Provincial Health Services Authority

Systemic Therapy Update

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For Health Professionals Who Care for People with Cancer

Inside This Issue:

Editor's Choice

New Programs

BC Cancer Provincial Systemic Therapy has approved the following new treatment programs effective 01 September 2025. Full details of all treatment programs are available in the Chemotherapy Protocols section of the BC Cancer website.

Genitourinary

Enfortumab Vedotin and Pembrolizumab for First-Line Treatment of Locally Advanced or Metastatic Urothelial Carcinoma (GUAVEVPEM) – The BC Cancer Genitourinary Tumour Group is introducing combination treatment with enfortumab vedotin (EV) and pembrolizumab for the first-line treatment of patients with unresectable locally advanced or metastatic urothelial carcinoma. An estimated 30% to 50% of patients with locally advanced or metastatic urothelial carcinoma are not candidates for, or do not respond to, first-line treatment with platinum-based chemotherapy, the standard of care for decades. Thus EV-pembrolizumab fills a significant unmet need in this patient population by offering an alternative to first-

line platinum-based chemotherapy (GUAVPG). Treatment with enfortumab vedotin is continued until disease progression or unacceptable toxicity; pembrolizumab is continued until a maximum of two years of treatment.

Approval of this treatment program is based on the randomized, open-label phase III EV-302 trial.[1,2] Compared to platinum-based chemotherapy, EV-pembrolizumab was associated with significantly longer progression-free survival and overall survival. The most common treatment-related adverse events of grade 3 or higher were maculopapular rash, hyperglycemia and neutropenia in the EV-pembrolizumab group.

Lung

Platinum, Pemetrexed and Osimertinib for First-Line Treatment of EGFR-Positive Advanced NSCLC (LUAVPPOSI) – The BC Cancer Lung Tumour Group is implementing first-line osimertinib plus chemotherapy with pemetrexed and platinum for patients with previously-untreated locally advanced, metastatic, or recurrent non-squamous non-small cell lung cancer (NSCLC). Patients must have epidermal growth factor receptor (*EGFR*)-mutated disease not amenable to curative surgery or radiation. Osimertinib, pemetrexed and platinum are administered for four cycles, followed by daily osimertinib and 3-weekly pemetrexed maintenance therapy until disease progression or unacceptable toxicity. Patients may be started on osimertinib (LUAVOSIF) while waiting for chemotherapy to be scheduled, for a maximum of 30 days.

The randomized, controlled, phase III FLAURA2 trial in patients with previously untreated, *EGFR*-mutated advanced NSCLC demonstrated that progression-free survival was significantly longer in patients treated with osimertinib plus chemotherapy than those treated with osimertinib monotherapy.[3,4] Adverse effects were reported in a higher proportion of patients in the osimertinib-chemotherapy group, including anemia, nausea and neutropenia. Discontinuation of any study treatment occurred in substantially more patients in the osimertinib-chemotherapy group.

Sarcoma

High-Dose Methotrexate, Doxorubicin, and Cisplatin for Neoadjuvant and Adjuvant Therapy for Osteosarcoma (SANAHDMAP) – The BC Cancer Sarcoma Tumour Group is introducing neoadjuvant/adjuvant treatment with high-dose methotrexate, doxorubicin and cisplatin (MAP) for patients with resectable osteosarcoma who are fit to undergo intensive, curative-intent treatment. After two cycles of pre-operative chemotherapy, there is a treatment break to allow for surgical resection. Post-operative chemotherapy is typically started two to three weeks after surgery.

The randomised, controlled, phase III trial EURAMOS-1 was undertaken in patients with newly diagnosed, resectable, high-grade osteosarcoma to determine the effect of changing post-operative chemotherapy based on histological response.[5,6] Patients were treated pre-operatively with MAP and were randomised post-operatively. Those with ≥10% viable tumour (poor pathologic response) in the resected specimen were randomized to receive MAP or intensified MAP with ifosfamide-etoposide. Those with <10% viable tumour (good pathologic response) were allocated to MAP or MAP followed by interferon alfa-2b. For both the poor and good risk patients, there was no event-free survival benefit between the comparator regimens. Based on these results, the international standard of care for curative-intent treatment of children, adolescents, and young adults with osteosarcoma remains MAP.

