Systemic Therapy Update



February 2015 Volume 18, Number 2

For Health Professionals Who Care For Cancer Patients

Inside This Issue:

- Editor's Choice New Programs: Drug-Eluting Bead Loaded with Doxorubicin for Hepatocellular Cancer, Regorafenib for Gastrointestinal Stromal Tumours (GIST's) <u>BCCA</u> <u>Website</u>: New Website Platform
- Provincial Systemic Therapy Program: Vinca Alkaloids Preparation Policy Revised
- Cancer Drug Manual New: Regorafenib Revised:
 Degarelix, Mitomycin, Epirubicin, Gemcitabine, Docetaxel,
 Vinblastine, Vinorelbine, Enzalutamide, Tamoxifen
- Benefit Drug List <u>New</u>: Drug-Eluting Bead Embedded with Doxorubicin (UGIDEBTACE), Regorafenib (USAAVGR)
- List of New and Revised Protocols, Provincial Pre-Printed Orders and Patient Handouts – New: UGIDEBTACE, HNNAVFUFA, USAAVGR Revised: GICART, GIGAIRT, GUBCV, GUMVAC, GUVEIP, UHNLACETRT, HNLAPRT, HNNAVFUFA, KSVB, ULKMFRUX, LUOTCAV, LUSCCAV, LYABVD, LYCVPPABO, SAMV, SAVAC, SAVDCM
- Website Resources and Contact Information

EDITOR'S CHOICE

New Programs

The Provincial Systemic Therapy Program has approved the following programs effective 1 February 2015:

Transarterial Chemoembolisation (TACE) Using Drug-Eluting Bead (DEB) Loaded with Doxorubicin for Hepatocellular Carcinoma (UGIDEBTACE) — TACE with doxorubicin-oil emulsion is currently used for local regional control of hepatocellular carcinoma. However, it requires hospital admission because of postembolization syndrome (e.g., fever, pain, nausea, vomiting). TACE using DEB loaded with doxorubicin has been associated with less toxicity and similar response rate (52% vs. 44%, p=0.11). Another key advantage is that it can be performed as an outpatient procedure (Lammer J. Cardiovasc Intervent Radiol 2010;33:41). To access TACE using DEB doxorubicin, patients must first undergo review by a multidisciplinary panel (interventional radiologist, surgeon, gastroenterologist). In addition, a BCCA Compassionate Access Program approval is required for each patient.

Regorafenib for Gastrointestinal Stromal Tumour (USAAVGR) — Patients with advanced gastrointestinal stromal tumour (GIST) are currently managed with imatinib as first line therapy, followed by sunitinib upon disease progression. Regorafenib will now be available for patients who have progressed after or are intolerant of these therapies. Supporting evidence is based on one phase III trial comparing regorafenib to best supportive care with or without placebo. Regorafenib was associated with increased progression free survival (4.8 vs 0.9 mos, HR 0.27) [Demetri. Lancet 2013;381:295] and a delay in deterioration in the quality of life (6.5 vs. 4.0 weeks). Hand-foot skin reaction, hypertension, and diarrhea are the most common grade 3 toxicities. A BCCA Compassionate Access Program approval is required for each patient.

EDITOR'S CHOICE

NEW BCCA WEBSITE

New BCCA website – This will be launched in late February as part of a larger initiative of the Provincial Health Services Authority (PHSA). The new design should be easier to read and navigate, as well as compatible with smartphone and tablet.

The new website should be viewed with Google Chrome which is available on the desktop of all workstations within the PHSA. Contact your local computer help desk if you need more information on using Google Chrome.

PROVINCIAL SYSTEMIC THERAPY PROGRAM

UPDATES TO POLICY ON VINCA ALKALOID PREPARATIONS

The Systemic Therapy Policy (V-40) on Labelling of Vinca Alkaloid Preparations has been updated so <u>all</u> vinca alkaloids will be dispensed in a minibag rather than by IV push (see the December issue for more background information [www.bccancer.bc.ca/HPI/stupdate]).

CANCER DRUG MANUAL

New Drugs

Regorafenib monograph and patient handout have been developed with expert review provided by Dr. J.P. McGhie (Medical Oncologist, BCCA GI Tumour group) and Juliana Man (Clinical Pharmacist, on behalf of the BCCA Sarcoma Tumour group).

Regorafenib is an oral, multiple receptor tyrosine kinase inhibitor. Its absorption is affected by the fat content in meals in a non-linear fashion. The optimal serum level regorafenib and its active metabolites is achieved when it is taken once daily, after a small, low-fat meal or snack. Clinically significant side effects include fatigue, hypertension, hand-foot skin reaction, hepatobiliary disorders, and (rarely) reversible posterior leukoencephalopathy syndrome (RPLS). Impaired wound healing has been associated with VEGF inhibitors, and therefore regorafenib should be stopped at least 2 weeks prior to planned surgery, and not re-initiated until clinical assessment confirms wound site healing. As developmental toxicity, teratogenicity and pregnancy loss have been reported in animal studies, contraception should be used throughout therapy and for 8 weeks after discontinuation of regorafenib therapy.

