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

BENEFIT DRUG LIST
The current Benefit Drug List, Class II forms 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.

DRUG UPDATE
Change in Vincristine Preparation for IV Push Use The Provincial Pharmacy Professional Practice Council together with the Nursing Practice Committee have agreed to a change in the administration guidelines for vincristine for IV push use at the BCCA. As of 1 September 2002, all IV push doses of vincristine will be diluted to 20 mL with normal saline in a 30 mL syringe. This change is to maximize the safety of administration of the drug by reducing the risk of accidental intrathecal administration of vincristine, which can be fatal. Note that the stability of the Faulding brand of vincristine once diluted is 6 hours at room temperature and 24 hours if refrigerated.1

Reference
1. Package Insert – Faulding (Canada) Inc. (Code/Form # 485166)

PROTOCOL UPDATE
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.

- CNCCV revised (vincristine dosing schedule, vincristine administration): Adjuvant Lomustine, Cisplatin and Vincristine in Adult High-Risk Medulloblastoma or other Primitive Neuro-Ectodermal Tumour (PNET)
- CNMODPCV revised (vincristine administration): Modified PCV Chemotherapy Of Brain Tumours Using Procarbazine, Lomustine (CCNU) and Vincristine
- UGUAJPG revised (administration sequence of gemcitabine and cisplatin): Adjuvant Therapy for Urothelial Carcinoma Using Cisplatin and Gemcitabine
- GUAVPG revised (administration sequence of gemcitabine and cisplatin, dose modifications for renal dysfunction): Palliative Therapy for Urothelial Carcinoma Using Cisplatin and Gemcitabine
- GUBCV revised (serum creatinine schedule): Therapy for transitional cell cancers using Carboplatin-Vinblasticine
- GUPMX revised (PSA test scheduling): Palliative Therapy for Hormone Refractory
Prostate Cancer Using Mitoxantrone and Prednisone

- **GUSCPE** new: Therapy of Genitourinary Small Cell Tumors with a Platin and Etoposide
- **GUSCCAVE** deleted: Chemotherapy and Radiotherapy for localized small cell carcinoma urinary site using Cisplatin, Doxorubicin, Vincristine, Etoposide

HNCARFU deleted: In-house phase II pilot study for selected carcinomas of the upper aerodigestive tract using Carboplatin with 24-hr Fluorouracil infusion

- **KSVB** revised (vincristine administration): Palliative Therapy for Kaposi's Sarcoma Using Vinblastine Alternating with Vincristine
- **LUALTL** revised (vincristine administration): Treatment of Limited Stage Small Cell Lung Cancer (SCLC) alternating Cyclophosphamide, Doxorubicin and Vincristine (CAV) with Etoposide and Cisplatin (EP) plus Early Thoracic Irradiation
- **LUCAV** revised (vincristine administration): Extensive Small Cell Lung Cancer (SCSC) With Cyclophosphamide, Doxorubicin And Vincristine (CAV)
- **ULUCISDOC** new: First-Line Treatment for Advanced Non-Small Cell Lung Cancer (NSCLC) with Docetaxel (Taxotere®) and Cisplatin
- **LUPAVESE** revised (vincristine administration): Treatment For Extensive Stage Small Cell Lung Cancer (SCLC) With Cisplatin, Doxorubicin, Vincristine And Etoposide (PAVE)
- **LUPAVESEL** revised (vincristine administration): Treatment For Limited Stage Small Cell Lung Cancer (SCLC) With Cisplatin, Doxorubicin, Vincristine And Etoposide (PAVE), And Cisplatin And Etoposide (EP) Concurrent With Early Thoracic Irradiation
- **ULUPG** revised (dose modifications for renal function): Treatment of Malignant Mesothelioma with Cisplatin and Gemcitabine
- **LYCHOP** revised (vincristine administration): Treatment of Lymphoma with Doxorubicin, Cyclophosphamide, Vincristine and Prednisone (CHOP)
- **LYCHOP-R** revised (vincristine administration): Treatment of Lymphoma with Doxorubicin, Cyclophosphamide, Vincristine, Prednisone and Rituximab (CHOP-R)
- **LYCCOP** new (replacing LYCOPP): Treatment of Hodgkin’s Lymphoma using Cyclophosphamide, Vincristine and Prednisone
- **LYCOPP** deleted (replaced by LYCCOP): Treatment of Hodgkin’s Disease using Cyclophosphamide, Vincristine, Procarbazine and Prednisone
- **LYCSPA** revised (interactions with red wine added to Precautions): Cyclosporine for Cytopenias Associated with Lymphoproliferative Disorder of Large Granular Lymphocytes
- **LYCVP** revised (vincristine administration): Advanced Indolent Lymphoma using Cyclophosphamide, Vincristine, Prednisone (CVP)
- **LYODBEP** revised (vincristine administration): Treatment of Hodgkin's Disease with Vincristine, Doxorubicin, Bleomycin, Etoposide and Prednisone
- **SAVAC** revised (vincristine administration): Adjuvant Therapy for Patients with Newly Diagnosed Ewing's Sarcoma/Peripheral Neuroectodermal Tumour (PNET) or Rhabdomyosarcoma using Vincristine, Doxorubicin (Adriamycin®) and Cyclophosphamide
- **SAVACM** revised (vincristine administration): Vincristine, Adriamycin and Cyclophosphamide Combination for Patients with Newly Diagnosed Ewing's Sarcoma/Peripheral Neuroectodermal Tumour and Rhabdomyosarcoma with Pelvic Primaries or Chemotherapy Induced Hematuria

**CANCER MANAGEMENT MANUAL**
The Cancer Management Manual is available are 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.
• BRAVTRAP revised (order of Trastuzumab/Paclitaxel for cycle one): 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

