup> The median survival time for lenvatinib was non-inferior to sorafenib (13.6 months vs. 12.3 months, HR 0.92, CI 0.79-1.06). The most common any-grade adverse events associated with lenvatinib were hypertension (42% vs. 30%), diarrhea (39% vs. 46%), decreased appetite (34% vs. 27%), decreased weight (31% vs. 22%), fatigue (30% vs. 25%) and palmar-plantar erythrodysesthesia (27% vs. 52%).

Lenvatinib follows weight-based dosing in the treatment of HCC – in contrast with the fixed-dosing used in thyroid cancer – as summarized in the table below:

Protocols	Lenvatinib Dosing	
HCC (UGILEN)	Body weight < 60 kg	Lenvatinib 8 mg daily
	Body weight ≥ 60 kg	Lenvatinib 12 mg daily
Thyroid (UHNOTLEN)	Fixed-dosing	Lenvatinib 24 mg daily

**Octreotide for Non-Functional Neuroendocrine Tumours of the GI Tract (UGINFOCLAR)** — The BC Cancer Gastrointestinal Tumour Group is implementing long-acting octreotide (SANDOSTATIN LAR®) for well-differentiated, non-functional neuroendocrine tumours (NETs) of gastrointestinal origin. Until now, only patients with functional NETs have been eligible for therapy with long-acting octreotide (UGIOCTLAR). The phase III randomized, double-blind, placebo-controlled PROMID trial demonstrated improved median time to tumour progression or tumour-related death in patients with both functional and non-functional NETs; significant improvement from 5.9 months to 28.8 months was observed in patients with non-functional, midgut tumours (HR 0.25, 95% CI 0.10-0.59).<sup>3</sup> A BC Cancer CAP approval is required. Note that patients with non-functional NETs may receive long-acting octreotide and everolimus (UGINETEV) sequentially, but not in combination.

## Lung

**First-Line Crizotinib for ROS1-Positive Advanced Non-Small Cell Lung Cancer (LUAVCRIZR)** — Crizotinib, a small molecule tyrosine kinase inhibitor, is now approved as first-line therapy for patients with c-ros oncogene 1 (ROS1)-rearranged tumours. ROS1 mutations occur in approximately 1% of patients with non-small cell lung cancer.<sup>4</sup> Routine ROS1 testing has recently become available, allowing for implementation of this new treatment option. Historically, standard cytotoxic chemotherapy has yielded low response rates and marginal impact on median overall survival in this patient population.

Approval for this program is based on the results of two non-comparative trials, PROFILE 1001 and Ox Onc.<sup>5,6</sup> Both studies demonstrated clinically meaningful objective response rates (ORR 70% and 71.7%, respectively) and median progression-free survival (mPFS 19.3 months and 15.9 months, respectively). Common any-grade treatment related adverse events (TRAEs) included elevated transaminases, visual disorders, nausea, diarrhea, vomiting, peripheral edema and constipation. The most common grade 3 or 4 TRAEs included neutropenia, elevated transaminases and hypophosphatemia.

## SCNAUSEA and Antiemetic Updates

Netupitant-palonosetron, a combination NK<sub>1</sub>-5-HT<sub>3</sub> receptor antagonist, was listed as a BC PharmaCare Limited Coverage benefit in November 2019. Although the PharmaCare Collaborative Prescribing Agreement (CPA) for aprepitant was initially replaced by a CPA for netupitant-palonosetron, PharmaCare later reversed its decision to eliminate the aprepitant CPA after consultation with BC Cancer. Thus, both **aprepitant** (plus ondansetron) and **netupitant-palonosetron**, in combination with dexamethasone, are

now covered under the PharmaCare CPA for the prevention of acute and delayed chemotherapy-induced nausea and vomiting (CINV) in patients receiving **highly-emetogenic chemotherapy (HEC)**.

Although the PharmaCare funding of netupitant-palonosetron served as a catalyst for updates to BC Cancer protocols and provincial pre-printed orders (PPPOs) in the recent months, netupitant-palonosetron was in fact added to the *BC Cancer Guideline for the Prevention and Treatment of Chemotherapy-Induced Nausea and Vomiting in Adults (SCNAUSEA)* in December 2018, following its inclusion in updated international CINV guidelines. At this time, most BC Cancer protocols and PPPOs have been updated to include aprepitant (plus ondansetron) and netupitant-palonosetron, in combination with dexamethasone, as options for HEC.

Additional SCNAUSEA updates (following the *Prophylactic Antiemetic Regimens* table) include:

- When netupitant-palonosetron is used with anthracycline and cyclophosphamide (AC)-based protocols, omission of day 2 to 4 dexamethasone doses is recommended.
- When netupitant-palonosetron is used, no additional 5-HT<sub>3</sub> receptor antagonist (such as ondansetron) is required, as palonosetron has a long duration of action.
- Aprepitant is the NK<sub>1</sub> receptor antagonist of choice for 3- and 5-day chemotherapy regimens; limited data exist for netupitant-palonosetron. Consult SCNAUSEA or applicable PPPOs for specific dosing details.
- Netupitant is a moderate CYP 3A4 isoenzyme inhibitor, potentially reducing the metabolism of docetaxel and leading to increased docetaxel serum levels. Therefore, aprepitant is considered the NK<sub>1</sub> receptor antagonist of choice in docetaxel-containing regimens. Although docetaxel itself has low emetogenic potential and does not require a NK<sub>1</sub> receptor antagonist or 5-HT<sub>3</sub> receptor antagonist when administered on its own, please consider the following clinical scenarios:
  - When docetaxel is administered in conjunction with HEC (same day of the same cycle), aprepitant-ondansetron is preferred, to avoid an interaction between docetaxel and netupitant (examples of protocols include BRAJDAC, HNAVPD, UHNLADCF and LUAVDC).
  - When docetaxel is administered sequentially with HEC (different cycles), either aprepitant-ondansetron or netupitant-palonosetron may be selected for the HEC portion of the protocol (examples of protocols include BRAJFEC, BRAJFECDT, BRLAACD and BRLAACDT).
- The moderately-emetogenic chemotherapy (MEC) classification replaced two previous classifications, *high-moderate* and *low-moderate*, in SCNAUSEA in 2018. Some protocols may still contain the outdated classifications. In those instances, the more recent recommendations for MEC should be used to guide antiemetic selection.