HIGHLIGHTS OF CHANGES

Degarelix monograph has been expanded with expert review provided by Dr. Christian Kollmannsberger (Medical Oncologist) and Victoria Kletas (Pharmacist) of the BCCA Genitourinary Tumour Group. The Patient Handout and Chemotherapy Preparation and Stability Chart have also been updated. The following sections have been fully revised in the monograph:

CANCER DRUG MANUAL

- Pharmacokinetics
- Drug Interactions
- Special Precautions
- Side Effects
- Supply and Storage
- Dosage Guidelines

Degarelix is a luteinizing hormone-releasing hormone (LHRH) receptor *antagonist* approved for hormone sensitive advanced prostate cancer. It rapidly reduces testosterone production without inducing an initial surge of serum testosterone, as seen with LHRH *agonists* (e.g., goserelin). Injection site reactions occur primarily with the starting dose and are transient. Side effects are similar to the LHRH agonists and are mainly related to long-term androgen deprivation.

Mitomycin, Epirubicin, Gemcitabine and Docetaxel monographs have been revised to include more details on their intravesical use for bladder cancer (also see <u>January 2015 issue</u>). The mitomycin handout for bladder cancer has also been updated.

Vinblastine and Vinorelbine should no longer be given as IV push due to the risk of inadvertent intrathecal administration (more details in the <u>December 2014 issue</u>). This administration route has been deleted from the monographs and Chemotherapy Preparation Chart. These drugs will now be dispensed only in mini bags.

Other changes

- Enzalutamide: minor typos corrected in Interaction Table of the monograph
- Description of the Chemotherapy Preparation Chart
- Tamoxifen: more antidepressants have been added to the interactions table

BENEFIT DRUG LIST

New Programs

The following programs have been added to the Benefit Drug List effective 1 February 2015:

Protocol Title	Protocol Code	Benefit Status
Transarterial chemoembolization (TACE) of hepatocellular carcinoma using drug-eluting bead (DEB) loaded with doxorubicin	UGIDEBTACE	Restricted
Treatment of advanced C-kit positive gastrointestinal stromal cell tumours (GIST's) using <i>regorafenib</i>	USAAVGR	Restricted

LIST OF NEW AND REVISED PROTOCOLS, PRE-PRINTED ORDERS AND PATIENT HANDOUTS

BC Cancer Agency Protocol Summaries, Provincial Pre-Printed Orders (PPPOs) and Patient Handouts are revised periodically. New, revised or deleted protocols, PPPOs and patient handouts for this month are listed below. Protocol codes for treatments requiring BCCA Compassionate Access Program approval are prefixed with the letter "U".

NEW Protocols, PPPOs and Patient Handouts (Affected Documents are Checked):						
CODE	Protocol	PPPO	Patient Handout	Protocol Title		
UGIDEBTACE	V			Transarterial Chemoembolization (TACE) of Hepatocellular Carcinoma Using Drug-Eluting Bead (DEB) Loaded with DOXOrubicin		
HNNAVFUFA			Ø	Treatment of Recurrent or Metastatic Nasopharyngeal Cancer with Fluorouracil and Leucovorin		
USAAVGR	V	V		Treatment of Advanced C-Kit Positive Gastrointestinal Stromal Cell Tumours (GIST's) Using Regorafenib		
REVISED PROTOC	OLS, PPPOS A	ND PATIENT I		FFECTED DOCUMENTS ARE CHECKI	ED):	
CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title	
GICART				Treatment section reformatted	Combined Modality Therapy for Carcinoma of the Anal Canal using Mitomycin, Capecitabine and Radiation Therapy	
GIGAIRT				Minor typo corrected	Combined Modality Adjuvant Therapy For Completely Resected Stomach Cancer Using Fluorouracil And Folinic Acid (Leucovorin) And Radiation Therapy	
GUBCV	V	V		Vinblastine administration revised	Therapy for transitional cell cancers using CARBOplatin-vinBLAstine	
GUMVAC	$\overline{\checkmark}$	$\overline{\checkmark}$		Vinblastine administration revised	Therapy for transitional cell cancers of the urothelium using Methotrexate, vinBLAstine, DOXOrubicin and CISplatin	
GUVEIP	V			Vinblastine administration revised	Consolidation/ Salvage Treatment for Germ Cell Cancer Using VinBLAstine, CISplatin, Ifosfamide and Mesna	
UHNLACETRT	\square			Eligibility, Treatment, Dose Modification and Precautions updated	Combined Cetuximab and Radiation Treatment for Locally Advanced Squamous Cell Carcinoma of the Head and Neck	
HNLAPRT	V			Eligibility clarified	Combined Chemotherapy CISplatin and Radiation Treatment for Locally Advanced Squamous Cell Carcinoma of the Head and Neck	
HNNAVFUFA	V			Protocol title clarified	Treatment of Recurrent or Metastatic Nasopharyngeal Cancer with Fluorouracil and Leucovorin	
KSVB	V	$\overline{\checkmark}$		Vinblastine administration revised	Therapy for Kaposi's Sarcoma Using vinBLAstine-vinCRIstine	
ULKMFRUX	$\overline{\checkmark}$			Minor typo corrected	Treatment of Symptomatic Myelofibrosis with Ruxolitinib	

