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

Highlights of Protocol Changes

A new Bone Marrow Transplant protocol (BMTIVBUCY) has been introduced in this issue. This is a myeloablative conditioning therapy prior to hematopoietic stem cell transplantation for myeloid malignancies using IV busulfan and cyclophosphamide. Busulfan is commonly used as a component of conditioning regimens for hematopoietic stem cell transplantation. However, precise delivery of the oral formulation is compromised by erratic gastrointestinal absorption. The BMTIVBUCY protocol uses the IV formulation of busulfan, which has been shown to be well tolerated and to provide more predictable bioavailability.

Benefit Drug List

- **Busulfan IV** for stem cell transplantation for myeloid malignancies
- **Dexrazoxane (Class II)** for pediatric patients with metastatic osteosarcoma treated on the CPG AOSTO212 study

These new indications are now added to the benefit list. Where applicable, 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) 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.

- **BMTIVBUCY** new: Myeloablative conditioning therapy prior to hematopoietic stem cell transplantation for myeloid malignancies using IV busulfan and cyclophosphamide
- **LYCYCLO** revised (prednisone addition clarified): therapy of lymphoma, Hodgkin’s lymphoma, chronic lymphocytic leukemia or multiple myeloma using cyclophosphamide
- **USAADVGI** revised (duration of treatment): Treatment of advanced c-kit positive gastrointestinal stromal cell tumours (GIST’s) using imatinib (Gleevec®)

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.

- **BRAVDOC7** new: Palliative therapy for metastatic breast cancer using docetaxel (Taxotere®)
- **BRAVTR** revised (appointment times): Palliative therapy for metastatic breast cancer using trastuzumab (Herceptin®)
- **BRAVTRAP** revised (appointment times): Palliative therapy for metastatic breast cancer using trastuzumab (Herceptin®) and paclitaxel (Taxol®) as first-line treatment for recurrent breast cancer refractory to anthracycline adjuvant chemotherapy
- **BRAVTRNAV** revised (appointment times): Palliative therapy for metastatic breast cancer using trastuzumab (Herceptin®) and vinorelbine
- **GOOVGEM** new: Palliative chemotherapy for re-treatment of ovarian, tubal, and peritoneal cancer using gemcitabine
- **GOOVTOP** revised (reference to use of gemcitabine and topotecan): Treatment of relapsed/progressive epithelial ovarian, fallopian tube or primary peritoneal cancer using topotecan
- **GOTDLR** revised (potassium chloride in hydration fluid, medication administration records): Therapy for low risk gestational trophoblastic neoplasia (GO 94 02) using methotrexate, leucovorin and actinomycin D
- **GUSCPE** revised (cisplatin and etoposide administration sequence): Therapy of genitourinary small cell tumours with a platin and etoposide
- **GUVEIP** revised (potassium chloride in hydration fluid): Nonseminoma consolidation/salvage protocol for germ cell cancer using vinblastine, cisplatin, ifosfamide and mesna
- **GUVIP2** revised (potassium chloride in hydration fluid): Nonseminoma consolidation/salvage protocol (synonyms: GU-88-02) (using etoposide, cisplatin, ifosfamide, and mesna)
- **LUALTL** revised (cisplatin and etoposide administration sequence): Therapy For limited stage SCLC using alternating CAV/EP plus early thoracic irradiation using cyclophosphamide, doxorubicin, vincristine, etoposide and cisplatin
- **LUPAVESE** revised (cisplatin and etoposide administration sequence): Treatment For extensive stage small cell lung cancer (SCLC) with cisplatin, doxorubicin, vincristine and etoposide (PAVE)
- **LUPAVESL** revised (cisplatin and etoposide administration sequence): Treatment For limited stage small cell lung cancer (SCLC) with cisplatin, doxorubicin, vincristine and etoposide (PAVE), and cisplatin and etoposide (EP) concurrent with early thoracic irradiation
- **LUPE** revised (cisplatin and etoposide administration sequence): Palliative therapy of selected solid tumours using cisplatin and etoposide
- **LUPESL** revised (cisplatin and etoposide administration sequence): Treatment for limited stage small cell lung cancer (SCLC) with etoposide and cisplatin (EP) and early thoracic irradiation
- **LYCVP** revised (prednisone administration): Treatment of advanced indolent lymphoma using cyclophosphamide, vincristine, prednisone (CVP)
- **LYCHOP** revised (prednisone administration): Treatment of lymphoma with doxorubicin, cyclophosphamide, vincristine and prednisone (CHOP)
- **LYCHOP-R** revised (prednisone administration): Treatment of lymphoma with
doxorubicin, cyclophosphamide, vincristine, prednisone and rituximab (CHOP-R)