Editor's Choice

Tumour Agnostic

Pembrolizumab for Treatment of dMMR/MSI-H Solid Tumours (UTAAVPEM, UTAAVPEM6) – The BC Cancer Tumour Agnostic Tumour Group is implementing pembrolizumab monotherapy for patients with unresectable or metastatic solid tumours with mismatch repair deficiency/microsatellite instability-high (dMMR/MSI-H) mutations. Tumours with these mutations display highly upregulated expressions of programmed cell death ligand 1 (PD-L1) with associated upregulated programmed cell death protein 1 (PD-1) on lymphocytes, limiting host immune-mediated tumour elimination. For many solid tumours, dMMR/MSI-H status has been found to predict response to PD-1/PD-L1 blockade with immune checkpoint inhibitors. Treatment eligibility is based on the presence of dMMR/MSI-H mutations, regardless of tumour anatomy or histology. Patients must have progressed following at least one prior treatment and have no satisfactory alternative treatment options from their respective tumour sites. Treatment with pembrolizumab is continued until disease progression, unacceptable toxicity or to a maximum of two years. BC Cancer Compassionate Access Program (CAP) approval is required.

The open-label, single-arm KEYNOTE-158 and KEYNOTE-164 trials included patients with unresectable or metastatic solid tumours with dMMR/MSI-H mutations from a range of tumour sites including gastrointestinal, gynecologic, salivary, brain, and other rarer cancers.[7,8,9] The trials demonstrated a clinically meaningful benefit of pembrolizumab based on objective response rate, durability of response and median overall survival. Harms reported in the trials were considered manageable and consistent with the known safety profile of pembrolizumab.

References:

1. Powles T, Valderrama BP, Gupta S, et al. Enfortumab vedotin and pembrolizumab in untreated advanced urothelial cancer. *N Engl J Med* 2024;390(10):875-888. https://doi.org/10.1056/NEJMoa2312117
2. CADTH Reimbursement Recommendation. Enfortumab Vedotin (Padcev®). *Canadian Journal of Health Technologies* 2024;4(12):1-21. https://doi.org/10.51731/cjht.2024.1048
3. Planchard D, Jänne PA, Cheng Y, et al. Osimertinib with or without chemotherapy in EGFR-mutated advanced NSCLC. *N Engl J Med* 2023;389(21):1935-1948. https://doi.org/10.1056/NEJMoa2306434
4. CADTH Reimbursement Recommendation. Osimertinib (Tagrisso®). *Canadian Journal of Health Technologies* 2024;4(10):1-26. https://doi.org/10.51731/cjht.2024.1006
5. Marina NM, Smeland S, Bielack SS, et al. Comparison of MAPIE versus MAP in patients with a poor response to preoperative chemotherapy for newly diagnosed high-grade osteosarcoma (EURAMOS-1): an open-label, international, randomised controlled trial. *Lancet Oncol* 2016;17(10):1396-1408. https://doi.org/10.1016/S1470-2045(16)30214-5
6. Bielack SS, Smeland S, Whelan JS, et al. Methotrexate, doxorubicin, and cisplatin (MAP) plus maintenance pegylated interferon alfa-2b versus MAP alone in patients with resectable high-grade osteosarcoma and good histologic response to preoperative MAP: first results of the EURAMOS-1 good response randomized controlled trial. *J Clin Oncol* 2015;33(20):2279-2287. https://doi.org/10.1200/JCO.2014.60.0734
7. Marabelle A, O'Malley DM, Hendifar AE, et al. Pembrolizumab in microsatellite-instability-high and mismatch-repair-deficient advanced solid tumors: updated results of the KEYNOTE-158 trial. *Nat Cancer* 2025;6(2):253-258. https://doi.org/10.1038/s43018-024-00894-y
8. Le DT, Diaz LA Jr, Kim TW, et al. Pembrolizumab for previously treated, microsatellite instability-high/mismatch repair-deficient advanced colorectal cancer: final analysis of KEYNOTE-164. *Eur J Cancer* 2023;186:185-195. https://doi.org/10.1016/j.ejca.2023.02.016
9. CADTH Reimbursement Recommendation. Pembrolizumab (Keytruda®). *Canadian Journal of Health Technologies* 2025;5(2):1-37. https://doi.org/10.51731/cjht.2025.1081

