BC Cancer Agency

Systemic Therapy Update

Volume 3, Number 6 *for health professionals who care for cancer patients* June 2000

INSIDE THIS ISSUE

ALERT!

It has come to our attention that one pre-printed order has the potential to be misinterpreted and three others contain a significant error. It is essential that all chemotherapy treatments, with or without pre-printed orders, should always be checked with the most current BCCA protocol summaries.

GUEP Pre-printed Order Misinterpretation

There is a potential for serious misinterpretation of the pre-printed orders for the etoposide-cisplatin protocol for germ cell cancers of the testis (GUEP).

The GUEP pre-printed orders from Fraser Valley Cancer Centre or Cancer Centre of Southern Interior (last revised October 1998, 24 June 1999) were intended for patients who are treated as inpatient for the first two of five daily treatments. It must be ensured that the full 5 days of chemotherapy is given, not just the final three days. Note that both GUEP and GUBEP protocols are five-day treatments.

The GUEP pre-printed orders have been revised to prevent potential misinterpretation and treatment error. Other pre-printed orders are being reviewed to identify if similar potential for misinterpretation exists.

LUCAV, LUALTE, LUALTL Pre-printed Orders Error The Vancouver Cancer Centre pre-printed orders (last revised 8 March) for these protocols, titled LUCAV, LUALTE-CAV, LUALTL-CAV, respectively, contain a significant error. There is a statement that the chemotherapy is Days 1-3. This should be a Day 1 dose only. Please discard all previous versions and replace with new versions dated 26 May 2000.

PROTOCOL UPDATE

Protocol codes for treatments requiring "Undesignated Indication" approval prior to use are prefixed with the letter **U**.

- **INDEX to BCCA Protocol Summaries** revised monthly (includes tumour group, protocol code, indication, drugs, last revision date and version)
- BRAVCAP revised (starting dose modification for elderly, poor performance status or heavily pretreated added; dose modifications for hand-and-foot syndrome revised): Therapy of metastatic breast cancer using capecitabine
- BRAVTRAP revised (serious infusion reaction warning added, dose modification for hepatic dysfunction clarified): Therapy of metastatic breast cancer using trastuzumab and paclitaxel
- GUVIP2 revised (etoposide infusion time revised): Nonseminoma consolidation/salvage

protocol using etoposide, cisplatin, ifosfamide, MESNA
- HNFUA revised (maximum dose of mitomycin changed): Combined modality therapy for advanced head and neck cancer using mitomycin, fluorouracil and radiation therapy
- LYCDA reformatted: Treatment of hairy cell leukemia with cladribine
- SCHYPCAL revised (Pharmascience Phosphate Solution changed to Phosphate Novartis® tablets for oral phosphate): Guidelines for the diagnosis and management of malignancy related hypercalcemia
- UBRAVTR revised (serious infusion reaction warning added): Therapy of metastatic breast cancer using trastuzumab

CANCER MANAGEMENT MANUAL UPDATE

Genitourinary Tumour Group has revised the section on medical castration.

Lymphoma Tumour Group has revised the entire section on lymphoma.

Nutritional Services has revised the entire section on nutritional care.

PRE-PRINTED ORDER UPDATE

Pre-printed orders should always be checked with the most current BCCA protocol summaries. The Vancouver Cancer Centre has prepared the following chemotherapy pre-printed orders, which can used as a guide for reference:
- BRAVDOC: Palliative therapy for metastatic breast cancer using docetaxel (Taxotere®)
- Febrile neutropenia: Febrile neutropenia orders for BMT service
- GIIR: Second-line palliative treatment of fluorouracil-refractory metastatic colorectal cancer using irinotecan
- GUMVAC revised: MVAC for Transitional Cell Cancers
- LUCAV revised: Treatment of extensive small cell lung cancer with cyclophosphamide, doxorubicin and vincristine (CAV)
- LUALTE revised (pre-printed order titled LUALTE-CAV): Alternating CAV/EP for extensive stage small cell lung cancer (standard)
- LUALTL revised (pre-printed order titled LUALTL-CAV): Treatment of limited stage small cell lung cancer alternating cyclophosphamide, doxorubicin and vincristine (CAV) with etoposide and cisplatin (EP) plus early thoracic irradiation
- LYACOP12 revised: Treatment of lymphoma with doxorubicin, cyclophosphamide, vincristine and prednisone
- LYACOP6 revised: Treatment of lymphoma with doxorubicin, cyclophosphamide, vincristine and prednisone for 6 weeks
- LYCDA: Treatment of hairy cell leukemia with cladribine
- LYCOPA revised: Treatment of lymphoma with doxorubicin, vincristine and cyclophosphamide
- LYECV revised: Etoposide/cyclophosphamide consolidation for lymphoma
- Lymphoma new patient consultation (pre-printed order entitled LymphNP orders) revised
- LYRITUX new: Treatment of lymphoma with rituximab
- VASACDEV: Vascular access device/ right atrial catheter insertion for BMT service

