



## FOCUS ON GEMCITABINE

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

### BENEFIT DRUG LIST

Effective November 1, the following new program is funded by the Provincial Systemic Therapy Program:

- **Gemcitabine** (Gemzar©) for palliative therapy of unresectable or metastatic pancreatic adenocarcinoma. See GIPGEM protocol summary.

This drug is approved as 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 radiation cancer centre or reimbursed to a community hospital.

Please note: Patients must have an excellent performance status to merit palliative therapy with this agent.

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

### Pivotal Trial

A recent randomized trial compared gemcitabine to fluorouracil (5FU) for advanced symptomatic pancreas cancer. There was a significant survival and clinical benefit (measured by pain, functional impairment and weight loss) for gemcitabine compared to 5FU (24% of patients vs 5%).

Reference:

J Clin Oncol 1997;15:2403-13.

### Gemcitabine Reconstitution Change

Eli Lilly Canada announced a change in the final concentration of gemcitabine (Gemzar©). When reconstituted, gemcitabine was labeled as a 40 mg/mL solution but the true concentration is 38 mg/mL because of the displacement volume of the powder. The product monograph is being revised and the manufacturer does not expect this difference to affect clinical efficacy.

Effective November 1, the BCCA Pharmacies will calculate doses using the new concentration of 38 mg/mL for both standard protocol and clinical trial orders. This means that a patient treated in the last week of October, and ordered the same dose in the first week of November, will receive 5% more drug. Please be aware of this change when following patients continuing on treatment past November 1st.

### DRUG UPDATE

#### Fluorouracil Bolus Administration

The Systemic Therapy Program is standardizing fluorouracil (5FU) bolus administration in radiation cancer centres. Effective November 1, 5FU will be provided in syringes to be given IV push over 2-4 minutes (minibag administration will no longer be used).

There is clinical data suggesting that IV push administration produces significantly better response rates in advanced colorectal cancer without adversely affecting quality of life. It also promotes more efficient use of scheduling and pharmacy time, and reduced supply costs (no minibag or secondary set required).

References:

Acta Oncol 1996;35(2):207-12.

Eur J Cancer 1998;34(5):674-8.

### **Paclitaxel (Taxol®) Simplified Premedications**

Paclitaxel hypersensitivity reactions are common (up to 40%) unless premedications are used. Premedicating with oral dexamethasone (20 mg taken 12 and 6 hours before treatment) plus intravenous diphenhydramine and ranitidine given 30 minutes before the paclitaxel reduces the incidence and severity of reactions. However, oral dexamethasone is inconvenient for the patient, often causes insomnia and may alter or unmask diabetes mellitus.

There are now three reports of a simplified premedication regimen using intravenous dexamethasone that produces no increase in the incidence of hypersensitivity reactions. Most patients who did have hypersensitivity reactions could be successfully rechallenged. Effective November 1, the Systemic Therapy Program recommends the following regimen given 30 minutes prior to paclitaxel:

- dexamethasone 20 mg IV
- diphenhydramine 50 mg IV
- ranitidine 50 mg IV

### **ORAL DEXAMETHASONE IS NO LONGER REQUIRED FOR PATIENTS TREATED AT BCCA RADIATION CANCER CENTRES**

Note: Dexamethasone is **not** compatible when mixed with diphenhydramine. Diphenhydramine and ranitidine are compatible in 50 mL NS or D5W when mixed immediately before using.

References:

Semin Oncol 1997;24(S19):13-5.

J Clin Oncol 1997;12:3517.

Gynecol Oncol 1998;69:122-4.

### **Paclitaxel (Taxol®) Extravasations**

The current recommendation is to use **cool** compresses for paclitaxel extravasations (see BCCA Extravasation Guidelines III-20). There is evidence that paclitaxel may cause tissue necrosis when

extravasated and warm compresses may increase tissue injury. The BCCA Cancer Drug Manual paclitaxel monograph and patient handout have been revised to recommend cool compresses.

References:

Oncol Nurs Forum 1996;23:541-2.

Oncol Rep 1996;3:973-4.

### **Vinca Alkaloid Labeling**

In June 1997, a child died in a BC hospital as a result of a dose of vincristine that was inadvertently administered by the intrathecal route. Tragically, this was not the first reported death caused by the erroneous administration of vincristine. Since 1980, at least seven deaths of children and adults associated with intrathecal administration of vincristine have been reported in the medical literature. Due to the fatal consequences of this medication administration error, the College of Pharmacists of BC now requires all parenteral syringes containing vinca alkaloids to bear a prominent warning label on the syringe barrel "WARNING: FATAL IF GIVEN INTRATHECALLY".

