

## For Health Professionals Who Care for People with Cancer

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**Panitumumab Dose Bands** UGIAPPANEN, GIAVPANI, GIFFIRPAN, GIFFOXPAN

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### Editor's Choice

#### Effective Date for New and Revised Programs

Due to the Cerner upgrade brownout period:

- **New** protocols, pre-printed orders and Cerner PowerPlans will take effect **01 October 2025**
- **Revised** protocols, pre-printed orders and Cerner PowerPlans will take effect **08 October 2025**

BC Cancer Provincial Systemic Therapy has approved the following new treatment programs effective 01 October 2025. Full details of all treatment programs are available in the [Chemotherapy Protocols](#) section of the BC Cancer website.

#### Gastrointestinal

**Irinotecan, Oxaliplatin, Fluorouracil, Leucovorin and Bevacizumab as Palliative Treatment for Metastatic Colorectal Cancer (GIAVFIROXB)** – The BC Cancer Gastrointestinal Tumour Group is implementing treatment with irinotecan, oxaliplatin, fluorouracil, leucovorin and bevacizumab for patients with locally advanced, locally recurrent or metastatic colorectal adenocarcinoma not curable with surgery or radiation. Treatment eligibility includes no prior chemotherapy in the advanced setting, or prior immunotherapy for patients with MMR deficient/MSI-H metastatic colorectal adenocarcinoma. A meta-analysis in this patient population compared patients assigned to irinotecan, oxaliplatin, fluorouracil, leucovorin and bevacizumab (intensified regimen) vs. FOLFOX or FOLFIRI chemotherapy in combination with bevacizumab. Patients assigned to the intensified regimen demonstrated significantly longer overall survival and progression-free survival.<sup>1</sup> This was accompanied by higher rates of grade 3/4 neutropenia, febrile neutropenia and diarrhea.

**Trastuzumab Deruxtecan for Second-Line Treatment of Metastatic or Locally Advanced Gastric, Gastroesophageal Junction or Esophageal Adenocarcinoma (GIGAVENH)** – The BC Cancer Gastrointestinal Tumour Group is introducing trastuzumab deruxtecan, an anti-HER2 antibody-drug conjugate, for the treatment of patients with locally advanced or metastatic HER2-positive gastric, gastroesophageal or esophageal adenocarcinoma. Eligibility includes a prior anti-HER2 trastuzumab-based regimen in the first-line advanced treatment setting. There is a risk of medication errors between trastuzumab deruxtecan (ENHERTU), trastuzumab (HERCEPTIN/funded biosimilar) and trastuzumab emtansine (KADCYLA); to minimize the risk of medication errors, labels should be verified to ensure that the drug being prepared and administered is trastuzumab deruxtecan (ENHERTU).

The single-arm phase II DESTINY-Gastric02 trial in this patient population demonstrated that treatment with trastuzumab deruxtecan resulted in clinical benefit based on the objective response rate.<sup>2,3</sup> Additionally, treatment with trastuzumab deruxtecan showed a clinically meaningful improvement in overall survival and progression-free survival. Common grade 3 or worse treatment-emergent adverse events included neutropenia and anemia. Trastuzumab deruxtecan was associated with interstitial lung disease; the incidence was consistent with rates reported in other patient populations.

#### Genitourinary

**6-Weekly Pembrolizumab and Axitinib for Metastatic Renal Cell Carcinoma (GUAVPEMAX6)** – The Genitourinary Tumour Group is implementing the GUAVPEMAX6 protocol, allowing for 6-weekly pembrolizumab dosing. GUAVPEMAX continues to be available with 3-weekly pembrolizumab.

#### References:

1. Cremolini C, Antoniotti C, Stein A, et al. Individual patient data meta-analysis of FOLFOXIRI plus bevacizumab versus doublets plus bevacizumab as initial therapy of unresectable metastatic colorectal cancer. *J Clin Oncol* 2020;38(28):3314-3324. <https://doi.org/10.1200/JCO.20.01225>
2. CADTH Reimbursement Recommendation. Trastuzumab Deruxtecan (Enhertu®) *Canadian Journal of Health Technologies* 2025;5(4):1-29. <https://doi.org/10.51731/cjht.2025.1115>
3. Van Cutsem E, di Bartolomeo M, Smyth E, et al. Trastuzumab deruxtecan in patients in the USA and Europe with HER2-positive advanced gastric or gastroesophageal junction cancer with disease progression on or after a trastuzumab-containing regimen (DESTINY-Gastric02): primary and updated analyses from a single-arm, phase 2 study. *Lancet Oncol* 2023;24(7):744-756. [https://doi.org/10.1016/S1470-2045\(23\)00215-2](https://doi.org/10.1016/S1470-2045(23)00215-2)

## Editor's Choice

### Revised Programs

#### Breast

##### **Zoledronic Acid for Treatment of Acute Bone Pain Secondary to Breast Cancer Metastases (BRAVZOL) –**

The BRAVZOL protocol has been updated to allow upfront treatment with zoledronic acid without the need for prior pamidronate. In addition, zoledronic acid may be initiated with the standard 12-weekly dosing interval. Dosing every 4 weeks is available with the option to switch between the dosing regimens at the discretion of the treatment provider. The use of zoledronic acid every 12 weeks vs. every 4 weeks has been shown to have comparable benefit on skeletal-related events in patients with bone metastases and no prior IV bisphosphonate therapy.<sup>1</sup> Less frequent zoledronic acid dosing and a shorter infusion time (15 minutes compared to 60 minutes for pamidronate) have the potential to save substantial time for patients and system resources.