An index to the orders can be obtained by Fax-back.

DRUG UPDATE

Dacarbazine 600-mg size vials (Faulding) are now available on BCHS contract and reimbursable via the usual CON billing process, effective 27 April 2000. Some doses will exceed 600 mg and it is clinically acceptable to combine the Faulding 600-mg vial with the Bayer 200-mg vial in order to reduce wastage. Both brands are reimbursable by the BCCA.

Flutamide is a non-steroidal antiandrogen used in prostate cancer. For CON hospitals, which are not on BCHS contract, flutamide is reimbursed at a maximum of $1.35 per tablet for a BCCA approved indication since 21 February, 2000. Maximal androgen blockade is not a BCCA GU Tumour Group policy and flutamide will not be funded for this use.

Oral Phosphate for outpatient management of malignancy related hypercalcemia is now available

as Phosphate Novartis® 500-mg effervescent tablets. This can be substituted for Pharmascience® Phosphate Solution, which was previously the only oral phosphate product available. The BCCA guidelines for the diagnosis and management of malignancy related hypercalcemia has been revised to reflect this information.

Thalidomide is an oral agent with antiangiogenic, immunomodulatory, and anti-inflammatory activities. It has been shown to have some antitumour activity in refractory multiple myeloma[1] and has been used for this indication in a number of patients in BC since 1999. Thalidomide has also been used in a limited number of other malignant conditions.

Use of thalidomide requires approval from both BCCA as an Undesignated Indication and the Special Access Program (SAP) of Health Canada. The lavender section of the CPS (Compendium of Pharmaceutical Specialties) provides detailed information on how to obtain SAP approval. Once approved by Health Canada, SAP will authorise the manufacturer (Celgene Corporation, New Jersey) to release a one-month supply of thalidomide to the requesting physician for treatment of the specified patient. The purchasing facility must provide a purchase order number to Celgene. The cost of thalidomide is US $98.40 per bottle of thirty 50-mg capsules and will be reimbursed by BCCA provided that Undesignated Approval is obtained.

The continued supply of thalidomide requires a monthly SAP approval and the provision of information on the patient's progress to Celgene. Celgene provides refill order forms, an Investigator's Brochure and patient information to the requesting physician with each shipment of thalidomide. Patient consent forms prior to the use of thalidomide are required in the U.S. and mentioned in Celgene's patient information sheet. Currently, there is no requirement for such a consent form in Canada. However, it is very important that patients receive the information sheet and that they are thoroughly counseled on the safe use of thalidomide, with special attention on its teratogenic potential. Mandated requirements for the controlled use of thalidomide as seen in the US do not apply in Canada. However, Canadian health professionals should ensure their patients are fully informed of the potential risks of using this drug.

1. Singhal S, Mehta J, Desikan R et al. Antitumor activity of thalidomide in refractory multiple myeloma. N Engl J Med 1999;341:1565-71

Trastuzumab (Herceptin®) is a monoclonal antibody for the treatment of metastatic breast cancer in patients whose tumours over express the HER2 protein. Since its approval for use in late 1998 in the US, trastuzumab has been associated with infusion-related reactions (i.e., occurring within 24 hours of infusion) that were more severe than those seen during the clinical trials. Thus far, 62 cases (3 per 1000 patients) of serious infusion-related reactions have been reported, with 15 fatalities (4 per 10,000 patients). The onset of symptoms was mostly associated with the first infusion, and reactions include dyspnea, hypotension, wheezing, bronchospasm, tachycardia, oxygen desaturation, respiratory distress, and rarely, allergic-like reactions. The time between the infusion reactions and death varied from a few hours to 6 days. Patients who are experiencing dyspnea at rest due to pulmonary metastases and other pulmonary/cardiac conditions may be at increased risk of a fatal infusion reaction. Serious reactions can be treated with discontinuation of infusion and supportive measures such as oxygen, beta-agonists and corticosteroids, until resolution of their symptoms. The BCCA treatment summary protocols for trastuzumab have been revised to include this new information.

