

# **Systemic Therapy Education Bulletin**

BC Cancer news and updates from across the province for Systemic Therapy teams

### **Provincial Systemic Therapy Drug Programs Under Consideration**

The goal of the Education Bulletin is to support health care staff as they prepare for new treatments and to ensure safe patient care during the administration, distribution and management of new and complex treatments. These new drug treatments may also be delivered to patients prior to formal listing through manufacturer patient support programs or clinical trials. Full details around the funded indications and eligibility criteria will be available in the Protocol Summaries and summarized in the Systemic Therapy Update newsletter once funding decisions have been finalized. More details about the drugs, approved indications, and side effects can be found in the BC Cancer drug monographs, accessible from the Cancer Drug Manual <u>Drug Index</u>.

### UGUPAPA

Treatment	Indication	Associated Adverse Events
Programs	(Refer to protocol for more details)	
<u>Apalutamide</u>	A nonsteroidal androgen receptor inhibitor for treatment of <b>non-metastatic</b> <b>castration-resistant prostate cancer</b>	Possible adverse events: Hypothyroidism Abdominal pain
		<ul> <li>Diarrhea</li> <li>constipation</li> <li>Fatigue</li> </ul>
		<ul> <li>Falls – loss of consciousness - mechanism unknown</li> <li>Fracture</li> <li>Hypercholesterolemia</li> <li>Hypertriglyceridemia</li> <li>Hyperglycemia – more common in diabetic patients</li> <li>Hyperkalemia</li> <li>Seizure</li> <li>Skin rash*</li> <li>Hypertension</li> <li>Infertility</li> <li>Muscle/joint pain</li> <li>Headache</li> <li>Swelling of hands, feet, or lower legs</li> <li>Hot flashes</li> </ul>
		• Insomnia

### **Dosing and Administration Information**

**Premedications:** 

Not needed

**Dosing and Schedule:** 

• Oral Apalutamide 240 mg once daily with or without food until disease progression or unacceptable toxicity

#### Additional Protocol Information:

• \* Skin rash, commonly described as macular or maculopapular in presentation, is reported with patients on apalutamide. Corticosteroids and antihistamines have been used to treat the rash. Dose modifications, as outlined in the protocol, may be necessary in severe cases.

### BRLACTWAC

Treatment	Indication	Associated Adverse Events		
Programs	(Refer to protocol for more details)			
Paclitaxel	Neoadjuvant treatment of patients with	Possible adverse events:		
plus	triple negative breast cancer	Myelosuppression		
<u>Carboplatin</u>		o Anemia		
Followed by		<ul> <li>Thrombocytopenia</li> </ul>		
<u>Doxorubicin</u>		<ul> <li>Neutropenia</li> </ul>		
plus		<ul> <li>Infusion-related reactions</li> </ul>		
Cyclophosphamide		Nausea and vomiting		
		<ul> <li>Peripheral sensory neuropathy</li> </ul>		
		Arthralgia/myalgia		
		Alopecia		
		Mucositis		
<b>Dosing and Admin</b>	istration Information			
Premedications:				
Antiemetic:				
<ul> <li>highly emetogenic (see <u>SCNAUSEA</u>)</li> </ul>				
Prior to paclitaxel:				
• IV devamethasone 10 mg				

- IV dexamethasone 10 mg
- IV diphenhydramine 25 mg + IV ranitidine 50 mg (compatible up to 3 hours when mixed in bag)

#### Dosing and Schedule:

• Cycles 1 - 4: Repeat every 21 days

Days of Treatment	Day 1	Day 8	Day 15
Chemotherapy	IV paclitaxel <sup>*</sup> 80 mg/m <sup>2</sup> PLUS IV carboplatin AUC 6 or AUC 5 or AUC 4	<b>IV paclitaxel</b> <sup>*</sup> 80 mg/m <sup>2</sup>	<b>IV paclitaxel</b> <sup>*</sup> 80 mg/m <sup>2</sup>

\* Use non-DEHP bag and non-DEHP tubing with 0.22 micron or smaller in-line filter

• Cycles 5 - 8: Repeat every 14 - 21 days

Days of Treatment	Day 1	
	<b>IV (push) doxorubicin</b> 60 mg/m <sup>2</sup>	
Chemotherapy	PLUS	
	IV cyclophosphamide 600 mg/m <sup>2</sup>	

#### Additional Protocol Information:

.

• If no paclitaxel hypersensitivity reactions occur: Cycles 1 – 4

- No premedications may be needed for subsequent doses and may be omitted at physician's discretion.
- If paclitaxel hypersensitivity reactions occur: Cycles 1 4
  - Premedications for re-challenge include dexamethasone 20 mg PO given 12 hours and 6 hours prior to treatment, plus IV premedications given 30 minutes prior to paclitaxel: dexamethasone 10 mg, diphenhydramine 25 mg, and ranitidine 50 mg.
- Supportive medication: Cycles 5 8
  - Filgrastim (G-CSF) 5 mcg/kg/day on days 3 10 (adjust as needed)

### **BC Cancer recommended Nurse and Chair Time**

Cycle	Final Nurse Time (Rounded up to next 5min interval)	Final Chair Time (Rounded up to next 5min interval)		
Cycle 1 Day 1	80	210		
Cycle 1 Days 8 & 15	55	160		
Cycle 2 - 4 Day 1	60	195		
Cycle 2 - 4 Days 8 & 15	45	160		
Cycle 5	75	150		
Cycle 6 - 8	60	135		

## Website Resources and Contact Information

CONTACT INFORMATION	Email		
To subscribe or update contact information, please contact:			
Provincial Systemic Therapy Program	ProvincialSystemicOffice@bccancer.bc.ca		
Systemic Therapy Education Bulletin: http://www.bccancer.bc.ca/health-professionals/clinical-resources/systemic-therapy/education-bulletin			