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Expansion of Existing Programs

BC Cancer Provincial Systemic Therapy has approved the expansion of the following treatment programs effective 01 September 2025.

Gastrointestinal

Oxaliplatin, Fluoropyrimidine and Pembrolizumab for First-Line Treatment of Locally Advanced or Metastatic Gastroesophageal Cancer (GIGAVCOXP, GIGAVFFOXP) – The BC Cancer Gastrointestinal Tumour Group is expanding the GIGAVCOXP/GIGAVFFOXP eligibility criteria to include patients with HER2-negative gastric carcinoma. This is supported by the randomized, controlled, double-blind phase III KEYNOTE-859 trial demonstrating improved overall survival with pembrolizumab plus chemotherapy vs. chemotherapy alone.[1,2] This treatment program provides an additional chemoimmunotherapy treatment option to nivolumab plus chemotherapy for this patient population (GIGAVCOXN, GIGAVFFOXN).

References:
1. Rha SY, Oh D-Y, Yañez P, et al. Pembrolizumab plus chemotherapy versus placebo plus chemotherapy for HER2-negative advanced gastric cancer (KEYNOTE-859): a multicentre, randomised, double-blind, phase 3 trial. *Lancet Oncol* 2023;24(11):1181-1195. https://doi.org/10.1016/S1470-2045(23)00515-6
2. CADTH Reimbursement Recommendation. Pembrolizumab (Keytruda®). *Canadian Journal of Health Technologies* 2024;4(10):1-29. https://doi.org/10.51731/cjht.2024.1009

Revised Programs

Supportive Care

Management of Infusion-Related Reactions to Systemic Therapy Agents (SCDRUGRX) – The SCDRUGRX protocol has been revised to capture the nuanced management of platinum drug reactions. The corresponding pre-printed orders PPO A (immediate management of the infusion-related reaction and resumption of the infusion) and PPO B (subsequent cycle infusion administration after an infusion-related reaction) have been updated accordingly. This revision reflects current literature with the goal to improve clarity, streamline decision-making, and ensure best practices in the management of platinum-related reactions.

All members of the multidisciplinary care team involved in chemotherapy administration and reaction management — including nursing, providers, pharmacy and other clinical staff — are encouraged to review the updated protocols and pre-printed orders. Staff are also encouraged to complete the SCDRUGRX Revision Survey to provide feedback on the impact of the SCDRUGRX revisions on practice. The survey is available until 20 September 2025.

Dose Banding of Oncology Drugs

BC Cancer will be expanding the dose banding policy beyond fluorouracil to include more drugs. By standardizing doses within the acceptable dose variance in the Systemic Therapy **Policy III-10: Systemic Therapy Treatment Delivery Process**, dose banding can minimize the need to open extra vials for small dose adjustments. This approach aligns with national and international practices,[1,2] and it is expected to achieve significant cost avoidance[3] as well as reduce drug wastage with associated carbon emission across regional and community centres.[4]

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The rollout will begin 01 October in phased stages, starting with selected monoclonal antibodies and expanding to additional drugs. Dose bands will be integrated into the Cerner system and pre-printed orders, allowing prescribers and pharmacists to apply standardized dose bands during order entry and verification, streamlining workflows and enhancing sustainability in cancer care.