#### References

1. Pan-Canadian Oncology Drug Review (pCODR) Expert Review Committee (pERC). Final recommendation for lenvatinib (Lenvima®) for hepatocellular carcinoma. 24 July 2019.
2. Kudo M, Finn RS, Qin S, et al. Lenvatinib versus sorafenib in first-line treatment of patients with unresectable hepatocellular carcinoma: a randomized phase 3 non-inferiority trial. *Lancet* 2018;391:1163-1173. [https://doi.org/10.1016/S0140-6736\(18\)30207-1](https://doi.org/10.1016/S0140-6736(18)30207-1)
3. Rinke A, Müller H-H, Schade-Brittinger C, et al. Placebo-controlled, double-blind, prospective, randomized study on the effect of octreotide LAR in the control of tumor growth in patients with metastatic neuroendocrine midgut tumors: a report from the PROMID study group. *J Clin Oncol* 2009;27(28):4656-4663. <https://doi.org/10.1200/JCO.2009.22.8510>
4. Pan-Canadian Oncology Drug Review (pCODR) Expert Review Committee (pERC). Final recommendation for crizotinib (Xalkori®) for ROS-1-positive non-small cell lung cancer (NSCLC). 23 May 2019.
5. Shaw AT, Riely GJ, Bang Y-J, et al. Crizotinib in ROS1-rearranged advanced non-small-cell lung cancer (NSCLC): updated results, including overall survival, from PROFILE 1001. *Ann Oncol* 2019;30:1121-1126. <https://doi.org/10.1093/annonc/mdz131>
6. Wu Y-L, Yang J C-H, Kim D-W, et al. Phase II study of crizotinib in east Asian patients with ROS1-positive advanced non-small-cell lung cancer. *J Clin Oncol* 2018;36(14):1405-1411. <https://doi.org/10.1200/JCO.2017.75.5587>

## Drug Update

### Leucovorin Dosing in Gastrointestinal Protocols

**Leucovorin** is used to improve the efficacy of 5-fluorouracil (5-FU)-based gastrointestinal therapies. In treatment protocols that employ irinotecan and oxaliplatin, leucovorin is infused concurrently with irinotecan (over 1 hour 30 minutes) or oxaliplatin (over 2 hours), just prior to the administration of 5-FU. Questions about shortening the leucovorin infusion time arise in scenarios where irinotecan or oxaliplatin is omitted. The BC Cancer Gastrointestinal Tumour Group has clarified that there will be no adjustment to the leucovorin infusion when irinotecan or oxaliplatin is omitted from the regimen. Therefore, regardless whether irinotecan or oxaliplatin is given, leucovorin should continue to be administered as **400 mg/m<sup>2</sup> IV over 1 hour 30 minutes prior to 5-FU in irinotecan-containing protocols, and 400 mg/m<sup>2</sup> IV over 2 hours prior to 5-FU in oxaliplatin-containing protocols.**

### Daratumumab Premedications

**Daratumumab** is used in combination with bortezomib/dexamethasone (**UMYDARBD**) or lenalidomide/dexamethasone (**UMYDARLD**) for the treatment of relapsed and refractory multiple myeloma. Effective 01 July 2020, updates to the *Premedications* section of these protocols have been made; multiple premedications are used for the prevention of daratumumab-associated infusion reactions.

Highlights of revisions to the premedications include:

- Dexamethasone is used both as a therapeutic agent in the treatment of multiple myeloma and for the prevention of daratumumab-associated infusion reactions. Revisions have been made to dexamethasone dosing and days of administration; consult protocol for details based on therapeutic dexamethasone dosage.
- Loratadine, a second-generation antihistamine, has been introduced as an alternative to diphenhydramine. Loratadine is administered prior to each daratumumab infusion, with no need for a repeat dose with longer daratumumab infusions.
- Montelukast, a leukotriene-receptor antagonist, may be omitted after cycle 1 if the patient did not experience infusion reactions with prior cycles.

Note that dexamethasone is dispensed by BC Cancer centres and CON sites, whereas patients must obtain their own supplies of loratadine and montelukast.

### Biosimilar Rituximab Coming August 2020

The implementation of biosimilar rituximab will be 01 August 2020. Funding details and updates to applicable rituximab-containing documents will be outlined in the August 2020 Systemic Therapy Update.

### Manufacturer Patient Assistance Programs

The listing of patient assistance programs offered by pharmaceutical manufacturers has been updated and can be accessed on the BC Cancer website under Health Professionals > Systemic Therapy > [Reimbursement & Forms](#).

## Drug Shortages

The following are updates of drug supply shortages in BC. Full details about new, updated or resolved drug shortages, including recommended treatment alternatives, can be found in the *Briefing Notes* and email communications previously circulated to BC Cancer and the Community Oncology Network (CON).

### Updated

#### **Hydroxyurea**

*(Adapted from BC Cancer Briefing Note Update 12Jun2020)*

BC Cancer centres have now received enough supplies to enable dispensing a 4-week supply to patients. Hydroxyurea supplies are expected to stabilize over the next few weeks, which should allow a further increase to dispensing quantities.

## Cancer Drug Manual<sup>®</sup>

All BC Cancer Drug Manual<sup>®</sup> documents can be accessed from the [Cancer Drug Manual<sup>®</sup>](#) home page on the BC Cancer website.

### Revised Documents

Highlights of key changes are listed below:

#### **Atezolizumab Monograph**

*Dosage Guidelines:* added new 2-weekly and 4-weekly regimens

#### **Avelumab Monograph**

*Uses:* added new indications

*Dosage Guidelines:* added new fixed-dose regimen

#### **Cyclophosphamide Chemotherapy Preparation and Stability Chart**

*Product and Product Stability columns:* updated suggested volumes and final product stability following product review

#### **Docetaxel Monograph**

*Interactions:* added netupitant interaction to table

#### **Mitomycin Monograph**

*Solution Preparation and Compatibility:* added information relating to NS as an alternate diluent for reconstitution

#### **Olaparib Monograph**

*Dosage Guidelines:* updated hepatic dosing

## Provincial Systemic Therapy Program

### Financial Support Drug Program (FSDP) Update

The Financial Support Drug Program (FSDP) has been jointly operated by BC Cancer and the Canadian Cancer Society (CCS) to provide symptom control medications for oncology patients. CCS was providing the financial screening that enabled patients to be enrolled in the program, however, this service closed as of 01 June 2020. Until further notice, patients with current approval will continue to receive funding through the program; however, no new patients will be enrolled. Any patient whose approval is expiring or new patients seeking assistance with funding for supportive care medications are asked to contact their regional BC Cancer Patient and Family Counseling department to explore other options:

[www.bccancer.bc.ca/our-services/services/supportive-care/patient-family-counselling](http://www.bccancer.bc.ca/our-services/services/supportive-care/patient-family-counselling).