COMMENTS TO THE EDITOR

Scent-free workplace is becoming more common as the levels of allergies and recognition of the effect of scents have on co-workers is better appreciated. Staffs in cancer care areas should be aware of the effect of scents on our patients and co-workers; strongly scented personal products should not be worn. Even if you are not in direct care contact with patients, there are still common areas (e.g., elevators, hallways, cafeteria) where they can be affected by scents.

CONTINUING EDUCATION

Canadian Association of Nurses in Oncology 12th Annual Conference will be held in Victoria, B.C. on 15-18 of October, 2000. For more details, please contact: Canadian Association of Nurses in Oncology, tel: (416) 596-6565, fax: (416) 596-1808, or email: canoacio@interlog.com.

BCCA Annual Clinical Cancer Conference will be held at the Wall Centre, Vancouver, on 24 and 25 of November, 2000. This meeting is designed to critically examine aspects of the way we practice oncology. The conference includes presentations for physicians, nurses, and pharmacists. A survey is being sent to CON hospital pharmacists regarding the preference of topics for presentation at the Pharmacy segment of the conference.

For more information about the conference, please contact Jack Chritchley at (604) 877 6183 or Barb Fiddler at (604) 877 6000 ext. 2744.

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
Provincial Systemic Therapy Program	(604)-877-6098 Ext 2247	Toll-Free 1-(800)-663-3333 Ext 2247
Francis Hu, CON Pharmacist	(604)-877-6098 Ext 2515	francish@bccancer.bc.ca
Mário de Lemos, Update Editor	(604)-877-6098 Ext 2288	mdelemos@bccancer.bc.ca
Robin O'Brien, Drug Information	(604)-877-6098 Ext 3028	robrien@bccancer.bc.ca

RADIATION CANCER CENTRE ACCESS

BULLETIN UPDATES	LOCATION
Pre-Printed Orders	H:\everyone\systemic\chemo\Orders\VCC\
Index of Pre-Printed Orders	H:\everyone\systemic\chemo\Orders\VCC\Index.doc
	Lymphoma New Patient Consultation
	BRAVDOC
	Febrile Neutropenia
	GIIR
	GUMVAC
	LUCAV
	LUALTE
	LUALTL
	LYECV
	LYACOP6
	LYACOP12
	LYCDA
	LYCOPA
	LYECV
	LYRITUX
	VASACDEV
Protocol Summaries	H:\everyone\systemic\chemo\Protocol\"Tumour Site"\
	BRAVCAP
	BRAVTRAP
	UBRAVTR
	GUVIP2
	HNFUA
	LYCDA
	SCHYPCAL
Index of Protocol Summaries	H:\everyone\systemic\chemo\Protocol\Index\Index_NT or Index_W6
Reimbursement	H:\everyone\systemic\chemo\Reimburs
Benefit Drug List	BenefitList.doc
Class 2 Form	Class2.doc

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

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

BCCA 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

PLEASE FEEL FREE TO MAKE COPIES FOR YOUR COLLEAGUES

I WOULD PREFER TO RECEIVE THIS INFORMATION VIA:

☐ E-mail (Word 6.0)	@
☐ Fax	( ) Attn:

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

☐	All items
	Pre-Printed Orders:
☐	BRAVDOC
☐	Febrile neutropenia
☐	GIIR
☐	GUMVAC
☐	LUCAV
☐	LUALTE-CAV
☐	LUALTL-CAV
☐	LYACOP6
☐	LYACOP12
☐	LYCDA
☐	LYCOPA
☐	LYECV
☐	Lymphoma new patient consultation
☐	LYRITUX
☐	VASACDEV
☐	Index: Pre-Printed Orders
	Protocol Summaries:
☐	BRAVCAP
☐	BRAVTRAP
☐	UBRAVTR
☐	GUVIP2
☐	HNFUA
☐	LYCDA
☐	SCHYPCAL
☐	Index: Protocol Summaries (current month)
	Reimbursement
☐	Benefit Drug List (01 Nov 99)
☐	Class 2 Form (01 Nov 99)