BC Cancer Agency

Systemic Therapy Update

Volume 2, Number 2 *for health professionals who care for cancer patients* February 1999

INSIDE THIS ISSUE

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

BENEFIT DRUG LIST

Fast-tracked new programs funded by the BCCA oncology drug budget:

- Extreme risk ovarian cancer patients may now be treated with paclitaxel (Taxol®) and carboplatin as an option to paclitaxel and cisplatin. See GOOVCATX protocol summary. The Gynecological Tumour Group will send out the formal notification.
- The Breast Tumour Group's request for an extension of their adjuvant use of tamoxifen has been approved. Pre- or post-menopausal patients who have node negative, estrogen receptor positive tumours which are either Grade I or Grade II and sizes 1-1.9 cm may now be treated with five years of tamoxifen 20 mg daily. A formal notification will ensue from the Breast Tumour Group.

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

PROTOCOL UPDATE

- **BRAVDOC** revised (non-PVC equipment required) palliative therapy for metastatic breast cancer using docetaxel (Taxotere®)
- **GIRFLOW** new, flow chart for rectal adjuvant and local advanced studies
- **GOENDCAT** revised (Day 7 CBC deleted, exclusions revised) therapy for primarily advanced or recurrent endometrial cancer using carboplatin and paclitaxel
- **GOOVCATX** revised (Class II status) primary treatment of visible residual (extreme risk) invasive epithelial ovarian cancer in ambulatory care settings
- **GUBEP** (interim version) therapy for intermediate risk non-seminomatous testicular cancer using bleomycin, etoposide and cisplatin
- **GUMXP** revised (optional reduced starting dose) therapy for hormone resistant prostate cancer using mitoxantrone and low dose prednisone
- **LYRITUX** revised (fatal cytokine release syndrome warning added) therapy for CD20 postive lymphoma using rituximab via Health Canada's Special Access Program

PATIENT HANDOUTS

- **Mechlorethamine** revised (application instructions)

DRUG UPDATE

Docetaxel (Taxotere®) Requires non-PVC Equipment

The docetaxel product monograph was revised and now recommends that **non-PVC equipment** be used for infusion solutions and administration. Effective immediately, non-PVC infusion bags and administration sets are a BC Cancer Agency standard for docetaxel administration.

Mitomycin Concentration

A 0.5 mg/mL solution is now the BC Cancer Agency standard for mitomycin IV bolus administration.

CLINICAL TRIAL UPDATE

Phase III Double Blind Study of Letrozole versus Placebo in Women with Primary Breast Cancer Completing Five or More Years of Adjuvant Tamoxifen (NCIC CTG MA17)

Standard practice calls for tamoxifen to be discontinued after 5 years of use in the adjuvant setting. In this study, women are randomized to receive either letrozole 2.5 mg (an oral non-steroidal aromatase inhibitor) or placebo daily for a further 5 years. The primary outcomes are disease-free and overall survival. Secondary outcomes include contralateral breast cancer incidence, long term safety of letrozole, bone fracture incidence and overall quality of life.

The study is open to women with the following eligibility criteria:

- post-menopausal women with either estrogen receptor positive or unknown receptor status breast cancer
- randomization within 3 months following completion of 5 years of adjuvant Tamoxifen therapy
- no evidence of breast cancer recurrence at study entry

Most eligible patients are being followed by their family physicians at this time. A protocol summary is available by Fax request. Please contact one of the following investigators for additional information:

Dr. Tamara Shenkier (VCC) 604-877-6000 L. 2017
Dr. Brian Norris (FVCC) 604-930-2098 L. 4064
Dr. Susan Ellard (CCSI) 250-712-3900 L. 3930
Dr. Sharon Allan (VICC) 250-370-8228 L. 8476
Dr. Chris Williams (Nanaimo) 250-716-7706

Additional information is available via fax-back.

NURSING PRACTICE TIPS

Paclitaxel (Taxol®) Administration

Paclitaxel is used for gynecological and metastatic breast cancers. Typically, patients receive paclitaxel in an ambulatory setting via an IV infusion over 3 hours. Intravenous premedications are given 30 minutes prior to the paclitaxel to reduce the potential for hypersensitivity reactions.

Nurses around the province have been asking questions related to IV equipment set-up for paclitaxel administration and sequencing of premedications. The following section addresses these issues.

IV Set Up

Paclitaxel is formulated in Cremophor EL® that leaches the plasticizer from standard polyvinyl chloride (PVC) IV tubing. Therefore, non-PVC tubing is used. This non-PVC tubing is lined with polyethelene that prevents the paclitaxel from coming in contact with the PVC. Additionally, a 22 micron filter is attached to the non-PVC tubing.

Figure 1 displays an appropriate IV set-up, where paclitaxel becomes the primary line (A). A second solution set (B) is attached at the lowest port, allowing for continued venous access in the event that the paclitaxel infusion needs to be interrupted. In this way, the patient's IV site may be assessed for patency with normal saline (NS), administered via the secondary line, and then the paclitaxel infusion may be initiated via the primary line.