#### References:

1. Himmelstein AL, Foster JC, Khatcheressian JL, et al. Effect of longer-interval vs standard dosing of zoledronic acid on skeletal events in patients with bone metastases: a randomized clinical trial. *JAMA* 2017;317(1):48-58. <https://doi.org/10.1001/jama.2016.19425>

### Dose Banding: Bevacizumab, Panitumumab

As part of the BC Cancer expansion of dose banding, standardized dose bands are being introduced for bevacizumab and panitumumab. Dose bands are integrated into protocols, pre-printed orders (PPOs), and the Cerner system, allowing prescribers and pharmacists to apply standardized dose bands during order entry and verification, streamlining workflows and enhancing sustainability in cancer care.

In addition, the suggested tablet/capsule combination tables for capecitabine and temozolomide are being formalized into standardized dose bands by incorporating them directly into protocols and PPOs. Currently, this applies only to capecitabine and temozolomide within bevacizumab- and panitumumab-containing protocols and PPOs. All outstanding capecitabine and temozolomide protocols and PPOs will have standardized dose bands incorporated in the subsequent months.

To accommodate the Cerner upgrade brownout period, protocols, PPOs and Cerner dose banding functionality will be updated on **08 October**. More details can be found in the *Clinical Informatics' Quick Reference Guide* for Cerner prescribers, *In the Know* for all prescribers, and Systemic Therapy **Procedure III-140: Management of Dose Banded Cancer Drug Treatments** available on the [SHOP](#) BC Cancer page.

## Practice Standards and Policies

All Systemic Therapy policies are on the [Shared Health Organizations Portal \(SHOP\)](#) BC Cancer page.

### DPYD Testing for Fluorouracil- and Capecitabine-Containing Protocols

This update reviews *DPYD* genotype testing processes to ensure a consistent approach for safe and effective patient care. ***DPYD* testing is required prior to initiating fluoropyrimidine-based systemic therapy.** This includes all treatment protocols involving fluorouracil (5-FU) or capecitabine, which are commonly used in the treatment of gastrointestinal, breast, and head and neck cancers. A *DPYD* test should **not** be ordered for patients who have tolerated 5-FU or capecitabine in the past (even without a prior *DPYD* test).

## Practice Standards and Policies

The *DPYD* test requisition is updated as of 01 October 2025, and can be found at:

<http://www.bccancer.bc.ca/lab-services-site#Test--Request--Forms>.

*DPYD* testing is performed weekly and the expected Turn Around Time (TAT) is routinely less than 14 calendar days. Actual TAT will **depend on the day when the specimen is received** at Cancer Genetics & Genomics Laboratory (CGL); therefore, patients should have bloodwork done as soon as possible to avoid delays in treatment. CGL will not routinely reply to emails regarding expedited *DPYD* testing or TAT.



### DYPD Test Ordering

#### Step 1a – Check if Test Has Been Ordered or Results are Already Reported

- **Has test been ordered?**
  - *DPYD* test may have been ordered at triage
  - Cerner → *DPYD* will appear in Orders tab under Laboratory section
  - CAIS → STESST OLAB/LABO resource note (once requisition is processed)
  - For GPO → check CONRef for note
- **Are results already reported?**
  - Abnormal results are not flagged. Providers must review the report.
  - Results location:
    - Cerner → Documents → Molecular Genetics Report BC Cancer
    - CAIS → Provider Action List
    - CareConnect → Regional Lab

#### Step 1b – Uncheck *DPYD* Test in the Pretreatment Labs of PowerPlans if Test Already Ordered

#### Step 2 – Order Test if Needed

CST-Cerner	Non-CST-Cerner
1a. In PowerPlans, Test is prechecked in Pretreatment Labs. 1b. Ad hoc → "LAB-Miscellaneous Test (Blood)" in search window → write " <i>DPYD</i> test" in the 'Name of the Lab test' field. 2. Print and fill <a href="#">Requisition Form</a> 3. Give requisition to patient**	1. Print and fill <a href="#">Requisition Form</a> 2. Give requisition to patient**

\*\* Alternatively, the completed requisition can be either emailed (a PDF copy) to LifeLabs at PatientREQSBC@lifelabs.com or faxed to 1-888-674-0370. Note: patients should be instructed to wait 24 hours after the requisition is submitted before going to any LifeLabs location to ensure the requisition has been processed.

#### Step 3 – Give Patient Instructions

- Instruct patients to take the completed requisition and go ASAP for their *DPYD* test.

## Practice Standards and Policies

### Step 4 – Referrals to CON Sites

- MRP to note on CONRef if *DPYD* test has been ordered.
- GPO is responsible for reviewing results and adjusting the dose before treatment.

