BC Cancer Agency

# Systemic Therapy Update

Volume 4, Number 3 *for health professionals who care for cancer patients* March 2001
Available on website **http://bccancer.com/providerhome.cfm**

## INSIDE THIS ISSUE



## BENEFIT DRUG LIST

The Provincial Systemic Therapy Program is pleased to announce the launch of a new program in which we will make rituximab available in conjunction with CHOP chemotherapy for patients with advanced stage progressive histology B cell lymphomas. This program offers a major survival improvement and we are pleased to be able to provide access promptly.

The Breast Tumour Group has revised all of their adjuvant guidelines. They are to be thanked for their considerable efforts in reviewing all the scientific data and providing the optimal approaches to the management of newly diagnosed breast cancer. Again, we are pleased that with the support of the Ministry of Health, we are able to offer this new program.

### CEF expanded eligibility

Effective March 5, 2001, the adjuvant program for breast cancer using CEF has been expanded to include all women under the age of 60 years with lymph node-positive or high risk lymph node-negative disease, i.e., inflammatory and locally advanced breast cancer (see protocols BRAJCEF, BRINFCEF, BRLACEF).

### CHOP plus Rituximab

Effective March 5, 2001, CHOP plus rituximab for 6-8 cycles is the standard recommendation for patients above the age of 15 who present with newly diagnosed, previously untreated advanced stage diffuse large B-cell lymphoma. Patients with newly diagnosed discordant, low grade + diffuse large B-cell lymphoma will be included (see protocol LYCHOP-R).

This recommendation does **not** apply to patients with early or limited stage disease nor to patients with relapsed disease, nor to patients with development of transformation to diffuse large B-cell lymphoma from a previously diagnosed indolent lymphoma.

Rituximab is a class II agent and a class II form is required. For previously untreated advanced stage diffuse large B-cell lymphoma, rituximab must be used in combination with CHOP in order to be reimbursed by BCCA. Eligible patients currently being treated with CHOP may complete their treatment cycles with rituximab but additional cycles of single-agent rituximab will not be reimbursed.

### PEG l-asparaginase

Effective March 5, 2001, PEG-l-asparaginase for approved pediatric indications is a class I drug on the BCCA Benefit Drug List.

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

The current Benefit Drug List is available on the BCCA Communities Oncology Network website http://bccancer.com/providerhome.cfm.

## 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)
- **BRAJCEF** revised (eligibility): Adjuvant therapy for breast cancer using cyclophosphamide, epirubicin and fluorouracil.
- **BRINFCAF** revised (eligibility): Therapy for inflammatory breast cancer using cyclophosphamide, doxorubicin and fluorouracil.
- **BRINFCEF** new: Therapy for inflammatory breast cancer using cyclophosphamide, epirubicin and fluorouracil.
- **BRLA2** revised (eligibility): Therapy for locally advanced breast cancer using cyclophosphamide, doxorubicin and fluorouracil.
- **BRLACEF** new: Therapy for locally advanced breast cancer using cyclophosphamide, epirubicin and fluorouracil.
- **UGIFUIP** revised (treatment, references): Chemotherapy of pseudomyxoma peritonei using intraperitoneal mitomycin and fluorouracil.
- **GOBEP** new: Therapy of non-dysgerminomatous ovarian germ cell cancer using bleomycin, etoposide, and cisplatin.
- **GOEP** revised (tests): Therapy of dysgerminomatous ovarian germ cell cancer using cisplatin and etoposide.
- **GUPMX** reformatted: Palliative therapy for hormone refractory prostate cancer using mitoxantrone and prednisone.
- **LYCHOP** revised (eligibility): Treatment of lymphoma with doxorubicin, cyclophosphamide, vincristine and prednisone.
- **LYCHOP-R** new: Treatment of lymphoma with doxorubicin, cyclophosphamide, vincristine, prednisone and rituximab.
- **LYIT** revised (treatment clarified): Treatment of lymphoma using intrathecal methotrexate and cytarabine.
- **LYRITUX** revised (eligibility, tests): Treatment of lymphoma with single agent rituximab.
- **MOIT** revised (treatment clarified): Therapy for solid tumours using intrathecal methotrexate and/or thiotepa and/or cytarabine.

Most chemotherapy protocols are available on the BCCA website http://www.bccancer.bc.ca/ccp/.

## CANCER MANAGEMENT MANUAL

The Cancer Management Manual is available on BCCA website http://www.bccancer.bc.ca/cmm/.