## Research

### *Immune Checkpoint Inhibition in Renal Transplant Recipients*

#### ***A Precision-Medicine-Guided Approach to Multidisciplinary Care***

Kidney transplant recipients are at elevated risk of cancer compared with the general population. This increased risk is largely due to the immunosuppressive effects of the anti-rejection medications that are required to prevent transplant graft rejection. The risk of certain cancers, including melanoma, lung cancer and kidney cancer, is especially increased among kidney transplant recipients.

For transplant patients receiving systemic therapy for the management of cancer, clinicians often reduce the intensity of maintenance anti-rejection medications to help control the cancer; however, this may increase the risk of graft rejection and failure. Immune checkpoint inhibitors, which may be used in the management of cancer, may also contribute to graft rejection; checkpoint inhibitor use in organ transplant recipients has resulted in rejection in 37% to 50% of cases.

Researchers from the University of Washington, the renal transplant group in Vancouver, and BC Cancer are collaborating on an upcoming study to optimize the care of kidney transplant recipients who are eligible for checkpoint inhibitor therapy for the management of cancer. The study aims to characterize the risk of graft rejection in adult kidney transplant recipients, and to perform screening for rejection and surveillance for cancer recurrence in checkpoint-inhibitor-treated kidney transplant recipients.

Recent advances in the use of cell-free DNA have enabled earlier diagnoses of graft rejection and cancer recurrence; the precision-medicine portion of the study will be guided by the study's principal investigator, Dr. Chris Blosser (nephrologist, University of Washington) and Dr. James Lan (transplant nephrologist, Vancouver General Hospital). An additional goal of the study is to streamline the referral process to the renal transplant group (represented by Dr. Lan and Dr. John Gill, St. Paul's Hospital) for checkpoint inhibitor-eligible kidney transplant recipients. Creation of a multidisciplinary framework will be investigated by Dr. Sanjay Rao (medical oncologist, BC Cancer – Kelowna); multidisciplinary collaboration will ensure that patients receive optimal testing, treatment and follow-up, to improve graft- and cancer-related outcomes.

*Submitted by Drs. Blosser, Lan and Rao*

Contact Dr. Sanjay Rao at [SRao@bccancer.bc.ca](mailto:SRao@bccancer.bc.ca)

## Systemic Therapy Update Editorial Board

### Membership Update

The Systemic Therapy Update Editorial Board would like to bid farewell to **Dr. Sally Waignein** (Provincial Pharmacy Education Coordinator, BC Cancer) as she leaves BC Cancer. Dr. Waignein joined the ST Update Editorial Board in 2011, serving as editor from 2012 to 2019, and continued to support the ST Update in the assistant editor role. The ST Update has benefited enormously from her oversight and wishes her all the best in her next chapter.

## Benefit Drug List

### New Programs

Effective 01 July 2020, the following new treatment programs have been added to the BC Cancer [Benefit Drug List](#):

Protocol Title	Protocol Code	Benefit Status
First-Line Therapy of Advanced Hepatocellular Carcinoma using <b>Lenvatinib</b>	<b>UGILEN</b>	Restricted
Management of Non-Functional Neuroendocrine Tumours of the GI Tract using <b>Octreotide (SANDOSTATIN LAR<sup>®</sup>)</b>	<b>UGINFOCLAR</b>	Restricted
First-Line Treatment of ROS1-Positive Advanced Non-Small Cell Lung Cancer with <b>Crizotinib</b>	<b>LUAVCRIZR</b>	Class I

### Revised Programs

Effective 01 July 2020, the following treatment program has been revised on the BC Cancer [Benefit Drug List](#):

Protocol Title	Protocol Code	Benefit Status
Management of Non-Functional Neuroendocrine Tumours of the GI Tract using <b>Octreotide</b>	<b>GINOS</b>	Class I <i>(expanded Eligibility)</i>

The following programs have been transferred to Class I status on the BC Cancer [Benefit Drug List](#):

Protocol Title	Protocol Code	Benefit Status
Adjuvant Therapy in Postmenopausal Women using <b>Pamidronate</b>	<b>BRAJPAM</b>	Class I <i>(previously Restricted)</i>
Adjuvant Therapy using Weekly <b>Paclitaxel</b> and <b>Trastuzumab</b>	<b>BRAJTTW</b>	Class I <i>(previously Restricted)</i>