References

1. Fahrenbruch R, Kintzel P, Bott AM, et al. Gilmore S, Markham R. Dose rounding of biologic and cytotoxic anticancer agents: a position statement of the Hematology/Oncology Pharmacy Association. *J Oncol Pract* 2018;14(3):e130-e136. https://doi.org/10.1200/JOP.2017.025411
2. National Comprehensive Cancer Network. NCCN Chemotherapy Order Templates (NCCN Templates®). Available at https://www.nccn.org/docs/default-source/clinical/order-templates/hopa.pdf?sfvrsn=3af91118_6
3. de Lemos J, Suess J, Ng T, de Lemos M. Economic impact of adopting a dose-rounding policy at BC Cancer: using real-world dispensing data of 8 monoclonal antibodies and antibody-drug conjugates. *J Oncol Pharm Pract* 2025;31(2S):9. Available at https://journals.sagepub.com/doi/pdf/10.1177/OPPA_31_2S
4. de Lemos J, Schaff K, de Lemos M. Reduction in carbon dioxide emissions to a dose-rounding policy: an estimate for 8 monoclonal antibodies and antibody-drug conjugates across 6 BC regional cancer centres. *J Oncol Pharm Pract* 2025;31(2S):9-10. Available at https://journals.sagepub.com/doi/pdf/10.1177/OPPA_31_2S

Practice Standards and Policies

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

Transitioning from Reference Biologics to Biosimilars

Long-term clinical evidence supports comparability between the reference biologics trastuzumab (HERCEPTIN) and bevacizumab (AVASTIN) and their biosimilars. As such, BC Cancer will be transitioning all remaining patients being treated with one of these two reference biologics to a biosimilar on or after 01 December 2025.

After 01 December 2025:

- Access to HERCEPTIN and AVASTIN will require BC Cancer Compassionate Access Program (CAP) approval. Approval will only be granted for safety or significant adverse event reasons.
- CON sites will have a 6-month transition period to use up old inventory of the reference biologics. New inventory will not be reimbursed past the transition date without BC Cancer approval.

In the future, as BC Cancer funds new biosimilars, patients on the respective reference biologics will be transitioned to the newly-funded biosimilar. This will be reflected in an update to Systemic Therapy **Policy III-190: Oncology Biosimilars Utilization** effective 01 December 2025.

There will be no changes to BC Cancer Cerner PowerPlans or PPPOs.

Impacted providers, BC Cancer centres, and CON sites should have received targeted email communications about this transition, including detailed information about timelines. Questions can be sent to ProvincialSystemicOffice@bccancer.bc.ca.

Updated Policy III-10: Systemic Therapy Treatment Delivery Process

The list of authorized prescribers has been revised in **Policy III-10: Systemic Therapy Treatment Delivery Process**. The term 'associate physicians' has been introduced and replaces the previous term 'associates in oncology'. A description is provided in the policy to align with the BC College of Physicians and Surgeons definition of associate physicians:

> "Associate physicians who are working in oncology must practice under supervision in accredited structured team-based care under the direction and supervision of the attending physician and must have approval from their supervising attending physician and department head before prescribing systemic therapy. If co-signature is required, the onus is on the AP [associate physician] to obtain this before sending the prescription to pharmacy."

Continuing Education

Family Practice Oncology Network

The Family Practice Oncology Network (FPON) is pleased to announce a webinar session on **Oropharyngeal Cancer** with Dr. Suzanne Carlisle, on Thursday 18 September 2025, 8 to 9 am, as part of the Complimentary Accredited Webinar Series.

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

- Review risk factors for oropharyngeal cancer
- Describe symptoms of oropharyngeal cancer
- Identify lesions suspicious for oropharyngeal cancer

For more information and link to registration, visit:
FPON Webinar: Oropharyngeal Cancer | UBC CPD

Cancer Drug Manual©

All documents are available in the Cancer Drug Manual© on the BC Cancer website.