The BCCA Pharmacies will be applying brightly coloured red and yellow labels to all syringes of vinca alkaloids. CON Pharmacies interested in ordering labels can contact: Alpine Press (1998) Ltd, 1350 East Georgia Street, Vancouver, BC, V5L 2A8, (604)254-9491, FAX (604) 254-9494.

### **PROTOCOL UPDATE**

- **BRAJCAF** revised (fluorouracil given push), adjuvant therapy for breast cancer using cyclophosphamide, doxorubicin and fluorouracil
- **BRAJCEF** editorial revision (dose modification clarified), adjuvant therapy for breast cancer in premenopausal women with 4 or more involved nodes using cyclophosphamide, epirubicin and fluorouracil
- **BRAJCMF** revised (fluorouracil given push), adjuvant therapy for premenopausal high-risk breast cancer using cyclophosphamide, methotrexate and fluorouracil

- **BRAJCMFPO** revised (fluorouracil given push), adjuvant therapy for premenopausal high-risk breast cancer using cyclophosphamide (oral), methotrexate and fluorouracil
- **BRAVCAF** revised (fluorouracil given push), palliative therapy for metastatic breast cancer using cyclophosphamide, doxorubicin and fluorouracil
- **BRAVCMF** revised (fluorouracil given push), palliative therapy for metastatic breast cancer using cyclophosphamide, methotrexate and fluorouracil
- **BRAVCMFPO** revised (fluorouracil given push), palliative therapy for metastatic breast cancer using cyclophosphamide (oral), methotrexate and fluorouracil
- **BRINFCAF** revised (fluorouracil given push), palliative therapy for inflammatory breast cancer using cyclophosphamide, doxorubicin and fluorouracil
- **BRAVTAX** revised (premedications simplified), palliative therapy for metastatic breast cancer using paclitaxel (Taxol®)
- **GIEFUP** new (interim version), combined modality therapy for locally advanced esophageal cancer using fluorouracil, cisplatin and radiation therapy
- **GIENDO2** revised (fluorouracil given push), palliative therapy for pancreatic endocrine tumours using streptozocin and doxorubicin (may substitute fluorouracil for doxorubicin)
- **GIFFAD** revised (fluorouracil given push), adjuvant therapy for stage III and high risk stage II colon cancer using leucovorin and fluorouracil
- **GIFUA** revised (maximum mitomycin dose reinstated), adjuvant therapy for carcinoma of the anal canal using mitomycin, fluorouracil and radiation therapy
- **GIFUFA** revised (fluorouracil given push), palliative therapy for advanced colorectal cancer using leucovorin and fluorouracil
- **GIPGEM** new, palliative therapy for unresectable or metastatic pancreatic adenocarcinoma using gemcitabine
- **GIRAI** revised (fluorouracil given push), combined modality adjuvant therapy for rectal carcinoma using fluorouracil, leucovorin and radiation therapy
- **GIRFF** new (interim version), adjuvant therapy for stage II and III rectal cancer, previously treated with preoperative radiotherapy, using fluorouracil and leucovorin

- **GOENDCAT** revised (premedications simplified), therapy for primarily advanced or recurrent endometrial cancer using carboplatin and paclitaxel
- **GOOVETOP** new (interim version), palliative therapy for relapsed or progressive epithelial ovarian cancer (or primary peritoneal or fallopian tube) using etoposide
- **GOOVEXT2** revised (interim version, premedications simplified), palliative therapy for visible residual epithelial ovarian cancer using paclitaxel and cisplatin
- **SCMESNA** new (interim version), MESNA dosage modification for hematuria secondary to oxazaphosphorines (eg, ifosfamide and cyclophosphamide)

#### PATIENT HANDOUTS

- **Gemcitabine** new, see above protocol summary GIPGEM
- **Paclitaxel** revised (dexamethasone premedication, alcohol content, extravasation management)

#### PREPRINTED ORDERS

**Note: preprinted order document titles do not necessarily correspond exactly with protocol codes.**

New VCC preprinted orders are available for:

- **BRAJCEF**
- **LYRITUX**

Revised CCSI/FVCC/VCC preprinted orders using simplified premedications are available for paclitaxel-containing regimens:

- **BRAVTAX**
- **GOENDCAT**
- **GOOVEXT2 (VCC)**
- **GOOVTAX3**

Revised VCC preprinted orders are available for fluorouracil-containing regimens using bolus administration:

- **BRCAF**
- **BRCMFIV**

Revised FVCC preprinted orders are available for:

- **GIFUC**
- **GIRAI** and **GIRAI-CI**
- **HNDE**

### **CANCER DRUG MANUAL**

**Paclitaxel** interim revision: extravasation management (cool compresses), simplified premedications (oral dexamethasone no longer required), alcohol content caution

### **REMINDER FOR ONCOLOGY NURSES**

The deadline for registering to write the national certification examination from CNA is Nov. 6, 1998. There will be only one opportunity to write the exam this year. If you are interested and meet the eligibility criteria, you should call CNA for the information and registration form. (1-800-450-5206) The exam will be written March 27, 1999, so there will be time to prepare. BCCA will offer study sessions, if there are nurses who are interested. Call Isabel Lundie at (604)-877-6098, local 2623 if you want to participate in the study session.

