



## Editorial

The Provincial Systemic Therapy Program and the Communities Oncology Network have combined forces to provide you with a monthly newsletter that will update you on information regarding new policies, professional standards and any areas of mutual interest in patient care that we should all share. It is important that this newsletter meets the needs of all recipients in various professional disciplines so if you have items you wish to see, contributions you would like make or deletions you would recommend please get in touch with the newsletter editorial group in the provincial pharmacy.

As we move into the new era of rapid examination of information by computer systems, we wish to make ourselves as accessible as possible and the information that can be provided as useful and as current as we can achieve.

A number of oncologists in the B.C. Cancer Agency centres and in the community are awaiting approval of a variety of new policies proposed by tumor groups. I expect that very soon we will be able to notify all users regarding some changing policies for pancreatic cancer, hormonally sensitive metastatic breast cancer, adjuvant therapy of pre-menopausal node positive patients and adjuvant therapy of rectal cancer. Until the new policies have been approved for funding by the Board of Trustees and the appropriate policy changes and protocol amendments have been completed, within the next few weeks, the existing policies still stand.

Susan O'Reilly, MB, FRCPC  
Provincial Systemic Program Leader  
Head, Division of Medical Oncology, UBC

## PROTOCOL UPDATE

- **GIRAI** is the adjuvant combined modality treatment interim protocol (chemotherapy and radiation) for stage II and III rectal adenocarcinoma using fluorouracil and leucovorin. It will be used until a pump program is implemented. Available via the FAX request form.
- **Paclitaxel (Taxol®) Premedications**  
Cimetidine injection has been discontinued (both brand and generic). Ranitidine 50 mg IV can be substituted as a premedication in treatments using paclitaxel (Taxol®).
- **Patient Handouts - Breast Protocols**  
Protocol-specific patient handouts are available for AC, CAF, CMF and tamoxifen. These are intended to replace individual drug handouts for these protocols (e.g., you may provide a single AC handout instead of individual drug handouts for doxorubicin and cyclophosphamide). Available via the FAX request form.

## INSIDE THIS ISSUE

- Continuing education: Clinical oncology training awards
- Hot topics: Dr. DiBella's Italian cancer treatment, Breast Cancer Prevention Trial
- Nursing practice tips: Giving a vesicant
- Patient handouts: Breast protocols
- Protocol update: GIRAI, paclitaxel (Taxol®) premedication, protocol summaries move
- Systemic Therapy Program update: education funding, employee health policy, fluorouracil continuous infusion labels, hypersensitivity guidelines, oncology primary nurse model, Penguin Cold Cap, preprinted order forms, risk management

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

### Protocol Summaries are Moving

A multidisciplinary review and revision of the standard protocol summaries in Folio Views (on the BCCA internal network) is underway as part of the groundwork prior to mounting the summaries on the BCCA website. Since Folio Views is being phased out, the protocol summaries will be moved to the h drive (also on the BCCA internal network) until access to the website summaries is available. Target date for the h drive move is **Wednesday, July 22, 1998**.

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### HOT TOPICS

#### Dr. DiBella's Italian Cancer Treatment

A retired Italian physiologist, Dr. Luigi DiBella, has been treating patients with a regimen that includes vitamin A retinoids, bromocriptine, somatostatin and melatonin. A clinical trial is now underway and early results are expected in July. A Canadian medical team, including BCCA's Paul Hoskins and Lou Benedet, went to Italy to review the clinical trial methodology and Dr. DiBella's patient records. Their statement is available via the FAX request form.

#### Breast Cancer Prevention Trial

The results of the Breast Cancer Prevention Trial (using tamoxifen in healthy women at high risk of developing breast cancer) have been released to the media. However, the study findings have not been published and the absolute risks and benefits for healthy women have yet to be determined. The Breast Tumour Group has prepared a letter regarding the study that is available via the FAX request form.

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### CONTINUING EDUCATION

#### Clinical Oncology Training Awards

The Canadian Cancer Society (National) offers an award to provide financial assistance for health care professionals to attend short continuing education programs pertaining to the care of patients with cancer and their family members. Applications for the fall cycle must be

received by October 16th, 1998. For further information please fax 416-961-4189.