REVISED Protocols, PPPOs and Patient Handouts (Affected Documents are Checked):						
CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title	
LUOTCAV		$\overline{\checkmark}$		Treatment section reformatted	Treatment of Thymoma/Thymic Carcinoma with Cyclophosphamide, DOXOrubicin and vinCRIstine (CAV)	
LUSCCAV		$\overline{\checkmark}$		Treatment section reformatted	Treatment of Extensive Small Cell Lung Cancer (SCLC) with Cyclophosphamide, DOXOrubicin and vinCRIstine (CAV)	
LYABVD	$\overline{\checkmark}$	V		Vinblastine administration revised	Treatment of Hodgkin's disease with DOXOrubicin, Bleomycin, vinBLAStine and Dacarbazine	
LYCVPPABO	$\overline{\checkmark}$	$\overline{\checkmark}$		Vinblastine administration revised	Treatment of Hodgkin's Disease with Cyclophosphamide, vinBLAStine, Procarbazine and predniSONE	
SAMV	\square			Vinblastine administration revised	Palliative Therapy for Aggressive Fibromatosis Using Weekly or Alternate Week Methotrexate and vinBLAstine Intravenously	
SAVAC		Ø		Treatment section reformatted	Adjuvant Therapy for Newly Diagnosed Ewing's Sarcoma/Peripheral Neuroectodermal Tumor (PNET) or Rhabdomyosarcoma using vinCRIstine, DOXOrubicin and Cyclophosphamide	
SAVDCM				Treatment section reformatted	Adjuvant Therapy for Rhabdomyosarcoma using vinCRIstine, Dactinomycin, Cyclophosphamide and Mesna	

WEBSITE RESOURCES AND CONTACT INFORMATION				
WEBSITE RESOURCES	www.bccancer.bc.ca			
Systemic Therapy Update	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate			
Reimbursement & Forms: Benefit Drug List, Class II, Compassionate Access Program	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms			
Cancer Drug Manual	www.bccancer.bc.ca/cdm			
Cancer Management Guidelines	www.bccancer.bc.ca/CaMgmtGuidelines			
Cancer Chemotherapy Protocols, Pre-printed Orders, Protocol Patient Handouts	www.bccancer.bc.ca/ChemoProtocols			
Systemic Therapy Program Policies	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Policies			
CON Pharmacy Educators	www.bccancer.bc.ca/HPI/Pharmacy/ContactUs.htm			

CONTACT INFORMATION	PHONE	FAX	EMAIL
Systemic Therapy Update Editor			bulletin@bccancer.bc.ca
Provincial Systemic Therapy Program	604-877-6000 x 672247		mlin@bccancer.bc.ca
To update the contact information of any CON sites, please contact:			bulletin@bccancer.bc.ca
Oncology Drug Information	604.877.6275		druginfo@bccancer.bc.ca
Education Resource Nurse	604.877.6000 x 672638		nursinged@bccancer.bc.ca
Library/Cancer Information	604.675.8003 Toll Free 888.675.8001 x 8003		requests@bccancer.bc.ca
Pharmacy Professional Practice	250. 519.5574		jkippen@bccancer.bc.ca
Nursing Professional Practice	604.877.6000 x 672623		ilundie@bccancer.bc.ca
OSCAR	888.355.0355	604.708.2051	oscar@bccancer.bc.ca
Compassionate Access Program (CAP)	604.877.6277	604.708.2026	cap_bcca@bccancer.bc.ca
Pharmacy Chemotherapy Certification	250.712.3900 x 686741		rxchemocert@bccancer.bc.ca
BCCA-Abbotsford Centre	604.851.4710 Toll Free 877.547.3777		
BCCA-Centre for the North	250.645.7300 Toll Free 888.775.7300		
BCCA-Fraser Valley Centre	604.930.2098 Toll Free 800.523.2885		
BCCA-Sindi Ahluwalia Hawkins Centre for the	250.712.3900		
Southern Interior	Toll Free 888.563.7773		
BCCA-Vancouver Centre	604.877.6000 Toll Free 800.663.3333		
BCCA-Vancouver Island Centre	250.519.5500 Toll Free 800.670.3322		

EDITORIAL REVIEW BOARD

Mário de Lemos, PharmD, MSc (Oncol) (Acting Editor) Caroline Lohrisch, MD Robert Crisp, BScPT, MBA

Beth Morrison, MLS Ava Hatcher, RN Rob Watt, BSc (Pharm)