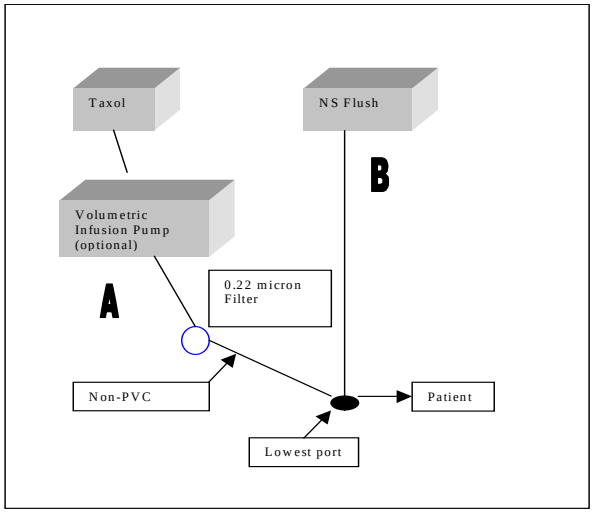

Fig. 1 Equipment Set-up

Paclitaxel may be administered through:

- peripheral Teflon IV catheter
- peripheral winged needle infusion set (butterfly needle)
- central venous access devices (e.g. Hickman-Broviac, PICC, PAS ports, IVAD, etc.)
- Huber point needle with pre-attached extension tubing

Premedication Sequencing

Hypersensitivity reactions to paclitaxel are common if premedications are not used. Dexamethasone, diphenhydramine and ranitidine are administered to prevent a reaction.

Nurses have raised issues surrounding the sequencing of these premedications due to the recent practice change from oral dexamethasone 6 and 12 hours pre-paclitaxel to IV dexamethasone 30 minutes pre-paclitaxel.

To date, the decision regarding sequencing is arbitrary and we suggest that pre-medications be given in the following order:

- dexamethasone 20 mg IV in 50 mL NS or D5W over 15 minutes
- then diphenhydramine 50 mg IV and ranitidine 50 mg IV mixed together in 50-100 mL NS or D5W over 15- 20 minutes

We will continue to investigate this issue and will update nurses when there is evidence upon which to base a decision.

Tracy Truant, RN, MSN
Regional Nurse Leader: Education and Practice, VCC

References

1. Brown J et al. Administering Taxol® (paclitaxel) for injection concentrate in the outpatient setting: the BCCA experience. Bristol-Myers, Princeton NJ, 1994.
2. BCCA Nursing Practice Reference Manual, C-252, P-40.

BCCA SYSTEMIC THERAPY UPDATE FAX REQUEST FORM

FAX (604) 877-6132
bulletin@bccancer.bc.ca
TO SUBSCRIBE: FAX OR EMAIL YOUR REQUEST OR CALL @ 877-6098 LOCAL 2247

FOR URGENT REQUESTS PLEASE CALL (604) 877-6098 LOCAL 2247
OR TOLL-FREE IN BC 1-800-663-3333 LOCAL 2247

I WOULD PREFER TO RECEIVE THIS INFORMATION VIA:

❑ E-mail (Word 6.0)	@
❑ Fax	( ) Attn:

UPDATES **Please ☑ Fax-Back information below:**

❑	All items
	Clinical Trial:
❑	MA17 Letrozole versus placebo
	Patient Handouts:
❑	Mechlorethamine *revised (application instructions)*
	Protocol Summaries:
❑	INDEX
❑	BRAVDOC
❑	GIRFLOW
❑	GOENDCAT
❑	GOOVCATX
❑	GUBEP
❑	GUMXP
❑	LYRITUX
	Reimbursement
❑	Benefit Drug List (01 Nov 98)
❑	Class 2 Form (01 Nov 98)

RADIATION CANCER CENTRE ACCESS

BULLETIN UPDATES		LOCATION
Clinical Trials:		
MA17		H:\everyone\systemic\chemo\update\Feb1999\MA17
Patient Handouts:		H:\everyone\systemic\chemo\Pt_Educ
Mechlorethamine	*Revised*	Cancer Drug Manual at www.bccancer.bc.ca
Protocol Summaries		H:\everyone\systemic\chemo\Protocol
BRAVDOC	*Revised*	H:\everyone\systemic\chemo\Protocol\Breast\Bravdoc
GIRFLOW	*New*	H:\everyone\systemic\chemo\Protocol\GI\Girflow
GOENCAT	*Revised*	H:\everyone\systemic\chemo\Protocol\Gyne\Goendcat
GOOVCATX	*Revised*	H:\everyone\systemic\chemo\Protocol\Gyne\Goovcatx
GUBEP	***New***	H:\everyone\systemic\chemo\Protocol\GU\Gubep
GUMXP	*Revised*	H:\everyone\systemic\chemo\Protocol\GU\Gumxp
LYRITUX	*Revised*	H:\everyone\systemic\chemo\Protocol\Lymphoma\Lyritux
Reimbursement		H:\everyone\systemic\chemo\Reimburs
Benefit Drug List		H:\everyone\systemic\chemo\Reimburs\Benefit.doc
Class 2 Form		H:\everyone\systemic\chemo\Reimburs\Class2.doc

For easy access, double-click your systemic chemo icon.

We appreciate your comments. Write us at bulletin@bccancer.bc.ca

IN TOUCH

IN TOUCH	www.bccancer.bc.ca	bulletin@bccancer.bc.ca
BC Cancer Agency	(604)-877-6000	Toll-Free 1-(800)-663-3333
Cancer Centre for the Southern Interior (CCSI)	(250) 712-3900	Toll-Free 1-(888)-563-7773
Fraser Valley Cancer Centre (FVCC)	(604)-930-2098	
Vancouver Cancer Centre (VCC)	(604)-877-6000	Toll-Free 1-(800)-663-3333
Vancouver Island Cancer Centre (VICC)	(250) 370-8228	Toll-Free 1-(800)-670-3322
Communities Oncology Network	(604) 877-6098 Ext 2744	Toll-Free 1-(800)-663-3333 Ext 2744
Nursing Professional Practice	(604)-877-6098 Ext 2623	Toll-Free 1-(800)-663-3333 Ext 2623
Pharmacy Professional Practice	(604)-877-6098 Ext 2247	Toll-Free 1-(800)-663-3333 Ext 2247
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