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### NURSING PRACTICE TIPS

#### When you are giving a vesicant drug:

- **do** establish a new IV site
- **do** select a large vein away from joints or tendons, preferably in the forearm
- **do** choose a site proximal to previous venipunctures
- **do not** use an arm with already compromised circulation
- **do** make a clean venipuncture
- **do** use a small gauge intravenous catheter or butterfly
- **do not** cover the needle entry site
- **do** give vesicants before non-vesicant drugs
- **do** keep the IV flowing freely with saline or D5W throughout the injection
- **do** inject into the medication injection port of the IV tubing slowly - the drip should not stop or reverse
- **do** closely monitor the site for redness, swelling
- **do not** continue injecting if the patient complains of pain or burning
- **do** check for blood return every 2 -3 mL during injection
- **do** stop injecting if there is any change in sensation (pain, burning, stinging), if swelling occurs at the IV site, or if you cannot obtain blood return
- **do** flush thoroughly with saline or D5W
- **do** elevate the limb and apply gentle pressure over the venipuncture site for 5 minutes after needle is withdrawn

When the patient has an **implanted venous access device**, insert a 22 gauge Huber point needle at a 90 degree angle to the skin until it comes into contact with the floor of the device. **Aspirate** blood first to confirm location, then infuse a bolus of 25 mL saline to ensure free flow without local discomfort or swelling. Infuse the vesicant via a secondary medication set, following first with 20 mL saline, then with a heparin solution flush.

Need more information? Try your own facility's policy and procedures, or standards of care first. The BCCA Nursing Practice Reference C-252 on administration of cytotoxic agents and the Systemic Therapy Program Directive III-20 on extravasation of chemotherapy are available via the FAX request form.

Jan Hill RN, Vancouver Island Cancer Centre

## Provincial Systemic Therapy Program

*The Provincial Systemic Therapy Program Committee is an interdisciplinary group responsible for the operation of the Provincial Systemic Program. The committee:*

- makes recommendations to the Priorities and Evaluation Committee and Clinical Investigations Committee regarding the availability of resources to support new initiatives
- maintains and develops policies and directives
- ensures linkages and collaboration with other provincial and regional programs and communities
- develops and monitors the annual operating and capital budget
- evaluates the resource impact of new policy and research protocols

*Recent decisions include:*

### Policies and Directives

- **Fluorouracil Continuous Infusion Labels Interim Policy:** Within our regional cancer centres, all fluorouracil continuous infusions, irrespective of which pump is being used, for both in-patient and out-patient, will be separately flagged by Pharmacy with an orange sticker to reduce the risk of inadvertent bolus administration.
- **Guidelines for Acute Hypersensitivity Reactions to Chemotherapeutic Agents (IV-10):** Revised to ensure that patients are treated in a safe and effective manner (Jan 1998). Available via the FAX request form.
- **Employee Health: Management of Risks Related to Cytotoxic Agents (V-20):** This

policy affirms that all employees who work with cytotoxic agents will have access to appropriate employee health services for assessment and advice, and that BCCA cytotoxic handling procedures are consistent with current WCB standards (Mar 1998). Available via the FAX request form.

### Other

- **Communities Oncology Network** will pursue opportunities for education funding for community pharmacists and nurses.
- **Penguin Cold Cap System:** The committee did not find enough evidence to endorse the system.
- **Oncology Primary Nurse Model:** The committee endorsed the proposal.
- **Preprinted Doctor's Order Forms for Chemotherapy:** Developed and tested at FVCC, now being implemented sequentially across the regional cancer centres. These will be made available for the community non-regional cancer centres for their adoption if they choose.
- **Risk Management:** In order to improve our ability to identify, prioritize, develop, implement and evaluate risk management initiatives, the Systemic Therapy Program has been working with an agency work group to redesign the incident reporting system. The proposed incident reporting system is in its final stages of development and we are targeting an implementation date of October 1998.

### Editorial Review Board

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## INTER-AGENCY ACCESS

<b>BULLETIN UPDATES</b>	<b>LOCATION</b>
BCCA Nursing Practice Reference C-252 <b>Cytotoxic Agents, Administration of</b>	H:\everyone\nursing\nrseprac\ref-man\c-252.doc
BCCA Systemic Therapy Directive <ul style="list-style-type: none"> <li>▪ <b>Extravasation of Chemotherapy, Prevention &amp; Management of</b></li> <li>▪ <b>Hypersensitivity Guidelines</b></li> <li>▪ <b>Employee Health: Management of Risks Related to Cytotoxic Agents</b></li> </ul>	H:\everyone\systemic\chemo\policies\iii_ptcr\iii_20.doc H:\everyone\systemic\chemo\policies\iv_emerg\iv_10.doc H:\everyone\systemic\chemo\policies\v_RiskMg\v_20.doc
Patient Handouts <b>BRAJAC, BRAJCAF, BRAVCAF, BRAJCMF, BRAJCMFPO, BRAVCMF, BRAJTAM, BRAVTAM</b>	H:\everyone\systemic\chemo\Pt_Educ
Protocols <b>GIRAI</b>	FolioViews
Interim Statement: DiBella Regimen	H:\everyone\systemic\chemo\Update

We appreciate your comments. Write us at [bulletin@bccancer.bc.ca](mailto:bulletin@bccancer.bc.ca)