## 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:

- **UBRAVTR** revised: Palliative therapy for metastatic breast cancer using trastuzumab (Herceptin®).
- **BRAVTRAP** revised: 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.
- **CNTEMOZ** revised: Temozolomide as second line chemotherapy for recurrent malignant gliomas.
- **GIEFUP** revised: Combined modality therapy for locally advanced esophageal cancer using fluorouracil and cisplatin.
- **GIFUC** revised: Palliative therapy for gastric cancer using fluorouracil and cisplatin.
- **GIIRFUFA** revised: First-line palliative combination chemotherapy for metastatic colorectal cancer using irinotecan, fluorouracil and folinic acid (leucovorin).

- **GIRALT** revised: Palliative therapy for unresectable or metastatic colorectal cancer using raltitrexed (Tomudex®).
- **GOCAT** revised: Treatment of gynecologic cancers using carboplatin and paclitaxel.
- **UKSLDO** revised: Treatment of Kaposi's sarcoma using liposomal doxorubicin (Caelyx®).
- **LYICE** revised: Treatment of lymphoma with ifosfamide, carboplatin and etoposide.

An index to the orders can be obtained by FAX request form or email.

## DRUG UPDATE

### L-Asparaginase (Kidrolase®)

The manufacturer has advised the BC Cancer Agency that the 10,000 IU vial of L-Asparaginase (Kidrolase®) contains a 5% overfill. Hence, the actual quantity in the vial is 10,500 IU. When mixed according to manufacturer's directions, the concentration is actually 2,625 IU/mL rather than 2,500 IU/mL as stated on the label. The manufacturer has applied for a labeling change to reflect the accurate concentration. As of March 1, 2001, BCCA will utilize 2,625 IU/mL as the official concentration and provide doses accordingly. If you have any questions, please contact the pharmacy at your nearest BCCA Regional Cancer Centre.

### Melanoma Theraccine

Melanoma theraccine (Melacine©, Schering Canada), a therapeutic tumour vaccine, is now available on the Canadian market for the treatment of stage IV malignant melanoma. Melanoma theraccine is not a BCCA benefit drug.

## FOCUS ON CLODRONATE FOR BREAST CANCER

### Recommendation

The BCCA Breast Tumour Group recommends that **oral clodronate 1600 mg (4 x 400 mg capsules) once daily** be offered to all breast cancer patients with bony metastases (see protocol summary BRAVCLOD). For those who cannot tolerate oral clodronate or patients with acute bone pain (see protocol summary BRAVPAM), either IV clodronate 1500 mg or IV pamidronate 90 mg once monthly may be used.

### Rationale

Clodronate may slow progression of breast cancer in bone, reduce pain and prevent fractures. Clodronate and pamidronate are considered equally efficacious for this indication but clodronate is substantially cheaper and may be used orally. Therefore, oral clodronate is recommended and funded as first line treatment. IV clodronate or pamidronate may be used second line for those patients who are unable to take oral clodronate.

### Oral Bioavailability

Clodronate has poor oral bioavailability (only 1-3% is absorbed from the gut) and bioavailability is reduced to zero in the presence of food, milk, antacids or minerals. Therefore, it must be taken with water on an empty stomach, at least 1 hour before eating or more than 2 hours after eating. Most patients find it convenient to take their clodronate on awakening in the morning, at least 1 hour before breakfast, other medications or supplements of any kind including calcium.

### GI Intolerance

Most patients tolerate oral clodronate well even though it is taken on an empty stomach. Nausea, vomiting, gastric pain and diarrhea have been reported in about 10% of patients. Starting treatment at 800 mg/day and slowly increasing to 1600 mg over 1-3 weeks may minimize the risk of GI disturbances. For those patients who still have problems, the following may be of benefit:

- split the dose (e.g., 800 mg twice daily)
- reduce the dose until tolerated
- temporarily interrupt treatment

### Symptomatic Hypocalcemia

Bisphosphonates may lower serum calcium. However, symptomatic hypocalcemia is rare with clodronate in this patient population. Avoid the use of other agents that may lower calcium (e.g., loop diuretics and corticosteroids). Calcium levels may be indicated for those patients with symptoms of low calcium such as muscle spasms, depression and irritability.

Calcium supplements 1000-1500 mg per day and vitamin D may be required if symptomatic hypocalcemia occurs. Instruct patients to take clodronate at least 1 hour before or more than 2 hours after taking calcium in order to retain clodronate bioavailability.

