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FAX request form and IN TOUCH phone list are provided if additional information is needed.

## HIGHLIGHTS OF PROTOCOL CHANGES

Several **docetaxel**-based treatment regimens for **gynecological** malignancies have been introduced in this issue. These include treatments for cancers of the ovary (GOOVCADR, GOOVCADX), endometrium (GOENDCAD), cervix (UGOCXCAD) and various invasive (GOOVCADM) and platinum-refractory tumours (GOOVDOC). These docetaxel-based regimens are alternatives to the **paclitaxel**-based protocols for similar indications. The clinician's selection should be based on the patient's circumstances. The docetaxel-containing combination produces more neutropenic complications, diarrhea, edema and hypersensitivity; the paclitaxel-containing combination produces more peripheral neurotoxicity, arthralgia, myalgia, and alopecia.

Two **ifosfamide**-based **genitourinary** protocols (GUVIP2, GUVEIP) have been revised based on the 2002 ASCO guidelines on chemotherapy protectants. This includes the use of lower dose **mesna** regimens and the option of using the oral administration of mesna for appropriate patients receiving high dose ifosfamide. Similar changes have been implemented with ifosfamide-based sarcoma protocols in April this year (see [April 2003](#) issue of Update for more details).

## BENEFIT DRUG LIST

- **Docetaxel** for various gynecological malignancies (GOENDCAD, GOOVCADM, GOOVCADR, GOOVCADX, GOOVDOC)

A Class II form must be completed and submitted to the Provincial Systemic Therapy Program before the drug will be dispensed at a regional cancer centre or reimbursed to a community hospital.

Susan O'Reilly, MB, FRCPC  
Provincial Systemic Program Leader

The current Benefit Drug List, Class II forms and Undesignated Indication Application forms are available on the BC Cancer Agency website ([www.bccancer.bc.ca](http://www.bccancer.bc.ca)) under Health Professionals [Info, Chemotherapy Protocols, Frequently Used Forms](#).

## LIST OF NEW AND REVISED PROTOCOLS

**INDEX to BC Cancer Agency Protocol Summaries** revised monthly (include tumour group, protocol code, indication, drugs, last revision date and version). Protocol codes for treatments requiring "Undesignated Indication" approval prior to use are prefixed with the letter U.

- [GI Protocols revised](#): Information on how to contact physicians has been revised on all GI protocols.
- [GIIRFUFA](#) revised ("first line" deleted from Title): Palliative combination chemotherapy for

- metastatic colorectal cancer using irinotecan, fluorouracil and folinic acid (leucovorin)
- **UGOCXCAD** new: Primary treatment of advanced/recurrent non-small cell cancer of the cervix with carboplatin and docetaxel in ambulatory care settings
  - **GOENDCAD** new: Treatment of primarily advanced or recurrent endometrial cancer using carboplatin and docetaxel
  - **GOOVCADM** new: Primary treatment of invasive epithelial ovarian, fallopian tube and primary peritoneal cancer, with no visible residual tumour (moderate-high risk)
  - **GOOVCADR** new: Second line treatment using docetaxel and carboplatin for epithelial ovarian cancer relapsing after primary treatment
  - **GOOVCADX** new: Primary treatment of visible residual (extreme risk) invasive epithelial ovarian cancer
  - **GOOVDOC** new: Treatment of progressive, platinum-refractory epithelial ovarian carcinoma, primary peritoneal carcinoma or fallopian tube carcinoma using docetaxel
  - **GUVEIP revised** (mesna dosing, hydration): Nonseminoma consolidation/salvage protocol for germ cell cancer using vinblastine, cisplatin, ifosfamide and mesna
  - **GUVIP2 revised** (mesna dosing, hydration): Nonseminoma consolidation/salvage protocol (synonyms: GU-88-02) (using etoposide, cisplatin, ifosfamide, mesna)
  - **HNRAMI revised** (reminder for Special Access Programme approval added): Radioprotection in head and neck radiation using amifostine
  - **LKANAG revised** (reminder for Class II approval added): Anagrelide as second-line treatment of thrombocytosis related to myeloproliferative disorders
  - **LUNAVP revised** (liver function tests and bilirubin standardized): Palliative therapy of non-small cell lung cancer using cisplatin and vinorelbine
  - **LUVIN revised** (liver function tests and bilirubin standardized): Treatment for advanced non-small cell lung cancer (NSCLC) with vinorelbine in elderly patients
  - **MYPAM revised** (pamidronate scheduling): Treatment of multiple myeloma with pamidronate
  - **OSAJAP revised** (AGC changed to ANC for Tests): Adjuvant therapy for osteosarcoma using doxorubicin and cisplatin
  - **OSAVAP revised** (AGC changed to ANC for Tests): Therapy for advanced osteosarcoma using doxorubicin and cisplatin
  - **SAAI revised** (AGC changed to ANC for Tests): Therapy for advanced soft tissue sarcoma using Doxorubicin, Ifosfamide-Mesna
  - **SAAVA revised** (AGC changed to ANC for Tests): Therapy for advanced soft tissue sarcoma using doxorubicin
  - **SAAVADIC revised** (AGC changed to ANC for Tests): Therapy for advanced soft tissue sarcoma using doxorubicin and dacarbazine (DTIC)
  - **SAVAC revised** (AGC changed to ANC for Tests): Adjuvant therapy for newly diagnosed Ewing's sarcoma/peripheral neuroectodermal tumor (PNET) or rhabdomyosarcoma using vincristine, Adriamycin and cyclophosphamide (this is alternated with SAIME)
  - **SAVACM revised** (AGC changed to ANC for Tests): Therapy for newly diagnosed Ewing's sarcoma/peripheral neuroectodermal tumor (PNET) and rhabdomyosarcoma with pelvic primaries or chemotherapy induced hematuria using vincristine, doxorubicin (Adriamycin®) and cyclophosphamide. (SAVACM is alternated with SAVIM)
- Protocols are available on the BC Cancer Agency website ([www.bccancer.bc.ca](http://www.bccancer.bc.ca)) under [Health Professionals Info, Chemotherapy Protocols](#).