- **LYCOPP** revised (Cyclophosphamide preparation and appointments): Treatment of Hodgkin's lymphoma using cyclophosphamide, vincristine, and prednisone
- **LYOBBEP** revised (prednisone administration): Treatment of Hodgkin’s disease with vincristine, doxorubicin, bleomycin, etoposide and prednisone
- **LYHDMTXP** revised (medication administration records): Treatment of primary intracerebral lymphoma with high dose methotrexate
- **LYHDMTXR** revised (medication administration records): Treatment of leptomeningeal lymphoma or recurrent intracerebral lymphoma with high dose methotrexate
- **LYSNCC** revised (cyclophosphamide preparation, prednisone instructions and appointments): Treatment of Burkitt lymphoma with cyclophosphamide and methotrexate
- **PUM** revised (antiemetics): Monotherapy for metastatic carcinomas of unknown primary using mitomycin (Standard)
- **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

**Patient Education**

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

**Focus on Health Canada Special Access Programme (SAP)**

The Special Access Programme (SAP) is a Canadian program designed to provide non-marketed drugs to practitioners for use in patients with serious or life-threatening conditions, when conventional therapies have failed, are unsuitable, or unavailable. These drugs would otherwise be unavailable for use in Canada. Pharmaceuticals, biologics and radiopharmaceuticals not approved for sale in Canada are included under the SAP.

Drugs that have been obtained by the BCCA through SAP include alemtuzumab, amifostine, bexarotene, fulvestrant (Faslodex), foscarnet, hyaluronidase, lanreotide, mafostine, methadone IV, milfostine, oxaliplatin, pemetrexed, thalidomide and gefitinib (Iressa®).

**Ordering**

SAP drugs may come under the BCCA benefit list as either a Class II drug, or require undesignated approval. No SAP drug is currently identified as a Class I drug, although this may change in the future. Benefit status should be confirmed or undesignated approval obtained prior to requesting SAP approval from Health Canada. A Special Access Request (SAR) form is available on both the Health Canada website or the BCCA website (under Health Professionals Info, Chemotherapy Protocols, Frequently Used Forms.) The SAR is faxed to Ottawa, where approval is then determined. Once approved, the drug may then be ordered from the manufacturer.

Each drug and each manufacturer may have different ordering processes. For example, when ordering oxaliplatin, a purchase order (PO) number must be attached to the SAR Form. Health Canada will forward its approval and the PO number to Sanofi, the manufacturer of oxaliplatin. Sanofi will then send the drug to the requesting pharmacy, quoting the PO number. However, a more complex process is involved when ordering thalidomide, which is manufactured by Celgene. In addition to the SAR form for Health Canada, a Thalidomide Request Form (TRF) together with a PO number must be sent to Celgene. Once approved by Health Canada, Celgene authorizes and releases only a one-month supply of thalidomide. Therefore, continued
treatment with thalidomide would require the
physician repeat this entire ordering process each
month (i.e., SAR and TRF faxed each month). These are just two examples of specific
considerations for different drugs. It is beyond the
scope of this article to cover the different ordering
processes for all drugs currently used by the BCCA.

Payment for the drug is borne by the patient or the
BCCA. SAP drugs are not automatically free of
charge, as is often assumed. Cost is at the
discretion of the manufacturer. This reaffirms the
need to clarify benefit status prior to ordering,
particularly for the CON sites, as reimbursement is
not given by the BCCA retroactively.