### Dose Adjustments

- If null or reduced function allele(s) are identified, reduce 5-FU or capecitabine dose per dosing guidelines in the [Cancer Drug Manual](#)® on the BC Cancer website.
- If no null or reduced function allele(s) are found, use clinical judgment if the patient experiences early, severe, or exaggerated toxicity, or has a known family history of same.

### Questions or Support

- Ordering or finding results in CST-Cerner: email [BCC Vancouver CST@bccancer.bc.ca](mailto:BCC_Vancouver_CST@bccancer.bc.ca)
- Interpreting results: email [CancerGeneticsLab@bccancer.bc.ca](mailto:CancerGeneticsLab@bccancer.bc.ca)
- For protocol-specific inquiries: contact Tumour Group lead

## High Alert Medications List

The most recent additions to the **BC Cancer Oncology High Alert Medications List** include: brigimadlin, capivasertib, glofitamab, ivosidenib, LY2880070, mirvetuximab soravtansine, neladalkib, nelarabine, niraparib-abiraterone, revumenib and ropeginterferon alfa-2b.

## Drug Update

### Bevacizumab Infusion Rate

The bevacizumab infusion rate is being standardized across all bevacizumab doses.<sup>1,2</sup> An accelerated infusion rate (0.5 mg/kg/minute) will apply to all bevacizumab infusions, starting from the first infusion. This infusion rate has already been in place in many protocols; for example, with 7.5 mg/kg infused over 15 minutes. All applicable treatment protocols and pre-printed orders are being updated.

#### References:

1. Reidy DL, Chung KY, Timoney JP, et al. Bevacizumab 5 mg/kg can be infused safely over 10 minutes. *J Clin Oncol* 2007;25:2691-2695. <https://doi.org/10.1200/JCO.2006.09.3351>
2. Geirnaert M, Howarth J, Kellett C, et al. Off-label infusion of biosimilar bevacizumab: a provincial experience. *J Oncol Pharm Practice* 2020;26(7):1683-1685. <https://doi.org/10.1177/1078155220945374>

### IV Bag Size Selection: Docetaxel, Gemcitabine Thiotepa

The **IV Bag Size Selection** table has been updated to include thiotepa and lower docetaxel and gemcitabine dose ranges. The **IV Bag Size and Vial Selection** resource is available in the [Cancer Drug Manual](#)® on the BC Cancer website.

All documents are available in the [Cancer Drug Manual<sup>®</sup>](#) on the BC Cancer website.

### New CDM Documents

Note that the following drug is not a BC Cancer Benefit Drug and requires application to the BC Cancer Compassionate Access Program (CAP). The corresponding Interim Monograph and Patient Handout are made available for reference only.

The **Momelotinib Interim Monograph** and **Patient Handout** have been developed with expert review provided by Dr. Lynda Foltz and Dr. Donna Forrest (medical oncologists, BC Cancer Myeloid Tumour Group) and Robert Tillmanns (tumour group pharmacist, BC Cancer Provincial Pharmacy). Momelotinib is an orally administered inhibitor of Janus Kinases 1 and 2 (JAK1/JAK2), mutant JAK2V617F and activin A receptor type 1 (ACVR1). It is used in the treatment of myeloproliferative neoplasms. The usual dose is 200 mg once daily.

Highlights from these documents include:

- serious and fatal cases of infections have been reported; therefore active infections should be resolved prior to initiating treatment with momelotinib
- starting dose reduction is recommended for patients with severe hepatic impairment
- thrombosis, secondary malignancies, and major adverse cardiac events are reported with momelotinib

**Momelotinib** has been added to the **Auxiliary Label List** and was evaluated for the **BC Health Authorities Provincial Hazardous Drug List**.

### Revised CDM Documents

#### **Calaspargase Pegol Monograph and Chemotherapy Preparation and Stability Chart**

*Solution Preparation and Compatibility:* added warning regarding light protection during storage and administration

*Chemotherapy Preparation and Stability Chart:* added requirement for light protection for storage and administration to *Product* and *Special Precautions* columns

#### **Dexrazoxane Monograph and Patient Handout**

*Supply and Storage:* added Juno brand

*Patient Handout:* updated language per current template throughout and deleted CARDIOXANE<sup>®</sup> brand name from the Banner Bar as dexrazoxane is not marketed in Canada or USA under this brand name (no longer “common” brand name)

#### **Pembrolizumab Monograph**

*Uses:* updated Health Canada-approved indications

*Cautions:* updated bullets to include information pertaining to transplant recipients

*Side Effects* table: added side effects identified through post-marketing

*Side Effect* paragraphs: added myocarditis to “less common” immune-mediated side effects

## Cancer Drug Manual<sup>®</sup>

### Trastuzumab Deruxtecan Monograph

*Uses:* updated Health Canada-approved indications

*Parenteral Administration* table: added new BC Cancer protocol GIGAVENH

*Dosage Guidelines:* added new BC Cancer protocol GIGAVENH; bolded and italicized BC Cancer standard dosing for gastric cancer

### Chemotherapy Preparation and Stability Chart

*Cemiplimab:* updated recommended in-line filter size to 0.2-5 micron

*Gemcitabine:* updated recommended bag size volume

*Nivolumab:* updated recommended in-line filter size to 0.2-1.2 micron

*Nivolumab-relatlimab:* updated recommended in-line filter size to 0.2-1.2 micron