New 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 **Zolbetuximab Interim Monograph** and **Patient Handout** have been developed with expert review provided by Dr. Howard Lim (medical oncologist, BC Cancer Gastrointestinal Tumour Group) and Robert Tillmanns (tumour group pharmacist, BC Cancer Provincial Pharmacy). Zolbetuximab is a chimeric IgG monoclonal antibody that targets Claudin 18.2, a tight junction protein found on the surface of tumour cells. Zolbetuximab, in combination with chemotherapy, is used in the treatment of gastric or

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gastroesophageal junction (GEJ) adenocarcinoma. Treatment is initiated with a loading dose of 800 mg/m^2 IV given on day 1 of the first cycle, followed by maintenance regimens of either 600 mg/m^2 given every 3 weeks or 400 mg/m^2 given every 2 weeks.

Highlights from these documents include:

- nausea and vomiting are most common during the first two infusions and typically occur within the first hour of the initial infusion
- to mitigate infusion-related reactions, an incremental infusion rate is recommended with the infusion rate slowly escalated as tolerated
- if infusion-related or hypersensitivity reaction are reported, premedication with antihistamines is recommended prior to subsequent infusions

Zolbetuximab has been added to the **Chemotherapy Preparation and Stability Chart** and has been evaluated for the **BC Cancer Hazardous Drug List.**

Revised Documents

Bevacizumab Monograph and Patient Handout

Cautions (Pregnancy): deleted FDA pregnancy category
Supply and Storage: added AYBINTIO® biosimilar
Patient Handout: added AYBINTIO® to banner bar and updated template wording throughout

Calaspargase Pegol Monograph and Chemotherapy Preparation and Stability Chart

Solution Preparation and Compatibility (Additional information): added recommendation regarding light protection during IV administration
Chemotherapy Preparation and Stability Chart: added light protection to *Product Stability* and *Special Precautions* columns

Pembrolizumab Monograph

Uses: updated Health Canada-approved indications
Cautions: added information about HSCT and solid organ transplant rejection
Side Effects: added adverse events reported in post-marketing

Ribociclib Monograph and Patient Handout

Cautions: updated QT prolongation bullet to include caution regarding drug interactions
Drug Interactions: added new interactions to Interactions table; updated recommendations for theoretical interactions under the Interactions table
Supply and Storage: added information regarding new storage conditions
Dosage Guidelines: adjusted lowest dose in range for usual dosing regimen
Patient Handout: added information regarding new storage conditions

Thiotepa Monograph and Chemotherapy Preparation and Stability Chart

Uses: added non-Hodgkin lymphoma
Parenteral Administration table: added alternate infusion rate to accommodate low-dose regimens
Dosage Guidelines: added two low-dose regimens
Chemotherapy Preparation and Stability Chart (Product column): updated range for recommended bag size selection to accommodate low-dose regimens

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Trastuzumab Monograph and Patient Handout

Cautions (Pregnancy): deleted FDA pregnancy category and included updates from product information
Cautions (Breastfeeding): included updates from product information
Supply and Storage: added ONTRUZANT® biosimilar
Patient Handout: added ONTRUZANT® to banner bar and updated template wording throughout

Erratum

Aug 2025 Issue

In the ST Update Practice Standards and Policies summary of the updated Policy III-10, the summary erroneously stated that "antibody-drug conjugates and bispecific antibodies", when it should have stated "antibody-drug conjugates" only.