**Workload**

Of interest, there has seen an increase in the
workload associated with SAP drugs, in both the
CON sites, as well as the regional cancer centres.
In a comparison of the fiscal year of 2001-2002
with that of 2002-2003, there was a 392% increase
in SA requests in the CON sites. At the regional
cancer centres, an increase in SA requests ranged
from 208% at the Centre for the Southern Interior,
and 282% at the Vancouver Centre, to a 725%
increase at the Vancouver Island Centre and a
1732% increase at the Fraser Valley Centre. This is
partly attributed to the increased use of oxaliplatin,
and to the increased number of drugs available for
oncology treatment through the SAP.

Questions have arisen regarding the handling of
drug when a patient moves from one city to another.
For example, if a patient was approved for and
received treatment with oxaliplatin at the
Vancouver Island Centre, then moved to Fort
St. John, what is the process for the patient to obtain
drug for treatment in Fort St. John? Responsibility
is usually passed from one community to another,
via physician and pharmacy. The physician at the
Vancouver Island Centre would transfer patient care
to a physician in Fort St. John. The Fort St. John
physician would then take responsibility for patient
treatment and drug request, and the hospital
pharmacy would be responsible for ordering the
drug. On occasion, the physician in the initial
centre (e.g., VIC) may consider retaining the
responsibility of drug request, but indicate the drug
be sent to the second pharmacy (e.g., Fort St. John).
However, many physicians are reluctant to consider
this process, as legally they are responsible for
following the patient, and it would be difficult to do
so, when physician and patient are located in
different communities. Occasionally, when a
patient transfers from one community to another,
there may be remaining drug left from previous
treatments. Health Canada prefers not to transfer
stock from one facility to another, although in rare
circumstances, it may consider this on a case-by-
case basis.

Please contact Health Canada or the manufacturer
for details on specific drugs, or contact the
pharmacy department of your regional cancer centre
for guidance in this process.

Submitted by: Nancy Coady
Pharmacy CON Educator
BCCA – Vancouver Island Centre

**Long-Acting Opioid Analgesics**

**Q:** Are MS Contin 30 mg tablets interchangeable
with M Eslon 30 mg tablets?

**A:** No, sustained-release products are
automatically non-interchangeable until they have
been reviewed by the Drug Advisory Committee.
Comparative bioequivalence data has been
reviewed for Alt-Morphone SR, MS Contin, pms-
Morphine Sulphate SR, and ratio-morphine SR and
the committee determined that these products
should be considered interchangeable. Comparative bioequivalence data does not appear
to be available for M Eslon so it is necessary to
consult with a physician if you wish to substitute M
Eslon for other products.

Adapted from: College of Pharmacists of British Columbia

Since not all long-acting preparations are
interchangeable, it is best to refer to drugs by
generic name (e.g., morphine long-acting 30 mg,
rather than MS Contin 30 mg or M Eslon 30 mg).
This practice also allows the pharmacist to dispense
the low cost alternative.

When several drugs contain identical active
ingredients, PharmaCare provides coverage only for
the lower priced drugs. A patient has the choice of
obtaining either the low cost alternative, or the
product that is eligible for partial coverage, and
pays the difference between the two prices (e.g., M
Eslon 30 mg capsule is a full benefit drug, whereas
MS Contin 30 mg tablet is only partial benefit).
Terminology:
- Long-acting preparations
  Some products are labelled as SR (sustained release), LA (long-acting), CONTIN (CONTINUous release)
- Short-acting
  Products are usually not specifically labelled as short acting, although some have the designation IR (e.g. MS-IR morphine immediate release, Oxy-IR oxycodeone immediate release).

Since there are several different names for the various forms of opioid preparations (see list below), it is safe practice to refer to a medication by generic name and duration of action, and to educate other health professionals and patients to do the same.