*Pembrolizumab:* updated recommended in-line filter size to 0.2-5 micron

*Temsirolimus:* updated recommended in-line filter size to 0.2-5 micron

## CDM Editorial Board Changes

The Cancer Drug Manual<sup>®</sup> Editorial Review Board would like to bid farewell to **Brittany Freeman (Provincial Nurse Educator, BC Cancer – Prince George)**. Thank you, Brittany, for your many thoughtful contributions to the Cancer Drug Manual<sup>®</sup>. We wish you all the best in your future endeavours. And we welcome back longstanding board member **Michelle Lafreniere (Nurse Educator [Oncology], Provincial Practice Nursing, BC Cancer – Victoria)**.

## Continuing Education

### Family Practice Oncology Network

The Family Practice Oncology Network (FPON) is pleased to announce a webinar on the **Management of Early Breast Cancer for Primary Care: Guiding Patients While Awaiting Medical Oncology Consultation** with Dr. Sanji Ali. The webinar is on Thursday 16 October 2025, 0800-0900h, as part of the complimentary accredited FPON webcasts.

By the end of the session, participants will be able to:

- Differentiate between neoadjuvant and adjuvant breast cancer therapy
- State the factors influencing the decision to start neoadjuvant therapy and help determine the appropriate neoadjuvant therapy option
- Cite factors influencing the decision to proceed with adjuvant therapy and factors that help determine the appropriate adjuvant therapy option.

For more information and link to registration, visit:

[FPON Webinar: Management of Early Breast Cancer for Primary Care | UBC CPD](#)



## Benefit Drug List

### New Programs

The following treatment programs have been added to the BC Cancer [Benefit Drug List](#) effective 01 October 2025:

Protocol Title	Protocol Code	Benefit Status
Palliative Treatment for Metastatic Colorectal Cancer using <b>Irinotecan, Oxaliplatin, Fluorouracil, Leucovorin and Bevacizumab</b>	<b>GIAVFIROXB</b>	Class I
Second-Line Treatment of Metastatic or Locally Advanced Gastric, Gastroesophageal Junction or Esophageal Adenocarcinoma using <b>Trastuzumab Deruxtecan (ENHERTU)</b>	<b>GIGAVENH</b>	Class I
Treatment of Metastatic Renal Cell Carcinoma using <b>6-Weekly Pembrolizumab</b> and <b>Axitinib</b>	<b>GUAVPEMAX6</b>	Class I

### Revised Programs

The following treatment programs have been revised on the BC Cancer [Benefit Drug List](#) effective 01 October 2025:

Protocol Title	Protocol Code	Benefit Status
Second- or Third-Line Therapy for Metastatic or Locally Advanced Gastric or Gastroesophageal Junction Cancer using <b>Weekly Paclitaxel</b> and <b>Ramucirumab</b> ✓ Protocol title updated	<b>GIGAVRAMT</b>	Class 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 (CAP) approval are prefixed with the letter **U**.

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
<b>GIAVFIROXB</b>	Palliative Treatment for Metastatic Colorectal Cancer using Irinotecan, Oxaliplatin, Fluorouracil, Leucovorin and Bevacizumab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>GIGAVENH</b>	Second-Line Treatment of Metastatic or Locally Advanced Gastric, Gastroesophageal Junction or Esophageal Adenocarcinoma using Trastuzumab Deruxtecan (ENHERTU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>GUAVPEMAX6</b>	Treatment of Metastatic Renal Cell Carcinoma using 6-Weekly Pembrolizumab and Axitinib	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



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

**NOTICE:** Due to the Cerner brownout period, all **REVISED PROTOCOLS/PPPOS** and corresponding Cerner PowerPlans will take effect **08 October 2025**.

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
<b>BR   Breast</b>				
<b>BRAJPAM</b>	Adjuvant Therapy for Breast Cancer in Post-Menopausal Women using Pamidronate	Contact Physician and Eligibility updated; Tests clarified	Pretreatment metrics clarified; Tests updated	---
<b>BRAJZOL2</b>	Adjuvant Therapy for Breast Cancer in Post-Menopausal Women using 3-Monthly Zoledronic Acid	Eligibility, Treatment and Dose Modifications updated; Tests clarified	Pretreatment metrics clarified; Tests updated	---
<b>BRAJZOL5</b>	Adjuvant Therapy for Breast Cancer in Post-Menopausal Women using 6-Monthly Zoledronic Acid	Eligibility, Treatment and Dose Modifications updated; Tests clarified	Pretreatment metrics clarified; Tests updated	---
<b>BRAVCLOD</b>	Therapy of Bone Metastases in Breast Cancer using Oral Clodronate	Contact Physician updated; Tests clarified	Tests updated	---
<b>BRAVPAM</b>	Prevention of Skeletal-Related Events Secondary to Breast Cancer Metastases using Pamidronate	Tests clarified	Pretreatment metrics clarified; Tests updated	---
<b>BRAVZOL</b>	Treatment of Acute Bone Pain Secondary to Breast Cancer Metastases using IV Zoledronic Acid	Contact Physician, Eligibility, Treatment, Dose Modifications, Precautions, terms of use and References updated; Tests clarified	Pretreatment metrics and Return Appointment Orders clarified; Tests updated; 4-weekly treatment option added	---
<b>GI   Gastrointestinal</b>				
<b>GIGAVRAMT</b>	Second- <b>or Third</b> -Line Therapy for Metastatic or Locally Advanced Gastric or Gastroesophageal Junction Cancer using Weekly Paclitaxel and Ramucirumab	Protocol title updated; Eligibility and References updated	---	---
<b>GIGAVTT</b>	Third- or Later-Line Therapy of Advanced Gastroesophageal Carcinoma using Trifluridine-Tipiracil	Eligibility updated	---	---
<b>GO   Gynecologic</b>				
<b>GOCABR</b>	Alternative Treatment of Gynecological Malignancies using Carboplatin and Paclitaxel NAB (ABRAXANE)	Tests and Dose Modifications updated; formatting	Tests updated	---