## Benefit Drug List

Adjuvant Chemotherapy for Node-Positive Colon Cancer using <b>Oxaliplatin</b> and <b>Raltitrexed</b> in Patients Intolerant to Fluorouracil or Capecitabine	<b>GIAJRALOX</b>	Class I <i>(previously Restricted)</i>
Transarterial Chemoembolization (TACE) of Hepatocellular Carcinoma using Drug-Eluting Bead (DEB) Loaded with <b>Doxorubicin</b>	<b>GIDEBTACE</b>	Class I <i>(previously Restricted)</i>
Treatment of Platinum-Resistant Ovarian Cancer with <b>Bevacizumab</b> and <b>Gemcitabine</b>	<b>GOOVBEVG</b>	Class I <i>(previously Restricted)</i>
Treatment of Platinum-Resistant Ovarian Cancer with <b>Bevacizumab</b> and <b>Doxorubicin Pegylated Liposomal (CAELYX®)</b>	<b>GOOVBEVLD</b>	Class I <i>(previously Restricted)</i>
Treatment of Platinum-Resistant Ovarian Cancer with <b>Bevacizumab</b> and <b>Paclitaxel</b>	<b>GOOVBEVP</b>	Class I <i>(previously Restricted)</i>
Treatment of Platinum-Resistant Ovarian Cancer with <b>Bevacizumab</b> and <b>Vinorelbine</b>	<b>GOOVBEVV</b>	Class I <i>(previously Restricted)</i>
Primary Treatment of Invasive Ovarian with High-Risk of Relapse using <b>Bevacizumab, Carboplatin</b> and <b>Paclitaxel</b>	<b>GOOVCATB</b>	Class I <i>(previously Restricted)</i>
Locally Advanced Squamous Cell Carcinoma with <b>Docetaxel, Cisplatin</b> and Infusional <b>Fluorouracil</b>	<b>HNLADCF</b>	Class I <i>(previously Restricted)</i>
Treatment of Hodgkin Lymphoma and Anaplastic Large Cell Lymphoma with <b>Brentuximab Vedotin</b>	<b>LYBRENTUX</b>	Class I <i>(previously Restricted)</i>
Consolidation Therapy Post-ASCT for Hodgkin Lymphoma using <b>Brentuximab Vedotin</b>	<b>LYBV</b>	Class I <i>(previously Restricted)</i>
Treatment of Relapsed/Refractory Chronic Lymphocytic Leukemia using <b>Ibrutinib</b>	<b>LYIBRU</b>	Class I <i>(previously Restricted)</i>
Treatment of Relapsed/Refractory Chronic Lymphocytic Leukemia using <b>Idelalisib</b> and <b>Rituximab</b>	<b>LYIDELAR</b>	Class I <i>(previously Restricted)</i>
Treatment of Cutaneous T-Cell Lymphoma (Mycosis Fungoides/Sézary Syndrome) with <b>Bexarotene</b>	<b>LYMFBEX</b>	Class I <i>(previously Restricted)</i>
Treatment of Relapsed/Refractory Mantle-Cell Lymphoma using <b>Ibrutinib</b>	<b>LYMIBRU</b>	Class I <i>(previously Restricted)</i>
Treatment of Relapsed or Refractory Hodgkin Lymphoma using <b>Nivolumab</b>	<b>LYNIV</b>	Class I <i>(previously Restricted)</i>
Treatment of Relapsed or Refractory Hodgkin Lymphoma using 4-Weekly <b>Nivolumab</b>	<b>LYNIV4</b>	Class I <i>(previously Restricted)</i>
Treatment of Rituximab-Refractory Follicular Lymphoma with <b>Obinutuzumab</b> in Combination with <b>Bendamustine</b>	<b>LYOBBEND</b>	Class I <i>(previously Restricted)</i>
Treatment of Previously-Untreated Chronic Lymphocytic Leukemia with <b>Obinutuzumab</b> and <b>Chlorambucil</b>	<b>LYOBCHLOR</b>	Class I <i>(previously Restricted)</i>
Treatment of Lymphoma using Radioimmunotherapy: <b>Rituximab</b> -Priming for <b>Ibritumomab <sup>90</sup>Y (ZEVALIN®)</b>	<b>LYRITZ</b>	Class I <i>(previously Restricted)</i>



## Benefit Drug List

Treatment of Relapsed/Refractory Chronic Lymphocytic Leukemia using <b>Venetoclax</b> and <b>Rituximab</b>	<b>LYVENETOR</b>	Class I <i>(previously Restricted)</i>
Treatment of BRAF-Positive Unresectable or Metastatic Melanoma using <b>Dabrafenib</b>	<b>SMAVDAB</b>	Class I <i>(previously Restricted)</i>
Treatment of BRAF-Positive Unresectable or Metastatic Melanoma using <b>Dabrafenib</b> and <b>Trametinib</b>	<b>SMAVDT</b>	Class I <i>(previously Restricted)</i>
First-Line Treatment of Unresectable or Metastatic Melanoma using <b>Ipilimumab</b>	<b>SMAVFIPI</b>	Class I <i>(previously Restricted)</i>
Treatment of Advanced C-Kit-Positive Melanoma using <b>Imatinib</b>	<b>SMAVI</b>	Class I <i>(previously Restricted)</i>
Treatment of Unresectable or Metastatic Melanoma using <b>Ipilimumab</b>	<b>SMAVIPI</b>	Class I <i>(previously Restricted)</i>
Treatment of Unresectable or Metastatic Melanoma using <b>Nivolumab</b>	<b>SMAVNIV</b>	Class I <i>(previously Restricted)</i>
Treatment of Unresectable or Metastatic Melanoma using 4-Weekly <b>Nivolumab</b>	<b>SMAVNIV4</b>	Class I <i>(previously Restricted)</i>
Treatment of Unresectable or Metastatic Melanoma using <b>Pembrolizumab</b>	<b>SMAVPEM</b>	Class I <i>(previously Restricted)</i>
Treatment of Unresectable or Metastatic Melanoma using 6-Weekly <b>Pembrolizumab</b>	<b>SMAVPEM6</b>	Class I <i>(previously Restricted)</i>
Treatment of BRAF-Positive Unresectable or Metastatic Melanoma using <b>Trametinib</b>	<b>SMAVTRA</b>	Class I <i>(previously Restricted)</i>
Treatment of BRAF-Positive Unresectable or Metastatic Melanoma using <b>Vemurafenib</b> and <b>Cobimetinib</b>	<b>SMAVVC</b>	Class I <i>(previously Restricted)</i>
Treatment of BRAF-Positive Unresectable or Metastatic Melanoma using <b>Vemurafenib</b>	<b>SMAVVEM</b>	Class I <i>(previously Restricted)</i>
Second-Line Treatment of Recurrent or Metastatic Merkel Cell Carcinoma using <b>Avelumab</b>	<b>SMMCCAIVE</b>	Class I <i>(previously Restricted)</i>

## Highlights of New & Revised Protocols, PPPOs and Patient Handouts

**BC Cancer 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, with document revisions indicated in the respective columns. Protocol codes for treatment requiring BC Cancer Compassionate Access Program approval are prefixed with the letter **U**.

### NEW Protocols, PPPOs and Patient Handouts (*new documents checked* )

Code	Protocol Title	Protocol	PPPO	Handout
<b>UGILEN</b>	First-Line Therapy of Advanced Hepatocellular Carcinoma using Lenvatinib	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>UGINFOCLAR</b>	Management of Non-Functional Neuroendocrine Tumours of the GI Tract using Octreotide (SANDOSTATIN LAR <sup>®</sup> )	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>GOSCOPE</b>	Treatment of Small Cell Gynecologic Cancer with Cisplatin and Etoposide	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>GOSCPERT</b>	Treatment of Small Cell Gynecologic Cancer using Cisplatin and Etoposide with Radiation Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>UGUAVPEM</b>	Treatment of Locally Advanced or Metastatic Urothelial Carcinoma using Pembrolizumab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>UGUAVPEM6</b>	Treatment of Locally Advanced or Metastatic Urothelial Carcinoma using 6-Weekly Pembrolizumab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>LUAVCRIZR</b>	First-Line Treatment of ROS1-Positive Advanced Non-Small Cell Lung Cancer with Crizotinib	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ULUAVPCPMB</b>	First-Line Treatment of Advanced Squamous Non-Small Cell Lung Cancer with Paclitaxel, Carboplatin and Pembrolizumab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ULUAVPGPMB</b>	First-Line Treatment of Advanced Squamous Non-Small Cell Lung Cancer with Platinum, Gemcitabine and Pembrolizumab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>Carboplatin and cisplatin options</i>
<b>LUAVPMBM</b>	Maintenance Therapy of Advanced Non-Small Cell Lung Cancer with Pembrolizumab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>LUAVPMBM6</b>	Maintenance Therapy of Advanced Non-Small Cell Lung Cancer with 6-Weekly Pembrolizumab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>LUAVPPMBM</b>	Maintenance Therapy of Advanced Non-Squamous Non-Small Cell Lung Cancer with Pemetrexed and Pembrolizumab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## NEW Protocols, PPPOs and Patient Handouts (new documents checked )