Benefit Drug List

New Programs

The following treatment programs have been added to the BC Cancer Benefit Drug List effective 01 September 2025:

Protocol Title	Protocol Code	Benefit Status
First-Line Treatment of Locally Advanced or Metastatic Urothelial Carcinoma using **Enfortumab Vedotin** and **Pembrolizumab**	**GUAVEVPEM**	Class I
First-Line Treatment of Epidermal Growth Factor Receptor (EGFR) Mutation-Positive Advanced Non-Small Cell Lung Cancer (NSCLC) with **Platinum**, **Pemetrexed** and **Osimertinib**	**LUAVPPOSI**	Class I
Neoadjuvant and Adjuvant Therapy for Osteosarcoma using **High-Dose Methotrexate**, **Doxorubicin**, and **Cisplatin**	**SANAHDMAP**	Class I
Treatment of dMMR/MSI-H Solid Tumours using **Pembrolizumab**	**UTAAVPEM**	Restricted
Treatment of dMMR/MSI-H Solid Tumours using **6-Weekly Pembrolizumab**	**UTAAVPEM6**	Restricted
Treatment of dMMR/MSI-H Solid Tumours using **Pembrolizumab**	**Pediatric**	Restricted

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
GUAVEVPEM	First-Line Treatment of Locally Advanced or Metastatic Urothelial Carcinoma using Enfortumab Vedotin and Pembrolizumab	☑	☑	☐
LUAVPPOSI	First-Line Treatment of Epidermal Growth Factor Receptor (EGFR) Mutation-Positive Advanced Non-Small Cell Lung Cancer (NSCLC) with Platinum, Pemetrexed and Osimertinib	☑	☑	☐
LYEPOCHR	Treatment of Lymphoma with Dose-Adjusted Etoposide, Doxorubicin, Vincristine, Cyclophosphamide, Prednisone and Rituximab with Intrathecal Methotrexate	☐	☑	☐
SANAHDMAP	Neoadjuvant and Adjuvant Therapy for Osteosarcoma using High-Dose Methotrexate, Doxorubicin, and Cisplatin	☑	☑	☐
UTAAVPEM	Treatment of dMMR/MSI-H Solid Tumours using Pembrolizumab	☑	☑	☐
UTAAVPEM6	Treatment of dMMR/MSI-H Solid Tumours using 6-Weekly Pembrolizumab	☑	☑	☐

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
BR | Breast				
UBRAVCAFLV	Therapy of Advanced Breast Cancer using Pimasertib and Fulvestrant with or without LHRH Agonist	---	*Prechemo metric units corrected*	---
BRAVRBFLV	Therapy of Advanced Breast Cancer using Ribociclib and Fulvestrant with or without LHRH Agonist	*Tests updated*	*Tests updated*	---
BRAVRIBAI	Therapy of Advanced Breast Cancer using Ribociclib and Aromatase Inhibitor with or without LHRH Agonist	*Tests updated*	*Tests updated*	---
GI | Gastrointestinal				
GIENACTRT	Neoadjuvant Treatment of Esophageal and Gastroesophageal Carcinomas using Carboplatin, Paclitaxel and Radiation Therapy	*Eligibility, Exclusions and References updated*	---	---