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
<b>GOCABRBEV</b>	Alternative Treatment of Gynecological Malignancies using Bevacizumab, Carboplatin and Paclitaxel NAB (ABRAXANE)	Contact Physician, Tests, Treatment and Dose Modifications updated; formatting	Tests updated	---
<b>GOCISP</b>	Alternative Treatment of Gynecological Malignancies using Cisplatin and Paclitaxel	Tests and Treatment table updated; formatting	Tests updated	---
<b>GOCISPBEV</b>	Alternative Treatment of Gynecological Malignancies using Bevacizumab, Cisplatin and Paclitaxel	Contact Physician, Tests and Treatment updated; formatting	Tests updated	---
<b>GOCXBP</b>	Maintenance Therapy of Squamous, Adenocarcinoma, or Adenosquamous Cancer of the Cervix with Pembrolizumab with or without Bevacizumab	Contact Physician, Tests and Treatment updated; duplicate hyperlinks removed; formatting	Tests updated	---
<b>GOCXBP6</b>	Maintenance Therapy of Squamous, Adenocarcinoma, or Adenosquamous Cancer of the Cervix with 6-Weekly Pembrolizumab with or without Bevacizumab	Contact Physician, Tests and Treatment updated; duplicate hyperlinks removed; formatting	Tests updated	---
<b>GOCXCAD</b>	Primary Treatment of Advanced/Recurrent Non-Small Cell Cancer of the Cervix with Carboplatin and Docetaxel in Ambulatory Care Settings	Contact Physician and Tests updated; formatting	Tests updated	---
<b>GOCXCAT</b>	Primary Treatment of Advanced/Recurrent Non-Small Cell Cancer of the Cervix with Carboplatin and Paclitaxel in Ambulatory Care Settings	Contact Physician, Tests and Dose Modifications updated	Tests updated	---
<b>GOCXCATB</b>	Primary Treatment of Metastatic or Recurrent Cancer of the Cervix with Bevacizumab, Carboplatin and Paclitaxel	Tests, Treatment and Dose Modifications updated; formatting	Treatment and Tests updated	---
<b>UGOCXCATBP</b>	Primary Treatment of Squamous, Adenocarcinoma, or Adenosquamous Cancer of the Cervix with Bevacizumab, Carboplatin, Paclitaxel and Pembrolizumab	Contact Physician, Tests and Treatment updated; duplicate hyperlinks removed; formatting	Treatment and tests updated	---
<b>UGOCXCATP</b>	Primary Treatment of Squamous, Adenocarcinoma, or Adenosquamous Cancer of the Cervix with Carboplatin, Paclitaxel, and Pembrolizumab	Contact Physician and Tests updated; duplicate hyperlinks removed; formatting	Tests updated	---
<b>GOCXCPNBV</b>	Alternative Treatment of Squamous, Adenocarcinoma, or Adenosquamous Cancer of the Cervix with Bevacizumab, Carboplatin, Paclitaxel NAB (ABRAXANE) and Pembrolizumab	Contact Physician, Tests and Treatment updated; duplicate hyperlinks removed; formatting	Treatment and Tests updated	---