Code	Protocol Title	Protocol	PPPO	Handout
ULUAVPPMB	First-Line Treatment of Advanced Non-Squamous Non-Small Cell Lung Cancer with Platinum, Pemetrexed and Pembrolizumab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>Carboplatin and cisplatin options</i>
ULYPEM	Treatment of Relapsed or Refractory Hodgkin Lymphoma using Pembrolizumab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ULYPEM6	Treatment of Relapsed or Refractory Hodgkin Lymphoma using 6-Weekly Pembrolizumab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## REVISED Protocols, PPPOs and Patient Handouts (revisions in respective columns)

Code	Protocol Title	Protocol	PPPO	Handout
<b>BR   Breast</b>				
BRAJACTT	Neoadjuvant or Adjuvant Therapy for Breast Cancer using Doxorubicin and Cyclophosphamide followed by Paclitaxel and Trastuzumab	<i>Cyclophosphamide and paclitaxel bag size clarified</i>	----	----
BRAJACTTG	Neoadjuvant or Adjuvant Therapy for Breast Cancer using Dose-Dense Therapy: Doxorubicin and Cyclophosphamide Followed by Paclitaxel and Trastuzumab	<i>Cyclophosphamide and paclitaxel bag size clarified</i>	----	----
BRAVGEMT	Palliative Therapy for Metastatic Breast Cancer using Gemcitabine and Paclitaxel	<i>Paclitaxel bag size clarified</i>	----	----
BRAVPAM	Prevention of Skeletal-Related Events Secondary to Breast Cancer Metastases using Pamidronate	<i>Renal impairment dosing clarified</i>	----	----
BRAVTAX	Palliative Therapy for Metastatic Breast Cancer using Paclitaxel	<i>Paclitaxel bag size clarified</i>	----	----
BRAVTRAP	Palliative Therapy for Metastatic Breast Cancer using Trastuzumab and Paclitaxel as First-Line Treatment for Advanced Breast Cancer	<i>Paclitaxel bag size clarified</i>	----	----
<b>GI   Gastrointestinal</b>				
GIAJFFOX	Adjuvant Combination Chemotherapy for Stage III and Stage IIB Colon Cancer using Oxaliplatin, Fluorouracil and Leucovorin	<i>Leucovorin dosing (see Drug Update) and oxaliplatin bag size clarified</i>	----	----
GIAJRALOX	Adjuvant Combination Chemotherapy for Node-Positive Colon Cancer using Oxaliplatin and Raltitrexed in Patients Intolerant to Fluorouracil or Capecitabine	<i>Oxaliplatin bag size clarified</i>	<i>Oxaliplatin bag size clarified</i>	----

**REVISED Protocols, PPPOs and Patient Handouts (revisions in respective columns)**

Code	Protocol Title	Protocol	PPPO	Handout
<b>GIAVCAP</b>	Palliative Therapy of Advanced Colorectal Cancer using Capecitabine	-----	<i>CAP statement deleted</i>	-----
<b>GIDEBTACE</b>	Transarterial Chemoembolization (TACE) of Hepatocellular Carcinoma using Drug-Eluting Bead (DEB) Loaded with Doxorubicin	<i>Institution name and Tests revised</i>	-----	-----
<b>GIFFIRB</b>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Irinotecan, Fluorouracil, Leucovorin and Bevacizumab	<i>Leucovorin dosing clarified (see Drug Update)</i>	-----	-----
<b>UGIFFIRPAN</b>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Irinotecan, Fluorouracil, Leucovorin and Panitumumab	<i>Leucovorin dosing clarified (see Drug Update)</i>	-----	-----
<b>GIFFOX B</b>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Oxaliplatin, Fluorouracil, Leucovorin and Bevacizumab	<i>Leucovorin dosing (see Drug Update) and oxaliplatin bag size clarified</i>	-----	-----
<b>UGIFFOX PAN</b>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Oxaliplatin, Fluorouracil, Leucovorin and Panitumumab	<i>Leucovorin dosing (see Drug Update) and oxaliplatin bag size clarified</i>	-----	-----
<b>GIFIRINOX</b>	Palliative Combination Chemotherapy for Advanced Pancreatic Adenocarcinoma using Irinotecan, Oxaliplatin, Fluorouracil and Leucovorin	<i>Leucovorin dosing (see Drug Update) and oxaliplatin bag size clarified</i>	-----	-----
<b>GIFOLFIRI</b>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Irinotecan, Fluorouracil and Leucovorin	<i>Leucovorin dosing clarified (see Drug Update)</i>	-----	-----
<b>GIFOLFOX</b>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Oxaliplatin, Fluorouracil and Leucovorin	<i>Leucovorin dosing (see Drug Update) and oxaliplatin bag size clarified</i>	-----	-----
<b>GIGAJFFOX</b>	Adjuvant Chemotherapy of Gastric Cancer Patients with D2 Resection (Node-Negative) or Ineligible for Adjuvant Chemoradiation using Oxaliplatin, Fluorouracil and Leucovorin	<i>Leucovorin dosing (see Drug Update) and oxaliplatin bag size clarified</i>	-----	-----
<b>GIGAVFFOX</b>	Palliative Treatment of Metastatic or Locally Advanced Gastric, Gastroesophageal Junction or Esophageal Adenocarcinoma using Oxaliplatin, Fluorouracil and Leucovorin	<i>Leucovorin dosing (see Drug Update) and oxaliplatin bag size clarified</i>	-----	-----
<b>GIGAVFFOXT</b>	Palliative Treatment of Metastatic or Locally Advanced Gastric, Gastroesophageal Junction or Esophageal Adenocarcinoma using Oxaliplatin, Fluorouracil, Leucovorin and Trastuzumab	<i>Leucovorin dosing (see Drug Update) and oxaliplatin bag size clarified</i>	-----	-----

