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

ANNUAL INDEX

The 2002 annual index to the Systemic Therapy Update is now available on the BCCA website (www.bccancer.bc.ca) under Health Professionals, Chemotherapy Protocols, Update Newsletter.

HIGHLIGHTS OF PROTOCOL CHANGES

BRAVDOC7 (palliative weekly docetaxel for breast cancer) has been revised to reduce the dexamethasone premedication from three doses of 8 mg to a single 8 mg dose as well as add a precaution about excessive lacrimation. The change in the dexamethasone premedication is based on recent evidence which showed that low dose dexamethasone may be sufficient to prevent hypersensitivity reactions associated with the weekly, low dose (35 mg/m2) docetaxel regimen.

BENEFIT DRUG LIST

The temozolomide indications for recurrent malignant gliomas and low grade oligodendrogliomas have been clarified on the benefit drug list and the class II form to be consistent with the existing eligibility criteria in the protocol summary CNTEM0Z. The revised indications no longer specify whether temozolomide is to be used as first or second line therapy.

Temozolomide is a Class II drug on the benefit list. 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. 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 (includes 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.

- BRAVDOC7 revised (dexamethasone premedication dose reduced, lacrimation precaution added) Palliative therapy for metastatic breast cancer using weekly docetaxel.
- LYFLU revised (fludarabine preparation volume changed): Treatment of low grade lymphoma or chronic lymphocytic leukemia with fludarabine.

Protocols are available on the BC Cancer Agency website (www.bccancer.bc.ca) under Health Professionals Info, Chemotherapy Protocols.

CANCER MANAGEMENT MANUAL

The Cancer Management Manual is available on the BC Cancer Agency website (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.

- **BMTMM03-01** new: Conditioning therapy for autologous stem cell transplant using high dose melphalan in the treatment of multiple myeloma.
- **BRAJFEC** new: Adjuvant therapy for breast cancer using fluorouracil, epirubicin and cyclophosphamide.
- **GIFOLFIRI** revised (loperamide standing order): Palliative combination chemotherapy for metastatic colorectal cancer using irinotecan, fluorouracil and folinic acid (leucovorin).
- **GIFUR3** new: Combined modality adjuvant therapy for high risk rectal carcinoma using fluorouracil, folinic acid (leucovorin) and radiation therapy.
- **GOCXRADC** revised (potassium chloride dose in hydration fluid and cisplatin solution): Treatment of high risk squamous cell carcinoma of cervix with concurrent cisplatin and radiation.
- **LYFLU** new: Treatment of low grade lymphoma or chronic lymphocytic leukemia with fludarabine.

**PATIENT EDUCATION**

Patient information handouts for cancer drugs are available on the BC Cancer Agency website [www.bccancer.bc.ca](http://www.bccancer.bc.ca) under Health Professionals Info, Drug Database, Drug Information for the Patient. Patient information handouts for treatment protocols are available on the BC Cancer Agency website [www.bccancer.bc.ca](http://www.bccancer.bc.ca) under Health Professionals Info, Chemotherapy Protocols, Information for the Patient.

**CANCER DRUG MANUAL**

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

Patient information handouts for cancer drugs are available on the BC Cancer Agency website [www.bccancer.bc.ca](http://www.bccancer.bc.ca) under Health Professionals Info, Drug Database, Drug Index (Patient).

**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.

**NURSING UPDATE:**

**FREQUENTLY ASKED QUESTIONS**

*“Is it essential to use an extension tubing with a central line?”*

**Answer:**

For most central venous catheters (CVCs) it is standard practice to have some type of extension set attached to the line. This is done to avoid two major complications: infection and air embolism.

1. **Infection**

Adding an extension tubing to the line ensures that all procedures are performed at a distance from the hub/entrance site. The extension set also reduces the need to manipulate the catheter. This manipulation can potentially cause local irritation and small abrasions that could be a portal for bacteria to enter the blood stream.

The highest risk area is at the hub of the device. The catheter hub needs to be covered by a sterile occlusive dressing as it is the part of the catheter that is most susceptible to contamination if left exposed to the environment. If you do not use an extension tube, you will have to remove the dressing each time you need to access the line. The dressing must cover both the catheter hub and the point where it connects with the extension tubing and needs to be changed each time you manipulate it. It is NOT acceptable to simply peel back a dressing and then attempt to reapply it after performing a procedure.

An example of why the extension tube is important can be illustrate with the protocol GIFUC which involves cisplatin and 48-hour continuous IV infusion of fluorouracil. If we did not use extension sets for these patients, then each week they would have two dressing changes within 48 hours of each other. (In fact, three changes if one also uses the line for bloodwork!). Use of extension tubing would greatly reduce the significant impact on nursing time.
It is recommended that all care at the hub of the PICC be performed using sterile technique. Using an extension tubing makes it easier to handle the catheter with less risk of contamination.

2. Air embolism
Using an extension set (with a clamp, if necessary, depending on the specific device) helps reduce the potential for air embolism. Having a clampable extension tubing eliminates the need to have the patient do the Valsalva-manoeuvre. (This manoeuvre has questionable efficacy even under the best of conditions).

Even if the central line has a one way valve and does not need a clamp, if you were to encounter a situation where the line needed to be clamped such as finding air in the IV line or blood backing up in the tubing, you have a built-in safety mechanism. Remember, some lines can not be clamped due to the high risk of damage to the line itself. These lines are very fragile, as they are made of materials that have “memory”, and can remember the insult of repeated manipulation. Therefore, using an extension tubing decreases the risk of damage to the line and hence of air embolism.

3. Personal safety
Finally, use of an extension tubing means that you are performing procedures at a distance from the entrance site and are less likely to be contaminated by blood or body fluids.

4. Home Care Follows Suit
Nurses caring for patients with central lines in other clinical settings also support this practice. For example, home care nurses in Vancouver requires that we send every central line patient home with an extension tubing in place so that nurses can provide safe care.

Submitted by
Judy Oliver
Education Resource Nurse
BCCA

Nancy Runzer
Clinical Nurse Leader
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LIBRARY/CANCER INFORMATION CENTRE
Unconventional Cancer Therapies Manual is available on the BC Cancer Agency website 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.

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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

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PLEASE FEEL FREE TO MAKE COPIES FOR YOUR COLLEAGUES

I WOULD PREFER TO RECEIVE THIS INFORMATION VIA:

- E-mail (Word 6.0)
- Fax

UPDATES Please Fax-Back information below:

- All items
- 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:
  - BMTMM03-01
  - BRAJFEC
  - GIFOLFIRI
  - GOCXRADC
  - GIFUR3
  - GFLU

- Protocol Summaries: (also available on our website www.bccancer.bc.ca)
  - Index of Protocol Summaries
  - BRAVDOC7
  - Index_NT
  - LYFLU
  - Index_W6

- Provincial Systemic Therapy Program Policies
- Reimbursement (also available on our website www.bccancer.bc.ca)
- Benefit Drug List (01 Mar 2003)
- Class 2 Form (01 Mar 2003)
- Systemic Therapy Update Index (also available on our website www.bccancer.bc.ca)
  - Jan-Dec 2000
  - Jan-Dec 2001
  - Jan-Dec 2002

Revised: 16 Aug 2006 (trademark changes made)