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
<b>GOXCNP</b>	Alternative Treatment of Squamous, Adenocarcinoma, or Adenosquamous Cancer of the Cervix with Carboplatin, Paclitaxel NAB (ABRAXANE), and Pembrolizumab	Contact Physician and Tests updated; duplicate hyperlinks removed; formatting	Tests updated	---
<b>GOXCRT</b>	Treatment of High-Risk Squamous Carcinoma, Adenocarcinoma or Adenosquamous Carcinoma of the Cervix with Concurrent Cisplatin and Radiation	Contact Physician and Tests updated; formatting	Prechemo metric timeframe and Tests updated	---
<b>UGOEAVDCAT</b>	Treatment of Microsatellite Instability-High or Mismatch Repair Deficient Endometrial Cancer using Dostarlimab with Carboplatin and Paclitaxel	Contact Physician and Tests updated	Tests updated	---
<b>UGOEAVDPNC</b>	Alternative Treatment of Microsatellite Instability-High or Mismatch Repair Deficient Endometrial Cancer using Dostarlimab with Paclitaxel NAB and Carboplatin	Contact Physician and Tests updated; duplicate hyperlink removed	Tests updated	---
<b>GOENDAJCAT</b>	Neoadjuvant or Adjuvant Treatment of Endometrial Cancer using Carboplatin and Paclitaxel	Contact Physician and Tests updated; formatting	Tests updated	---
<b>GOENDAVCAT</b>	Treatment of Advanced or Recurrent Endometrial Cancer using Carboplatin and Paclitaxel	Contact Physician, Eligibility and Tests updated	Tests updated	---
<b>UGOENDAVP</b>	Treatment of Microsatellite Instability-High or Mismatch Repair Deficient Endometrial Cancer using Pembrolizumab	Contact Physician and Tests updated; duplicate hyperlink removed	Tests updated	---
<b>UGOENDAVP6</b>	Treatment of Microsatellite Instability-High or Mismatch Repair Deficient Endometrial Cancer using 6-Weekly Pembrolizumab	Contact Physician and Tests updated; Treatment clarified; duplicate hyperlink removed	Tests updated	---
<b>GOENDAVPL</b>	Treatment of Endometrial Cancer with Microsatellite Stability or Mismatch Repair Proficiency using Pembrolizumab and Lenvatinib	Contact Physician and Tests updated; duplicate hyperlink removed	Tests updated	---
<b>GOENDAVPL6</b>	Treatment of Endometrial Cancer with Microsatellite Stability or Mismatch Repair Proficiency using 6-Weekly Pembrolizumab and Lenvatinib	Contact Physician and Tests updated; duplicate hyperlink removed	Tests updated	---
<b>GOENDCAD</b>	Treatment of Primary Advanced or Recurrent Endometrial Cancer using Carboplatin and Docetaxel	Tests updated	Tests updated	---
<b>GOENDD</b>	Doxorubicin for Use in Patients with Advanced Endometrial Cancer	Contact Physician and Tests updated; formatting	Tests updated	---

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
<b>GOOVBEVG</b>	Treatment of Platinum-Resistant or -Refractory Epithelial Ovarian Cancer with Bevacizumab and Gemcitabine	<i>Contact Physician and Tests updated</i>	<i>Prechemo metrics and Tests updated</i>	---
<b>GOOVBEVLD</b>	Treatment of Platinum-Resistant or -Refractory Epithelial Ovarian Cancer with Bevacizumab and Doxorubicin Pegylated Liposomal	<i>Contact Physician, Tests, Treatment and Dose Modifications updated</i>	<i>Tests updated, formatting</i>	---
<b>GOOVBEVP</b>	Treatment of Platinum-Resistant or -Refractory Epithelial Ovarian Cancer with Bevacizumab and Paclitaxel	<i>Contact Physician, Tests and Treatment updated</i>	<i>Tests updated; bevacizumab flush info removed; formatting</i>	---
<b>GOOVBEVV</b>	Treatment of Platinum-Resistant or -Refractory Epithelial Ovarian Cancer with Bevacizumab and Vinorelbine	<i>Contact Physician, Tests and Treatment updated; formatting</i>	<i>Tests updated</i>	---
<b>GOOVCAD</b>	Primary Treatment with Visible or No Visible Residual Tumour (Moderate, High, or Extreme Risk) or Treatment at Relapse of Invasive Epithelial Ovarian, Fallopian Tube, and Primary Peritoneal Cancer, using Carboplatin and Docetaxel	<i>Contact Physician and Tests updated</i>	<i>Tests updated</i>	---
<b>GOOVCAG</b>	Treatment of Advanced Ovarian Cancer in Patients Who Have Progressed or Recurred Following First-Line Platinum-Based Treatment using Carboplatin and Gemcitabine	<i>Contact Physician and Tests updated</i>	<i>Tests updated</i>	---
<b>GOOVCARB</b>	First- or Second-Line Therapy for Invasive Epithelial Ovarian Cancer using Single-Agent Carboplatin	<i>Contact Physician and Tests updated</i>	<i>Tests updated</i>	---
<b>GOOVCATB</b>	Primary Treatment of Invasive Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer with High Risk of Relapse using Bevacizumab, Carboplatin and Paclitaxel	<i>Contact Physician and Tests updated</i>	<i>Tests updated</i>	---
<b>GOOVCATM</b>	Primary Treatment of No Visible Residual (Moderate-High Risk) Invasive Epithelial Ovarian, Fallopian Tube and Primary Peritoneal Cancer using Carboplatin and Paclitaxel	<i>Contact Physician, Tests and Dose Modifications updated; formatting</i>	<i>Tests updated</i>	---
<b>GOOVCATR</b>	Second-Line Treatment of Invasive Epithelial Ovarian, Fallopian Tube or Peritoneal Cancer Relapsing after Primary Treatment using Paclitaxel and Carboplatin	<i>Contact Physician and Tests updated</i>	<i>Tests updated</i>	---
<b>GOOVCATX</b>	Primary Treatment of Visible Residual (Extreme Risk) Invasive Epithelial Ovarian, Fallopian Tube or Peritoneal Cancer using Carboplatin and Paclitaxel	<i>Contact Physician, Tests and Dose Modifications updated</i>	<i>Tests updated</i>	---
<b>GOOVCIS</b>	Therapy for Invasive Epithelial Ovarian Cancer using Cisplatin	<i>Contact Physician and Tests updated; formatting</i>	<i>Tests updated</i>	---