**REVISED Protocols, PPPOs and Patient Handouts (revisions in respective columns)**

Code	Protocol Title	Protocol	PPPO	Handout
<b>GIGAVTR</b>	Continuation of Palliative Treatment of Metastatic or Inoperable, Locally Advanced Gastric or Gastroesophageal Junction Adenocarcinoma using Trastuzumab	-----	<i>Treatment updated (multiple cycles can be ordered)</i>	-----
<b>GIGFLODOC</b>	Perioperative Treatment of Resectable Adenocarcinoma of the Stomach, Gastroesophageal Junction or Lower ½ Esophagus using Docetaxel, Oxaliplatin, Infusional Fluorouracil and Leucovorin	<i>Treatment updated (filgrastim added); Leucovorin dosing (see Drug Update) and docetaxel and oxaliplatin bag sizes clarified</i>	<i>Premedication updated (filgrastim added)</i>	<i>Treatment Summary and Side Effects and Management updated (filgrastim added)</i>
<b>GIGFOLFIRI</b>	Second-Line Palliative Combination Chemotherapy for Metastatic Gastric or Esophageal Adenocarcinoma using Irinotecan, Fluorouracil and Leucovorin	<i>Leucovorin dosing clarified (see Drug Update)</i>	-----	-----
<b>UGINETEV</b>	Treatment of Advanced Neuroendocrine Tumours of Gastrointestinal Origin (Non-Functional) using Everolimus	<i>Eligibility revised</i>	-----	-----
<b>GIPAJIROX</b>	Adjuvant Chemotherapy for Resected Pancreatic Adenocarcinoma using Irinotecan, Oxaliplatin, Fluorouracil and Leucovorin	<i>Leucovorin dosing (see Drug Update) and oxaliplatin bag size clarified</i>	<i>Pre-treatment tests revised (platelets)</i>	-----
<b>GIRAJFOX</b>	Adjuvant Combination Chemotherapy for Stage III Rectal Cancer using Oxaliplatin, Fluorouracil and Leucovorin	<i>Leucovorin dosing (see Drug Update) and oxaliplatin bag size clarified</i>	-----	-----
<b>GIREGO</b>	Treatment of Advanced Hepatocellular Carcinoma using Regorafenib	<i>Eligibility revised</i>	-----	-----
<b>GO   Gynecologic</b>				
<b>GOOVBEVG</b>	Treatment of Platinum-Resistant Ovarian Cancer with Bevacizumab and Gemcitabine	<i>Treatment duration clarified</i>	-----	-----
<b>GOOVBEVLD</b>	Treatment of Platinum-Resistant Ovarian Cancer with Bevacizumab and Doxorubicin Pegylated Liposomal (CAELYX®)	<i>Treatment duration clarified</i>	<i>Tests updated (AST replaced by ALT)</i>	-----
<b>GOOVBEVP</b>	Treatment of Platinum-Resistant Ovarian Cancer with Bevacizumab and Paclitaxel	<i>Treatment duration clarified</i>	<i>Tests updated (AST replaced by ALT)</i>	-----
<b>GOOVBEV</b>	Treatment of Platinum-Resistant Ovarian Cancer with Bevacizumab and Vinorelbine	<i>Treatment duration clarified</i>	<i>Tests updated (AST replaced by ALT)</i>	-----
<b>GOOVVACAG</b>	Treatment of Advanced Ovarian Cancer in Patients Who Have Progressed or Recurred Following First-Line Platinum-Based Treatment using Carboplatin and Gemcitabine	<i>Treatment duration clarified</i>	-----	-----

**REVISED Protocols, PPPOs and Patient Handouts (revisions in respective columns)**

Code	Protocol Title	Protocol	PPPO	Handout
GOOVCARB	First- or Second-Line Therapy for Invasive Epithelial Ovarian Cancer using Single-Agent Carboplatin	<i>Treatment duration clarified</i>	----	----
GOOVCATX	Primary Treatment of Visible Residual (Extreme Risk) Invasive Epithelial Ovarian, Fallopian Tube or Peritoneal Cancer using Carboplatin and Paclitaxel	<i>Treatment duration clarified</i>	----	----
GOOVCYCPO	Palliative Therapy for Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal or Fallopian Tube Carcinoma using Metronomic Low-Dose Oral Cyclophosphamide	<i>Treatment duration clarified</i>	----	----
GOOVDOC	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal or Fallopian Tube Carcinoma using Docetaxel	<i>Treatment duration clarified</i>	----	----
GOOVETO	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal or Fallopian Tube Carcinoma using Etoposide	<i>Treatment duration clarified</i>	----	----
GOOVGEM	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal or Fallopian Tube Carcinoma using Gemcitabine	<i>Treatment duration clarified</i>	----	----
GOOVLDOX	Treatment of Epithelial Ovarian Cancer Relapsing after Primary Treatment using Doxorubicin Pegylated Liposomal (CAELYX®)	<i>Treatment duration clarified</i>	----	----
GOOVTAX3	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal or Fallopian Tube Carcinoma using Paclitaxel	<i>Treatment duration clarified</i>	----	----
GOOVTOP	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal or Fallopian Tube Carcinoma using Topotecan	<i>Treatment duration clarified</i>	----	----
GOOVVIN	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal or Fallopian Tube Carcinoma using Vinorelbine	<i>Treatment duration clarified</i>	----	----
<b>GU   Genitourinary</b>				
GUTAXGEM	Palliative Therapy for Germ Cell Cancers using Paclitaxel and Gemcitabine	<i>Paclitaxel bag size clarified</i>	<i>Protocol Code corrected and paclitaxel bag size clarified</i>	----
<b>HN   Head and Neck</b>				
HNOTLEN	Therapy for Locally Recurrent or Metastatic, RAI-Refractory Differentiated Thyroid Cancer using Lenvatinib	<i>Tests corrected; Dose Modifications and Precautions clarified</i>	----	----