### **NURSING PRACTICE TIPS**

#### **STARTING DIFFICULT IVs**

Many of you may have experienced the situation where a patient is scheduled to come for chemotherapy and it is anticipated that the intravenous start will be difficult. Either you have been unsuccessful when starting IV's for this patient in the past or a colleague has had the same experience. Sometimes this becomes a topic of conversation and a patient becomes labeled as "difficult." What can you do to maximize your success this time? Here are a few tips that we have found helpful.

1. Psych yourself and the patient UP not OUT. What this means is saying "I am going to start your IV now" rather than "I am going to TRY to start your IV". Using the word "try" tells both you and patient that you are already uncertain about whether you will be successful. It is important to draw on your own history of success.
2. Anxiety and nervousness are contagious. This needs to be addressed for both you and the patient.
  - **For the Patient:** Changing the focus of attention may help. For example, you may

have a brief conversation about something pleasant like a family vacation or you may ask the patient to focus his or her attention on an accompanying family member or friend. Many patients find regular deep breathing relaxing, as is therapeutic touch. If you are not skilled in therapeutic touch, simple firm but gentle stroking touch to the hand and arm is soothing.

- **For the Nurse:** Take a minute to be aware of your own level of anxiety, to center yourself, to deep breathe, and to have a positive internal conversation about your ability to do this successfully. Sometimes it is hard to pause in the midst of a busy schedule to take time for yourself; however, you can do it while sitting beside the patient even while you are offering soothing touch.
3. Moist heat is more effective than dry heat. Regardless of where you plan to start the IV, ensure that the whole hand is encased in the hot towel. Cold hands seem to make any IV start more difficult. You can then prevent heat loss by wrapping the towel with a large impermeable pad (eg, blue incontinence pad).
  4. After applying the tourniquet, gentle stroking of the vein toward the fingertips will help to bring the vein up. Anchoring the vein is critical. Pulling the skin taut by grasping the hand or arm on the opposite side to where you want to start the IV, and, at the same time, pulling the vein toward the hand with your thumb, effectively immobilizes the vein.
  5. Start the IV!
  6. **For next time:** Ask the patient to take a warm bath prior to coming for chemotherapy. Assess that the patient is drinking adequate amounts of fluids. A hot drink prior to an IV start sometimes helps.

Laurie-Ann Bay, Oncology Primary Nurse  
 Carole Robinson, Regional Nursing Leader,  
 Education and Practice  
 Cancer Centre for the Southern Interior

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| BC Cancer Agency                               | (604)-877-6000   | Toll-Free 1-(800)-663-3333   |
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| 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                                  |
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| Francis Hu, CON Pharmacist                     | (604)-877-6098 Ext 2515                                    | <a href="mailto:francish@bccancer.bc.ca">francish@bccancer.bc.ca</a> |
| Robin O'Brien, Update Editor                   | (604)-877-6098 Ext 3028                                    | <a href="mailto:robrien@bccancer.bc.ca">robrien@bccancer.bc.ca</a>   |