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
GOOVDDCAT	Primary Treatment of Advanced Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma using Carboplatin and Weekly Paclitaxel	Contact Physician and Tests updated	Prechemo metrics and Tests updated	---
GOOVDOC	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma using Docetaxel	Contact Physician, Tests and Precautions updated; formatting	Tests updated	---
GOOVETO	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma using Etoposide	Contact Physician and Tests updated	Hypersensitivity banner added; Tests updated	---
GOOVPLDC	First-Line Treatment of Epithelial Ovarian Cancer using Doxorubicin Pegylated Liposomal and Carboplatin	Contact Physician, Tests and Dose Modifications updated	Tests updated	---
GOOVGEM	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma using Gemcitabine	Contact Physician and Tests updated	Prechemo metric timeframe and Tests updated	---
GOOVIPPC	Primary Treatment of Stage III Less than or Equal to 1 cm Visible Residual Invasive Epithelial Ovarian Cancer or Stage I Grade 3 or Stage II Grade 3 Papillary Serous Ovarian Cancer using Intravenous and Intraperitoneal Paclitaxel and Intraperitoneal Carboplatin	Contact Physician, Tests and Dose Modifications updated	Prechemo metric timeframe and Tests updated	---
GOOVLDOX	Treatment of Epithelial Ovarian Cancer Relapsing after Primary Treatment using Doxorubicin Pegylated Liposomal	Contact Physician and Tests updated	Prechemo metric timeframe and Tests updated	---
GOOVPLDC	Treatment of Epithelial Ovarian Cancer Relapsing after Primary Treatment using Doxorubicin Pegylated Liposomal and Carboplatin	Contact Physician and Tests updated	Tests updated	---
GOOVTAX3	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma using Paclitaxel	Contact Physician and Tests updated	Tests updated	---
GOOVTOP	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma using Topotecan	Contact Physician and Tests updated	Tests updated	---
GOOVVIN	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma using Vinorelbine	Contact Physician and Tests updated	Prechemo metric timeframe and Tests updated; logo changed	---
GU   Genitourinary				
GUAVIPNI	Treatment of Metastatic or Advanced Renal Cell Carcinoma using Ipilimumab and Nivolumab	Eligibility and Precautions updated	---	---
GUAVNIVC	Treatment of Metastatic or Advanced Renal Cell Carcinoma using Nivolumab and Cabozantinib	Eligibility and Precautions updated	---	---

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
<b>GUAVNIVC4</b>	Treatment of Metastatic or Advanced Renal Cell Carcinoma using 4-weekly Nivolumab and Cabozantinib	<i>Eligibility and Precautions updated</i>	---	---
<b>GUAVPEMAX</b>	Treatment of Metastatic Renal Cell Carcinoma using Pembrolizumab and Axitinib	<i>Eligibility, Treatment and Precautions updated</i>	---	---
<b>GUAVPEML</b>	Treatment of Metastatic Renal Cell Carcinoma using Pembrolizumab and Lenvatinib	<i>Eligibility and Precautions updated</i>	---	---
<b>GUAVPEML6</b>	Treatment of Metastatic Renal Cell Carcinoma using 6-Weekly Pembrolizumab and Lenvatinib	<i>Eligibility and Precautions updated</i>	---	---
<b>LU   Lung</b>				
<b>LUAVATZ</b>	Treatment of Advanced Non-Small Cell Lung Cancer using Atezolizumab	<i>Peripheral IV and saline lock insertion clarified</i>	---	---
<b>LY   Lymphoma</b>				
<b>LYEPOCHR</b>	Lymphoma with Dose-Adjusted Etoposide, Doxorubicin, Vincristine, Cyclophosphamide, Prednisone and Rituximab with Intrathecal Methotrexate	<i>Anticoagulation management statement added</i>	---	---
<b>MY   Myeloma</b>				
<b>MYZOL</b>	Treatment of Multiple Myeloma with Zoledronic Acid	<i>Eligibility and Tests clarified</i>	<i>Pretreatment metrics, Treatment and Return Appointment clarified; Tests updated</i>	---

**Bevacizumab dose bands** have been integrated into the following BC Cancer protocols and provincial pre-printed orders. Protocols denoted with \* have had the bevacizumab infusion rate updated. Protocols denoted with † have had capecitabine or temozolomide dose bands incorporated.