**REVISED Protocols, PPPOs and Patient Handouts (revisions in respective columns)**

Code	Protocol Title	Protocol	PPPO	Handout
<b>LU   Lung</b>				
<b>LUAVCRIZ</b>	Second-Line Treatment of ALK-Positive Advanced Non-Small Cell Lung Cancer with Crizotinib	<i>Tests and Dose Modifications (hepatic) updated</i>	<i>Return Appointment tests updated</i>	-----
<b>LUAVCRIZF</b>	First-Line Treatment of ALK-Positive Advanced Non-Small Cell Lung Cancer with Crizotinib	<i>Tests and Dose Modifications (hepatic) updated</i>	<i>Return Appointment tests updated</i>	-----
<b>LUAVPMBM</b>	Maintenance Therapy of Advanced Non-Small Cell Lung Cancer with Pembrolizumab	<i>Eligibility clarified</i>	-----	-----
<b>LUAVPMBM6</b>	Maintenance Therapy of Advanced Non-Small Cell Lung Cancer with 6-Weekly Pembrolizumab	<i>Eligibility clarified</i>	-----	-----
<b>ULUAVPPMB</b>	First-Line Treatment of Advanced Non-Squamous Non-Small Cell Lung Cancer with Platinum, Pemetrexed and Pembrolizumab	<i>Eligibility clarified</i>	-----	-----
<b>LY   Lymphoma</b>				
<b>LYNIV</b>	Treatment of Relapsed or Refractory Hodgkin Lymphoma using Nivolumab	<i>Eligibility clarified</i>	-----	-----
<b>LYNIV4</b>	Treatment of Relapsed or Refractory Hodgkin Lymphoma using 4-Weekly Nivolumab	<i>Eligibility clarified</i>	-----	-----
<b>ULYPRA</b>	Treatment of Relapsed or Refractory Peripheral T-Cell Lymphoma (PTCL) with Pralatrexate	-----	<i>Dose Modifications and telephone nursing assessment orders revised; "Start IV line" removed</i>	-----
<b>MY   Myeloma</b>				
<b>MYBORPRE</b>	Treatment of Multiple Myeloma using Bortezomib, Dexamethasone with or without Cyclophosphamide as Induction Pre-Stem Cell Transplant	<i>Prednisone dosing clarified</i>	-----	-----
<b>MYBORREL</b>	Treatment of Relapsed Multiple Myeloma using Bortezomib, Dexamethasone with or without Cyclophosphamide	<i>Prednisone dosing clarified</i>	-----	-----
<b>UMYCARDEX</b>	Therapy of Multiple Myeloma using Carfilzomib and Dexamethasone with or without Cyclophosphamide	-----	<i>Cyclophosphamide dosing clarified</i>	-----
<b>UMYDARBD</b>	Treatment of Relapsed and Refractory Multiple Myeloma with Daratumumab in Combination with Bortezomib and Dexamethasone with or without Cyclophosphamide	<i>Premedications revised (see Drug Update)</i>		

## REVISED Protocols, PPPOs and Patient Handouts *(revisions in respective columns)*

Code	Protocol Title	Protocol	PPPO	Handout
UMYDARLD	Treatment of Relapsed and Refractory Multiple Myeloma with Daratumumab in Combination with Lenalidomide and Dexamethasone	<i>Premedications revised (see Drug Update)</i>		
<b>SC   Supportive Care</b>				
SCNAUSEA	Guidelines for Prevention and Treatment of Chemotherapy-Induced Nausea and Vomiting in Adults	<i>See Editor's Choice</i>	----	----
<b>SM   Skin and Melanoma</b>				
SMAVDT	Treatment of BRAF-Positive Unresectable or Metastatic Melanoma using Dabrafenib and Trametinib	<i>AST deleted</i>	<i>AST deleted</i>	----
SMAVI	Treatment of Advanced C-Kit-Positive Melanoma using Imatinib	<i>Institution name and Tests updated</i>	<i>Institution name and Tests updated</i>	----
SMAVNIV	Treatment of Unresectable or Metastatic Melanoma using Nivolumab	<i>Contact Physician updated and Eligibility clarified</i>	----	----
SMAVNIV4	Treatment of Unresectable or Metastatic Melanoma using 4-Weekly Nivolumab	<i>Contact Physician updated and Eligibility clarified</i>	----	----
SMAVPEM	Treatment of Unresectable or Metastatic Melanoma using Pembrolizumab	<i>Contact Physician updated and Eligibility clarified</i>	----	----
SMAVPEM6	Treatment of Unresectable or Metastatic Melanoma using 6-Weekly Pembrolizumab	<i>Contact Physician updated and Eligibility clarified</i>	----	----
SMAVTRA	Treatment of BRAF-Positive Unresectable or Metastatic Melanoma using Trametinib	<i>AST deleted</i>	<i>AST deleted</i>	----
SMAVVC	Treatment of BRAF-Positive Unresectable or Metastatic Melanoma using Vemurafenib and Cobimetinib	<i>AST deleted</i>	<i>Electrolytes clarified and AST deleted</i>	----
SMAVVEM	Treatment of BRAF-Positive Unresectable or Metastatic Melanoma using Vemurafenib	<i>AST deleted</i>	<i>Electrolytes clarified and AST deleted</i>	<i>Institution name updated</i>



The **CAP requirement** has been removed from the **Eligibility** section and the **U** removed from the **Protocol Code** in the following BC Cancer treatment protocols, provincial pre-printed orders and or patient handouts:

CODE	Protocol Title
<b>BR   Breast</b>	
U <del>B</del> RAJPAM	Adjuvant Therapy in Postmenopausal Women using Pamidronate
U <del>B</del> RAJTTW	Adjuvant Therapy using Weekly Paclitaxel and Trastuzumab
<b>GI   Gastrointestinal</b>	
U <del>G</del> IAJRALOX	Adjuvant Chemotherapy for Node-Positive Colon Cancer using Oxaliplatin and Raltitrexed in Patients Intolerant to Fluorouracil or Capecitabine
U <del>G</del> IDEBTACE	Transarterial Chemoembolization (TACE) of Hepatocellular Carcinoma using Drug-Eluting Bead (DEB) Loaded with Doxorubicin
<b>GO   Gynecologic</b>	
U <del>G</del> OOVBEVG	Treatment of Platinum-Resistant Ovarian Cancer with Bevacizumab and Gemcitabine
U <del>G</del> OOVBEVLD	Treatment of Platinum-Resistant Ovarian Cancer with Bevacizumab and Doxorubicin Pegylated Liposomal (CAELYX®)
U <del>G</del> OOVBEVP	Treatment of Platinum-Resistant Ovarian Cancer with Bevacizumab and Paclitaxel
U <del>G</del> OOVBEVV	Treatment of Platinum-Resistant Ovarian Cancer with Bevacizumab and Vinorelbine
U <del>G</del> OOVCATB	Primary Treatment of Invasive Ovarian with High-Risk of Relapse using Bevacizumab, Carboplatin and Paclitaxel
<b>HN   Head and Neck</b>	
U <del>H</del> NLADCF	Locally Advanced Squamous Cell Carcinoma with Docetaxel, Cisplatin and Infusional Fluorouracil
<b>LY   Lymphoma</b>	
U <del>L</del> YBRENTUX	Treatment of Hodgkin Lymphoma and Anaplastic Large Cell Lymphoma with Brentuximab Vedotin
U <del>L</del> YBV	Consolidation Therapy Post-ASCT for Hodgkin Lymphoma using Brentuximab Vedotin
U <del>L</del> YIBRU	Treatment of Relapsed/Refractory Chronic Lymphocytic Leukemia using Ibrutinib
U <del>L</del> YIDELAR	Treatment of Relapsed/Refractory Chronic Lymphocytic Leukemia using Idelalisib and Rituximab
U <del>L</del> YMFBEX	Treatment of Cutaneous T-Cell Lymphoma (Mycosis Fungoides/Sézary Syndrome) with Bexarotene
U <del>L</del> YMIBRU	Treatment of Relapsed/Refractory Mantle-Cell Lymphoma using Ibrutinib
U <del>L</del> YNIV	Treatment of Relapsed or Refractory Hodgkin Lymphoma using Nivolumab
U <del>L</del> YNIV4	Treatment of Relapsed or Refractory Hodgkin Lymphoma using 4-Weekly Nivolumab
U <del>L</del> YOBEND	Treatment of Rituximab-Refractory Follicular Lymphoma with Obinutuzumab in Combination with Bendamustine
U <del>L</del> YOBCHLOR	Treatment of Previously-Untreated Chronic Lymphocytic Leukemia with Obinutuzumab and Chlorambucil
U <del>L</del> YRITZ	Treatment of Lymphoma using Radioimmunotherapy: Rituximab-Priming for Ibritumomab <sup>90</sup> Y (ZEVALIN®)
U <del>L</del> YVENETOR	Treatment of Relapsed/Refractory Chronic Lymphocytic Leukemia using Venetoclax and Rituximab
<b>SM   Skin and Melanoma</b>	
U <del>S</del> MAVDAB	Treatment of BRAF-Positive Unresectable or Metastatic Melanoma using Dabrafenib
U <del>S</del> MAVDT	Treatment of BRAF-Positive Unresectable or Metastatic Melanoma using Dabrafenib and Trametinib
U <del>S</del> MAVFIPI	First-Line Treatment of Unresectable or Metastatic Melanoma using Ipilimumab
U <del>S</del> MAVI	Treatment of Advanced C-Kit-Positive Melanoma using Imatinib
U <del>S</del> MAVIPI	Treatment of Unresectable or Metastatic Melanoma using Ipilimumab
U <del>S</del> MAVNIV	Treatment of Unresectable or Metastatic Melanoma using Nivolumab
U <del>S</del> MAVNIV4	Treatment of Unresectable or Metastatic Melanoma using 4-Weekly Nivolumab
U <del>S</del> MAVPEM	Treatment of Unresectable or Metastatic Melanoma using Pembrolizumab
U <del>S</del> MAVPEM6	Treatment of Unresectable or Metastatic Melanoma using 6-Weekly Pembrolizumab
U <del>S</del> MAVTRA	Treatment of BRAF-Positive Unresectable or Metastatic Melanoma using Trametinib
U <del>S</del> MAVVC	Treatment of BRAF-Positive Unresectable or Metastatic Melanoma using Vemurafenib and Cobimetinib
U <del>S</del> MAVVEM	Treatment of BRAF-Positive Unresectable or Metastatic Melanoma using Vemurafenib
U <del>S</del> MMCCAIVE	Second-Line Treatment of Recurrent or Metastatic Merkel Cell Carcinoma using Avelumab

## Resources and Contact Information

Resource	Phone	Email / Toll Free / Fax
Systemic Therapy Update: <a href="http://www.bccancer.bc.ca/health-professionals/clinical-resources/systemic-therapy/systemic-therapy-update">www.bccancer.bc.ca/health-professionals/clinical-resources/systemic-therapy/systemic-therapy-update</a>		
Systemic Therapy Update Editor	604-877-6000 x 672649	<a href="mailto:bulletin@bccancer.bc.ca">bulletin@bccancer.bc.ca</a>
Oncology Drug Information Cancer Drug Manual Editor Pharmacy Oncology Certification Nurse Educators	604-877-6275 250-519-5500 x 693742 250-712-3900 x 686820 604-877-6000 x 672638	<a href="mailto:druginfo@bccancer.bc.ca">druginfo@bccancer.bc.ca</a> <a href="mailto:nbadry@bccancer.bc.ca">nbadry@bccancer.bc.ca</a> <a href="mailto:rxchemocert@bccancer.bc.ca">rxchemocert@bccancer.bc.ca</a> <a href="mailto:nursinged@bccancer.bc.ca">nursinged@bccancer.bc.ca</a>
CAP – Compassionate Access Program	604-877-6277	<a href="mailto:cap_bcca@bccancer.bc.ca">cap_bcca@bccancer.bc.ca</a> fax 604-708-2026
OSCAR – Online System for Cancer Drugs Adjudication and Reimbursement	888-355-0355	<a href="mailto:oscar@bccancer.bc.ca">oscar@bccancer.bc.ca</a> fax 604-708-2051
Library/Cancer Information	604-675-8003	toll free 888-675-8001 x 8003 <a href="mailto:requests@bccancer.bc.ca">requests@bccancer.bc.ca</a>
Library Document Delivery	604-675-8002	<a href="mailto:requests@bccancer.bc.ca">requests@bccancer.bc.ca</a>
Pharmacy Professional Practice Professional Practice, Nursing Provincial Systemic Therapy Program	604-877-6000 x 672247 604-877-6000 x 672623 604-877-6000 x 672247	<a href="mailto:mclin@bccancer.bc.ca">mclin@bccancer.bc.ca</a> <a href="mailto:BCcancerPPNAdmin@ehcnet.phsa.ca">BCcancerPPNAdmin@ehcnet.phsa.ca</a> <a href="mailto:mclin@bccancer.bc.ca">mclin@bccancer.bc.ca</a>
BC Cancer – Abbotsford BC Cancer – Kelowna BC Cancer – Prince George BC Cancer – Surrey BC Cancer – Vancouver BC Cancer – Victoria	604-851-4710 250-712-3900 250-645-7300 604-930-2098 604-877-6000 250-519-5500	toll free 877-547-3777 toll free 888-563-7773 toll free 855-775-7300 toll free 800-523-2885 toll free 800-663-3333 toll free 800-670-3322
Community Oncology Network (CON) sites: To update your contact information, please contact: <a href="mailto:bulletin@bccancer.bc.ca">bulletin@bccancer.bc.ca</a>		

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