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
GIGAVCOXP	First-Line Treatment of Locally Advanced or Metastatic Gastroesophageal Cancer using Oxaliplatin, Capecitabine and Pembrolizumab	*Eligibility, Precautions and References updated*	---	---
GIGAVFFOXP	First-Line Treatment of Locally Advanced or Metastatic Gastroesophageal Cancer using Oxaliplatin, Fluorouracil, Leucovorin and Pembrolizumab	*Eligibility, Precautions and References updated*	---	---
GIGAVPCOXT	Treatment of Advanced Gastric, Gastroesophageal Junction or Esophageal Adenocarcinoma using Pembrolizumab, Capecitabine, Oxaliplatin and Trastuzumab	*Treatment duration updated*	---	---
GIGAVPFOXT	Treatment of Advanced Gastric, Gastroesophageal Junction or Esophageal Adenocarcinoma using Pembrolizumab, Oxaliplatin, Fluorouracil, Leucovorin and Trastuzumab	*Treatment duration updated*	---	---
GIGAVTR	Continuation of Palliative Treatment of Metastatic or Inoperable, Locally Advanced Gastric or Gastroesophageal Junction Adenocarcinoma using Trastuzumab	*Eligibility updated*	---	---
GU | Genitourinary				
GUAVEV	Palliative Therapy for Urothelial Carcinoma using Enfortumab Vedotin	*Tests clarified, dose modifications updated*	--	--
GUAVPEM	Treatment of Locally Advanced or Metastatic Urothelial Carcinoma Using Pembrolizumab	*Exclusions and precautions updated, tests clarified*	--	--
GUAVPEM6	Treatment of Locally Advanced or Metastatic Urothelial Carcinoma Using 6-Weekly Pembrolizumab	*Exclusions and precautions updated, tests clarified*	--	--
UGUPLVT	Treatment of Metastatic Castration-Resistant Prostate Cancer using Lutetium (^{177}Lu) Vipivotide Tetraxetan (PLUVICTO)	*Eligibility, tests and dose modifications updated*	*Prechemo metric window, treatment section, return appointments and Tests updated*	*Treatment summary and treatment schedule updated*
LK | Leukemia & BMT				
ULK0	Ropeginterferon Alfa-2b Therapy of Chronic Myeloid Neoplasms and Hypereosinophilic Syndrome	*Ropeginterferon dose conversion guidance updated*	---	---
LU | Lung				
LUAVOSIF	First-Line Treatment of Epidermal Growth Factor Receptor (EGFR) Mutation-Positive Advanced Non-Small Cell Lung Cancer (NSCLC) with Osimertinib	*Eligibility updated; Tests clarified*	---	---

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
LUPUPE	Treatment of Cancer of Unknown Primary Involving the Thorax with Cisplatin and Etoposide	*Eligibility clarified*	---	---
LY | Lymphoma				
ULYEPCOR	Treatment of Lymphoma using Epcoritamab	*Supportive care updated*	---	---
LYEPOCHR	Treatment of Lymphoma with Dose-Adjusted Etoposide, Doxorubicin, Vincristine, Cyclophosphamide, Prednisone and Rituximab with Intrathecal Methotrexate	*Tests, Treatment and References updated; CNS prophylaxis section added*	---	*Treatment plan and drugs section updated*
ULYOGLOFIT	Treatment of Lymphoma using Obinutuzumab and Glofitamab Treatment of Lymphoma using Obinutuzumab and Glofitamab	*Supportive care updated*	---	---
SC | Supportive Care				
SCDRUGRX	Management of Infusion-Related Reactions to Systemic Therapy Agents	*Platinum reaction management and appendices added, immediate and subsequent management updated*	*Supportive medications updated, formatting*	---

Resources and Contact Information

Resource	Phone	Email / Toll Free / Fax
Systemic Therapy Update: www.bccancer.bc.ca/health-professionals/clinical-resources/systemic-therapy/systemic-therapy-update		
Systemic Therapy Update Editor	604-877-6000 x 672649	bulletin@bccancer.bc.ca
Oncology Drug Information Cancer Drug Manual Editor Pharmacy Oncology Certification	604-877-6275 250-519-5500 x 693742 250-712-3900 x 686820	druginfo@bccancer.bc.ca nbadry@bccancer.bc.ca rxchemocert@bccancer.bc.ca
CAP – Compassionate Access Program	604-877-6277	cap_bcca@bccancer.bc.ca fax 604-708-2026
OSCAR – Online System for Cancer Drugs Adjudication and Reimbursement	888-355-0355	oscar@bccancer.bc.ca fax 604-708-2051
Library/Cancer Information	604-675-8003	toll free 888-675-8001 x 8003 requests@bccancer.bc.ca
Library Document Delivery	604-675-8002	requests@bccancer.bc.ca
Pharmacy Professional Practice Professional Practice, Nursing Provincial Systemic Therapy Network	604-877-6000 x 672247 604-877-6000 x 672623 604-877-6000 x 672247	mlin@bccancer.bc.ca BCCancerPPNAdmin@phsa.ca ProvincialSystemicOffice@bccancer.bc.ca
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: bulletin@bccancer.bc.ca		

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