**BCCA SYSTEMIC THERAPY UPDATE****FAX REQUEST FORM**

FAX (604) 877-6132

bulletin@bccancer.bc.ca

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|--|-------------------------------|--------------------------|----------------------------|
| <input type="checkbox"/>   | All items                     |                          |                            |
| Patient Handouts:  |                               |                          |                            |
| <input type="checkbox"/>   | Gemcitabine                   |                          |                            |
| <input type="checkbox"/>   | Paclitaxel                    |                          |                            |
| Protocol Summaries:  |                               |                          |                            |
| <input type="checkbox"/>   | BRAJCAF                       | <input type="checkbox"/> | GIFFAD                     |
| <input type="checkbox"/>   | BRAJCEF                       | <input type="checkbox"/> | GIFUA                      |
| <input type="checkbox"/>   | BRAJCMF                       | <input type="checkbox"/> | GIFUFA                     |
| <input type="checkbox"/>   | BRAJCMFPO                     | <input type="checkbox"/> | GIPGEM                     |
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| <input type="checkbox"/>   | BRAVTAX                       | <input type="checkbox"/> | GOOVEXT2                   |
| <input type="checkbox"/>   | GIEFUP                        | <input type="checkbox"/> | SCMESNA                    |
| <input type="checkbox"/>   | GIENDO2                       |                          |                            |
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|  | <b>VCC</b>                    |                          | <b>FVCC</b>                |
| <input type="checkbox"/>   | BRAJCEF (New)                 | <input type="checkbox"/> | GIFUC (Revised)            |
| <input type="checkbox"/>   | LYRITUX (New)                 | <input type="checkbox"/> | GIRAI & GIRAI-CI (Revised) |
| <input type="checkbox"/>   | BRCADF (Revised)              | <input type="checkbox"/> | HNDE (Revised)             |
| <input type="checkbox"/>   | BRCMFIV (Revised)             |                          |                            |
| <b>CCSI / FVCC / VCC</b> (Revised ~ please circle cancer centre) |                               |                          |                            |
| <input type="checkbox"/>   | BRAVTAX                       | <input type="checkbox"/> | GOOVEXT2 (VCC)             |
| <input type="checkbox"/>   | GOENDCAT                      | <input type="checkbox"/> | GOOVEXT3                   |
| Reimbursement  |                               |                          |                            |
| <input type="checkbox"/>   | Benefit Drug List (01 Nov 98) |                          |                            |
| <input type="checkbox"/>   | Class 2 Form (01 Nov 98)      |                          |                            |

## RADIATION CANCER CENTRE ACCESS

| BULLETIN UPDATES   | LOCATION   |
|--------------------|--|
| Patient Handouts:  | H:\everyone\systemic\chemo\Pt_Educ                           |
|                    | H:\everyone\systemic\chemo\Pt_Educ\Gemcitab.doc              |
|                    | H:\everyone\systemic\chemo\Pt_Educ\Paclitax.doc              |
| Protocol Summaries | H:\everyone\systemic\chemo\Protocol                          |
| BRAJCAF            | H:\everyone\systemic\chemo\Protocol\Breast\Brajcaf/doc       |
| BRAJCEF            | H:\everyone\systemic\chemo\Protocol\Breast\Brajcef.doc       |
| BRAJCMF            | H:\everyone\systemic\chemo\Protocol\Breast\Brajcmf.doc       |
| BRAJCMFPO          | H:\everyone\systemic\chemo\Protocol\Breast\Brajcmfpo.doc     |
| BRAVCAF            | H:\everyone\systemic\chemo\Protocol\Breast\Bravcaf.doc       |
| BRAVCMF            | H:\everyone\systemic\chemo\Protocol\Breast\Bravcmf.doc       |
| BRAVCMFPO          | H:\everyone\systemic\chemo\Protocol\Breast\Bravcmfpo.doc     |
| BRINFCAF           | H:\everyone\systemic\chemo\Protocol\Breast\Brinfcaf.doc      |
| BRAVTAX            | H:\everyone\systemic\chemo\Protocol\Breast\Bravtax.doc       |
| GIEFUP             | H:\everyone\systemic\chemo\Protocol\GI\Giefup.doc            |
| GIENDO2            | H:\everyone\systemic\chemo\Protocol\GI\Giendo2.doc           |
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| GOOVETOP           | H:\everyone\systemic\chemo\Protocol\Gyne\Goovetop.doc        |
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| SCMESNA            | H:\everyone\systemic\chemo\Protocol\Melanoma\Scmesna         |
| Preprinted Orders  | H:\everyone\systemic\chemo\Orders                            |
| BRAJCEF            | H:\everyone\systemic\chemo\Orders\VCC\Brajcef.doc            |
| LYRITUX            | H:\everyone\systemic\chemo\Orders\VCC\Lyritut.doc            |
| BRCAF              | H:\everyone\systemic\chemo\Orders\VCC\Brcaf.doc              |
| BRCMFIV            | H:\everyone\systemic\chemo\Orders\VCC\Brcmfiv.doc            |
| GIFUC              | H:\everyone\systemic\chemo\Orders\FVCC\Gifuc.doc             |
| GIRAI              | H:\everyone\systemic\chemo\Orders\FVCC\Girai.doc             |
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| GOENDCAT           | H:\everyone\systemic\chemo\Orders\CCSI,FVCC,VCC\Goendcat.doc |
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| GOOVEXT3           | H:\everyone\systemic\chemo\Orders\CCSI,FVCC,VCC\Goovext3.doc |
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