Code	Protocol Title
<b>CN   Neuro-Oncology</b>	
<b>CNBEV*</b>	A Palliative Therapy for Recurrent Malignant Gliomas using Bevacizumab with or without Concurrent Etoposide or Lomustine
<b>GI   Gastrointestinal</b>	
<b>GIATZB*</b>	First-Line Treatment of Advanced Hepatocellular Carcinoma using Atezolizumab and Bevacizumab
<b>GIAVCAPB†</b>	Palliative Therapy of Metastatic Colorectal Cancer using Capecitabine and Bevacizumab
<b>GIAVTTB*</b>	Therapy of Advanced Colorectal Cancer using Trifluridine-Tipiracil and Bevacizumab
<b>GICIRB†</b>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Irinotecan, Bevacizumab and Capecitabine

Code	Protocol Title
<b>GICOXB†</b>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Oxaliplatin, Bevacizumab and Capecitabine
<b>GIFFIRB*</b>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Irinotecan, Fluorouracil, Leucovorin, and Bevacizumab
<b>GIFFOXB*</b>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Oxaliplatin, Fluorouracil, Leucovorin, and Bevacizumab
<b>GO   Gynecologic</b>	
<b>GOCABRBEV*</b>	Alternative Treatment of Gynecological Malignancies using Bevacizumab, Carboplatin and Paclitaxel NAB (ABRAXANE)
<b>GOCISPBEV*</b>	Alternative Treatment of Gynecological Malignancies using Bevacizumab, Cisplatin and Paclitaxel
<b>GOCXBP</b>	Maintenance Therapy of Squamous, Adenocarcinoma, or Adenosquamous Cancer of the Cervix with Pembrolizumab with or without Bevacizumab
<b>GOCXBP6</b>	Maintenance Therapy of Squamous, Adenocarcinoma, or Adenosquamous Cancer of the Cervix with 6-Weekly Pembrolizumab with or without Bevacizumab
<b>GOCXCATB*</b>	Primary Treatment of Metastatic or Recurrent Cancer of the Cervix with Bevacizumab, Carboplatin and Paclitaxel
<b>UGOCXCATBP*</b>	Primary Treatment of Squamous, Adenocarcinoma, or Adenosquamous Cancer of the Cervix with Bevacizumab, Carboplatin, Paclitaxel and Pembrolizumab
<b>GOCXCPNBP*</b>	Alternative Treatment of Squamous, Adenocarcinoma, or Adenosquamous Cancer of the Cervix with Bevacizumab, Carboplatin, Paclitaxel NAB (ABRAXANE) and Pembrolizumab
<b>GOOVBEVG*</b>	Treatment of Platinum-Resistant or -Refractory Epithelial Ovarian Cancer with Bevacizumab and Gemcitabine
<b>GOOVBEVLD*</b>	Treatment of Platinum-Resistant or -Refractory Epithelial Ovarian Cancer with Bevacizumab and Doxorubicin Pegylated Liposomal
<b>GOOVBEVP*</b>	Treatment of Platinum-Resistant or -Refractory Epithelial Ovarian Cancer with Bevacizumab and Paclitaxel
<b>GOOVBEVV*</b>	Treatment of Platinum-Resistant or -Refractory Epithelial Ovarian Cancer with Bevacizumab and Vinorelbine
<b>GOOVCATB*</b>	Primary Treatment of Invasive Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer with High Risk of Relapse using Bevacizumab, Carboplatin and Paclitaxel
<b>SA   Sarcoma</b>	
<b>SATEMBEV*†</b>	Therapy for Advanced Solitary Fibrous Tumours and Hemangiopericytoma using Temozolomide and Bevacizumab

**Panitumumab dose bands** have been integrated into the following BC Cancer protocols and provincial pre-printed orders.

Code	Protocol Title
<b>GI   Gastrointestinal</b>	
<b>UGIAVPANEN</b>	Treatment of BRAF V600E-Mutated Metastatic Colorectal Cancer using Panitumumab and Encorafenib
<b>GIAVPANI</b>	Palliative Third-Line Treatment of Metastatic Colorectal Cancer using Panitumumab
<b>GIFFIRPAN</b>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Irinotecan, Fluorouracil, Leucovorin and Panitumumab
<b>GIFFOXPAN</b>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Oxaliplatin, Fluorouracil, Leucovorin and Panitumumab



## 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	604-877-6275	<a href="mailto:druginfo@bccancer.bc.ca">druginfo@bccancer.bc.ca</a>
Cancer Drug Manual Editor	250-519-5500 x 693742	<a href="mailto:nbadry@bccancer.bc.ca">nbadry@bccancer.bc.ca</a>
Pharmacy Oncology Certification	250-712-3900 x 686820	<a href="mailto:rxchemocert@bccancer.bc.ca">rxchemocert@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	604-877-6000 x 672247	<a href="mailto:mclin@bccancer.bc.ca">mclin@bccancer.bc.ca</a>
Professional Practice, Nursing	604-877-6000 x 672623	<a href="mailto:BCCancerPPNAdmin@phsa.ca">BCCancerPPNAdmin@phsa.ca</a>
Provincial Systemic Therapy Network	604-877-6000 x 672247	<a href="mailto:ProvincialSystemicOffice@bccancer.bc.ca">ProvincialSystemicOffice@bccancer.bc.ca</a>
BC Cancer – Abbotsford	604-851-4710	toll free 877-547-3777
BC Cancer – Kelowna	250-712-3900	toll free 888-563-7773
BC Cancer – Prince George	250-645-7300	toll free 855-775-7300
BC Cancer – Surrey	604-930-2098	toll free 800-523-2885
BC Cancer – Vancouver	604-877-6000	toll free 800-663-3333
BC Cancer – Victoria	250-519-5500	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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