### Reimbursement

The BC Cancer Agency will reimburse community hospitals at the BCHS contract price for oral clodronate. A Class II Drug Registration Form must be submitted when treatment is initiated for oral clodronate. A second Class II form must be submitted if IV clodronate or pamidronate is needed following an adequate trial of oral clodronate. Prescriptions may be written by family physicians.

## CANCER DRUG MANUAL

The Cancer Drug Manual is available on the BCCA website http://www.bccancer.bc.ca/cdm/.

## NURSING PRACTICE TIPS

### C-252 Administration of Chemotherapeutic Agents: Nursing Practice Reference

**Purpose:** To provide guidelines for the safe administration of all chemotherapeutic agents.

The BCCA Nursing Practice Committee recently revised this document to reflect the current evidence regarding the administration of chemotherapy. Several other documents were incorporated into C-252 in order to make it a comprehensive Nursing Practice Reference and to enable those using it to find the information they require. The documents include:

- Administration of chemotherapy via intrathecal route and Ommaya reservoir
- Administration of taxanes – specific to tubing needs

C-252 is available by FAX request form or email.

## CORRECTION

OSAJAP and OSAVAP were not revised as reported in the December issue.



| IN TOUCH | www.bccancer.bc.ca | Bulletin@bccancer.bc.ca |
|---|---|---|
| BC Cancer Agency | (604)-877-6000 | Toll-Free 1-(800)-663-3333 |
| Communities Oncology Network | Ext 2744<br>Website link: | Bfiddler@bccancer.bc.ca<br>http://bccancer.com |
| Nursing Professional Practice | Ext 2623 | Ilundie@bccancer.bc.ca |
| Pharmacy Professional Practice | Ext 2247 | gconcon@bccancer.bc.ca |
| Provincial Systemic Therapy Program | Ext 2247 | gconcon@bccancer.bc.ca |
| Communities Oncology Network Pharmacist | Ext 2515 | mfung@bccancer.bc.ca |
| Drug Information | Ext 3028 | robrien@bccancer.bc.ca |
| Library / Cancer Information | Ext 2690 | dnoble@bccancer.bc.ca |
| Update Editor | Ext 2288 | mdelemos@bccancer.bc.ca |
| Cancer Centre for the Southern Interior (CCSI) | (250) 712-3900 | Toll-Free 1-(888)-563-7773 |
| Fraser Valley Cancer Centre (FVCC) | (604)-930-2098 | Toll-Free 1-(800)-523-2885 |
| 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 |

# REGIONAL CANCER CENTRE ACCESS

| BULLETIN UPDATES | LOCATION | |
|---|---|---|
| Pre-Printed Orders | H:\everyone\systemic\chemo\Orders\VCC | |
| Index of Pre-Printed Orders | Index.doc | |
| | UBRAVTR | GIIRFUFA |
| | BRAVTRAP | GIRALT |
| | CNTEMOZ | GOCAT |
| | GIEFUP | UKSLDO |
| | GIFUC | LYICE |
| Protocol Summaries | H:\everyone\systemic\chemo\Protocol\"tumour site" | |
| | BRAJCEF | GOEP |
| | BRINFCAF | GUPMX |
| | BRINFCEF | LYCHOP |
| | BRLA2 | LYCHOP-R |
| | BRLACEF | LYIT |
| | UGIFUIP | LYRITUX |
| | GOBEP | MOIT |
| Index of Protocol Summaries | Index_NT or Index_W6 | |
| Reimbursement | H:\everyone\systemic\chemo\Reimburs | |
| Benefit Drug List (01 Mar 2001) | BenefitList.doc | |
| Class 2 Form (01 Mar 2001) | 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**

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

| | | | |
|---|---|---|---|
| ☐ | All items | | |
| Pre-Printed Orders: | | | |
| ☐ | UBRAVTR | ☐ | GIIRFUFA |
| ☐ | BRAVTRAP | ☐ | GIRALT |
| ☐ | CNTEMOZ | ☐ | GOCAT |
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| ☐ | BRINFCAF | ☐ | GUPMX |
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| ☐ | BRLA2 | ☐ | LYCHOP-R |
| ☐ | BRLACEF | ☐ | LYIT |
| ☐ | UGIFUIP | ☐ | LYRITUX |
| ☐ | GOBEP | ☐ | MOIT |
| ☐ | Index: Protocol Summaries (current month) | | |
| Reimbursement | | | |
| ☐ | Benefit Drug List (01 March 2001) | | |
| ☐ | Class 2 Form (01 March 2001) | | |
| Systemic Therapy Update Index | | | |
| ☐ | Jan-Dec 2000 | | |