### **CANCER MANAGEMENT GUIDELINES**

The Cancer Management Guidelines are available on the BC Cancer Agency website ([www.bccancer.bc.ca](http://www.bccancer.bc.ca)) under [Health Professionals Info, Cancer Management Guidelines](#).

### **PRE-PRINTED ORDER UPDATE**

Pre-printed orders should always be checked with the most current BC Cancer Agency protocol summaries. The BC Cancer Agency Vancouver Centre has prepared chemotherapy pre-printed orders, which can be used as a guide for reference. An index to the orders can be obtained by Fax-back.

- **GOSCMCC2** revised (potassium chloride hydration): Treatment of small cell carcinoma

of cervix using paclitaxel, cisplatin, etoposide and carboplatin with radiation (GO 95 02)

- **UGOOVIN** new: Palliative chemotherapy for re-treatment of ovarian, tubal, and peritoneal cancer using vinorelbine
- **GUMVAC** revised (potassium chloride hydration): Therapy for transitional cell cancers of the urothelium using methotrexate, vinblastine, doxorubicin and cisplatin
- **GUPM** revised (PSA added to labs): Therapy for hormone-resistant metastatic carcinoma of the prostate using mitomycin monotherapy (standard)
- **LYCYCLO** revised (addition of optional prednisone, cyclophosphamide preparation): Therapy of lymphoma, Hodgkin's lymphoma, chronic lymphocytic leukemia or multiple myeloma using cyclophosphamide
- **OSVIM** deleted (Protocol replaced by SAIME): Therapy for advanced sarcomas using etoposide (VP-16), ifosfamide- mesna
- **SAIME** new: Etoposide, ifosfamide-mesna for patients with newly diagnosed Ewing's sarcoma/peripheral neuroectodermal tumor (PNET) or rhabdomyosarcoma or advanced soft tissue or bony sarcomas
- **SAVAC** revised (revised bookings to replace SAVIM with SAIME): Adjuvant therapy for newly diagnosed Ewing's sarcoma/peripheral neuroectodermal tumor (PNET) or rhabdomyosarcoma using vincristine, Adriamycin and cyclophosphamide (this is alternated with SAIME)
- **SAVAC+M** revised (revised bookings to replace SAVIM with SAIME): Therapy for newly diagnosed Ewing's sarcoma/peripheral neuroectodermal tumor (PNET) and rhabdomyosarcoma with pelvic primaries or chemotherapy induced hematuria using vincristine, doxorubicin (Adriamycin®) and cyclophosphamide. (SAVACM is alternated with SAVIM)
- **SAVIM** deleted (Protocol replaced by SAIME): Therapy for newly diagnosed Ewing's sarcoma/peripheral neuroectodermal tumor (PNET) or rhabdomyosarcoma or advanced sarcomas using etoposide (VP-16), ifosfamide-mesna (this may be alternated with SAVAC or SAVACM)

## PATIENT EDUCATION

Patient information handouts for cancer drugs are available on the BC Cancer Agency website ([www.bccancer.bc.ca](http://www.bccancer.bc.ca)) under [Health Professionals Info, Cancer Drug Manual, Drug Information for the Patient](#). For treatment protocol specific information, go to the BC Cancer Agency website ([www.bccancer.bc.ca](http://www.bccancer.bc.ca)) under [Health Professionals Info, Chemotherapy Protocols, Information for the Patient](#).