Opioid Single Ingredient Preparations: Oral Tablets & Capsules

**CODEINE**
- Codeine Phosphate 15 mg, 30 mg tablets
- Codeine Monohydrate-Codeine Sulfate Trihydrate
  - Codeine Contin 50 mg, 100 mg, 150 mg, 200 mg tablets

**HYDROMORPHONE HCL**
- Dilaudid 1 mg, 2 mg, 4 mg, 8 mg tablets
- PMS-Hydromorphone 1 mg, 2 mg, 4 mg, 8 mg tablets
- Hydromorph Contin 3 mg, 6 mg, 12 mg, 18 mg, 24 mg, 30 mg capsules

**MORPHINE**
- Morphine HCl
  - M.O.S. 10 mg, 20 mg, 40 mg, 60 mg tablets
  - M.O.S.-SR 30 mg, 60 mg tablets
- Morphine Sulfate
  - Kadian 10 mg, 20 mg, 50 mg, 100 mg capsules
  - M-Eslon 10 mg, 15 mg, 30 mg, 60 mg, 100 mg, 200 mg capsules
  - M.O.S. Sulfate 5 mg, 10 mg, 25 mg, 50 mg tablets
  - MS Contin 15 mg, 30 mg, 60 mg, 100 mg, 200 mg tablets
  - MS IR 5 mg, 10 mg, 20 mg, 30 mg tablets
- PMS-Morphine 15 mg, 30 mg, 60 mg SR tablets
- Ratio-Morphine SR (Alti-Morphone SR) 15 mg, 30 mg, 60 mg tablets
- Statex 5 mg, 10 mg, 25 mg, 50 mg tablets

**OXYCODONE HCL**
- Oxy-IR 5 mg, 10 mg, 20 mg tablets
- OxyContin 10 mg, 20 mg, 40 mg, 80 mg tablets
- Supeudol 5 mg, 10 mg tablets

Submitted by:
Terri Downing
Pain and Symptom Management Nurse
BCCA – Vancouver Island Centre

Sanna Pellatt
Pain and Symptom Management Pharmacist
BCCA – Vancouver Island Centre

**CANCER DRUG MANUAL**

**Rituximab** monograph has been revised to clarify the stability following admixture. The diluted solution for infusion is stable for 24 hours refrigerated and an additional 12 hours at room temperature.

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

**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.

**PROVINCIAL DRUG INFORMATION**

**New Provincial Drug Information Specialist**
We are pleased to announce that Dr. Saira Ebrahim has recently joined the BC Cancer Agency as a Drug Information Specialist for the Provincial Systemic Therapy Program. Saira will be working with Dr. Robin O’Brien to answer drug information requests from across the province. She will be working out of the Vancouver Centre. Her other responsibilities include updating and maintaining the BCCA Cancer Drug Manual.

Saira has received her Bachelor of Science in Pharmacy from the University of Manitoba and her
PharmD from UBC. She did her residency at the Vancouver General Hospital where she had worked in various clinical areas including general medicine, bone marrow transplant and the home IV infusion program. Her education and experience will be a great addition to the Provincial Drug Information Service. Saira may be reached Monday to Friday at (604) 877-6098 ext 2247.

**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.

**Editorial Review Board**

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Karen Janes, MSN
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<td>Communities Oncology Network Pharmacist</td>
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<td><a href="mailto:francish@bccancer.bc.ca">francish@bccancer.bc.ca</a></td>
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<td>Update Editor</td>
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<tr>
<td>Centre for the Southern Interior (CCSI)</td>
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**REGIONAL CANCER CENTRE ACCESS**

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For easy access, double-click your systemic chemo icon.
We appreciate your comments. Write us at bulletin@bccancer.bc.ca
### BC CANCER AGENCY SYSTEMIC THERAPY UPDATE FAX REQUEST FORM

**Fax (604) 877-0585**

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

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**Updates**

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- Cancer Drug Manual Monographs (also available on our website www.bccancer.bc.ca)
- Patient Education Handout (also available on our website www.bccancer.bc.ca)

**Pre-printed Orders:**

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**Protocol Summaries:** (also available on our website www.bccancer.bc.ca)

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**Provincial Systemic Therapy Program Policies**

- Benefit Drug List (01 July 2003)
- Class 2 Form (01 July 2003)

**Reimbursement** (also available on our website www.bccancer.bc.ca)

- Benefit Drug List (01 July 2003)
- Class 2 Form (01 July 2003)

**Systemic Therapy Update Index** (also available on our website www.bccancer.bc.ca)

- Jan-Dec 2000
- Jan-Dec 2001
- Jan-Dec 2002