## DRUG UPDATE

**Interferon Alfa-2b (Intron A®)** When interferon alfa-2b (IFN- $\alpha$ ) is combined with BCG vaccine for intravesical use in the treatment of bladder cancer, the Intron A® powder should be used instead of the ready-to-use HAS-free solution.<sup>1</sup> This is because the m-cresol preservative in the HAS-free solution may be harmful to the BCG vaccine, which is a dried living culture of the BCG bacteria. The ready-to-use HAS-free solution however can still be used for intravesical treatment when IFN- $\alpha$  alone is ordered.

Note that intravesical IFN- $\alpha$  is not recommended by the BCCA in the standard management of superficial bladder cancer as it has not been shown to have equivalent efficacy to standard therapy with BCG or mitomycin-C. Under exceptional circumstances, IFN- $\alpha$  could be considered for patients who have no other options, i.e., unsuitable for cystectomy on basis of comorbid illness and who have Tis or unresectable papillary disease resistant to BCG and mitomycin-C. In these cases, *Undesignated Indication Approval* must be obtained before the drug will be dispensed at a regional cancer centre or reimbursed to a community hospital.

### **Reference**

1. Intron A + BCG in the treatment of bladder cancer. Letter from Sebastian Dao, Project Manager - Medical Services, Schering Canada Inc. 9 July 2003.

## CANCER DRUG MANUAL

The Cancer Drug Manual is available on the BC Cancer Agency website [www.bccancer.bc.ca/cdm/](http://www.bccancer.bc.ca/cdm/).

## FREQUENTLY ASKED QUESTIONS

### **Non-PVC Tubings and Taxanes**

**Question:** Have there been any changes to the way that we should administer taxanes? We had heard that it was no longer necessary to use non-PVC tubing, as the drug was in contact with the tubing for such a little time that it was insignificant.

**Answer:** No, there have been no recent changes in this area. It is important to clarify that the manufacturers still state that these drugs must be given through non-PVC tubing. This prevents unnecessary patient exposure to DEHP (di-2-ethylhexyl phthalate), which may be leached from bags and infusion sets that contain PVC. Product companies can readily advise you as to whether any tubings (including extension tubings) you intend to use contain PVC. As well, we still continue to use in-line filters for paclitaxel but not for docetaxel. Recent discussion with Aventis, the manufacturer of docetaxel (Taxotere®), confirms that it does not support delivery of docetaxel through a filter, as an important component of the drug might be lost during the filtration process.

### **Record of Exposure to Cytotoxic Drugs**

#### **Did you know?**

That the Workers' Compensation Board of BC requires that you document your exposure to cytotoxic drugs on an ongoing basis?

In the Occupational Health and Safety Regulation Book, April 15, 1999, Parts 5 – 19, page 6-8, WCB states:

*The employer must maintain a record of all workers who prepare or administer cytotoxic drugs, including the name of the drugs handled and when practical the number of preparations or administrations per week.*

Exposure records must be maintained for the duration of employment plus 10 years, and training records for 3 years from the date that the training occurred.

It is therefore critical that you maintain a personal record of the cytotoxic medications you administer and provide this information to your employer. To help you with this process we have made the BCCA Record of Exposure to Cytotoxic Drugs available to you on-line. We recommend that you use this

simple tool for tracking your exposure to cytotoxic drugs, and submit the completed monthly forms to the appropriate person in your organization. To get printed copies of this record for your personal use, click on the following link [http://www.bccancer.bc.ca/health\\_professionals\\_info/nursing/references/BCCA\\_Chemotherapy\\_References/Record of Exposure to Cytotoxic Drugs](http://www.bccancer.bc.ca/health_professionals_info/nursing/references/BCCA_Chemotherapy_References/Record_of_Exposure_to_Cytotoxic_Drugs).

Submitted by:

Judy Oliver

BCCA Education Resource Nurse

*(Editor's Note: Pharmacists and pharmacy technicians are also required to document exposure to cytotoxic drugs on an ongoing basis.)*

### **PROVINCIAL SYSTEMIC THERAPY PROGRAM POLICIES**

BC Cancer Agency Systemic Therapy Policies are available on the BC Cancer Agency website ([www.bccancer.bc.ca](http://www.bccancer.bc.ca)) under Health Professionals Info, Chemotherapy Protocols, Policies and Procedures.

### **LIBRARY/CANCER INFORMATION CENTRE**

**Unconventional Cancer Therapies Manual** is available on the BC Cancer Agency website [www.bccancer.bc.ca](http://www.bccancer.bc.ca) under Patient/Public Info, Unconventional Therapies. The manual consists of 46 short monographs on the more commonly used unconventional cancer therapies (e.g., Essiac, vitamins, teas, shark cartilage) and includes tips for the patient and family on how unconventional therapies can be evaluated. For each therapy the manual provides proponent/advocate claims, as well as evidence-based evaluation/critique quotations from the literature.

This manual is currently being revised and the Fourth Edition will be published in the near future.

### **Editorial Review Board**

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