• CNCCV revised (vincristine preparation): Adjuvant Lomustine, Cisplatin and Vincristine in Adult High-Risk Medulloblastoma or other Primitive Neuro-Ectodermal Tumour (PNET)

• CNMODPCV new: Modified PCV Chemotherapy Of Brain Tumours Using Procarbazine, Lomustine (CCNU) and Vincristine

• CNTEMOZ revised (indications): Second Line Therapy for Recurrent Malignant Gliomas using Temozolomide

• GIFUNF revised (appointment): Palliative therapy for metastatic colorectal adenocarcinoma using Fluorouracil infusional chemotherapy

• GIIRFUFA revised (appointment): First-Line Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Irinotecan, Fluorouracil and Folinic Acid (Leucovorin)

• GUAHPX revised (labs): Palliative therapy for urothelial carcinoma using cisplatin and gemcitabine

• GUVEIP revised (vinblastine administration route clarified): Nonseninoma consolidation/salvage protocol for germ cell cancer

• HNCMT revised (appointment time): Combined Chemotherapy (Carboplatin and Fluorouracil) and Radiation Treatment for Locally Advanced Squamous Cell Carcinoma of the Head and Neck

• KSVB revised (vincristine preparation): Palliative Therapy for Kaposi's Sarcoma Using Vinblastine Alternating with Vincristine

• LUALTL revised (vincristine preparation): Treatment of Limited Stage Small Cell Lung Cancer (SCLC) alternating Cyclophosphamide, Doxorubicin and Vincristine (CAV) with Etoposide and Cisplatin (EP) plus Early Thoracic Irradiation

• LUCAV revised (vincristine preparation): Extensive Small Cell Lung Cancer (SCSC) With Cyclophosphamide, Doxorubicin And Vincristine (CAV)

• LUPE revised (carboplatin added as alternative to cisplatin): Palliative therapy of selected solid tumours using cisplatin and etoposide (interim version)

• LCHOP revised (vincristine preparation): Treatment of Lymphoma with Doxorubicin, Cyclophosphamide, Vincristine and Prednisone (CHOP)

• LCHOP-R revised (vincristine preparation): Treatment of Lymphoma with Doxorubicin, Cyclophosphamide, Vincristine, Prednisone and Rituximab (CHOP-R)

• LCHOPMP revised (vincristine preparation): Advanced Indolent Lymphoma using Cyclophosphamide, Vincristine, Prednisone and Rituximab (CHOP-R)

• LCHOPMP revised (vincristine preparation): Treatment of Hodgkin's Disease with Vincristine, Doxorubicin, Bleomycin, Etoposide and Prednisone

• LYDBEP revised (ciprofloxacin treatment): Single dose cyclophosphamide priming therapy for multiple myeloma prior to autologous stem cell transplant

• SAVAC revised (vincristine preparation): Adjunt Therapy for Patients with Newly Diagnosed Ewing's Sarcoma/Peripheral Neuroectodermal Tumour (PNET) or Rhabdomyosarcoma using Vincristine, Doxorubicin (Adriamycin®) and Cyclophosphamide

• SAVACM revised (vincristine preparation): Vincristine, Adriamycin and Cyclophosphamide Combination for Patients with Newly Diagnosed Ewing's Sarcoma/Peripheral Neuroectodermal Tumour (PNET) or Rhabdomyosarcoma using Vincristine, Doxorubicin (Adriamycin®) and Cyclophosphamide
Sarcoma/Peripheral Neuroectodermal Tumour and Rhabdomyosarcoma with Pelvic Primaries or Chemotherapy Induced Hematuria

**PATIENT EDUCATION UPDATE**

**Chlorambucil** patient information handout has been updated with respect to tablet color and storage directions.

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.

**CANCER DRUG MANUAL**

**Chlorambucil** monograph for healthcare professionals has been updated with respect to tablet color and storage directions.

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

**NURSING PRACTICE TIPS**

**Oral Mucositis** is a common and dose-limiting side effect of chemotherapy. It affects not only the mouth but can also cause changes in the throat and the esophagus. Some studies have shown that patients consider this effect of chemotherapy as the most debilitating. It occurs as a result of the cytotoxic effects of chemotherapy on the oral mucosa. Epithelial cells are destroyed by the direct effect of the drugs and indirectly by bone marrow suppression. An inflammatory response occurs, ultimately leading to denuded areas of the mucosa. Patients become susceptible to potentially life-threatening infections. Risk of mucositis increases with concurrent radiation to the head and neck, poor oral hygiene, history of alcohol or tobacco use, poor nutritional status, and with age. Both elderly people and those under 20 years of age are considered to be at risk.

Presenting symptoms include but are not limited to:

- burning sensation, sensitivity to heat and cold, and sensitivity to salty and spicy foods and drinks
- changes in taste and ability to swallow
- pain upon swallowing or talking
- edema of oral mucosa and tongue
- mucosal ulcerations

Some patients will not complain of changes in their mouth, but might note soreness of the throat.

It is important to teach patients to report any changes such as those listed to their caregivers. Nurses should assess patients for these symptoms prior to administration of chemotherapy. If the patient reports any symptoms of mucositis, the Oncologist should be notified immediately. Our chemotherapy protocols provide direction for the action to be taken as a result. The dose of chemotherapy may be reduced, delayed, or omitted depending on the protocol.

As we continue to develop our understanding of the significance of the problem of mucositis, adjustments to involved chemotherapy protocols will be made. Stay tuned for future ST Updates for further information. In addition, do not hesitate to contact our Education Resource Nurse phone line (1-800-663-3333, local 2638) or our e-mail address nursinged@bccancer.bc.ca with questions or concerns related to the nursing care of these patients.

**Reference**


Brenda Ross
Education Resource Nurse
Vancouver Centre
B.C. Cancer Agency

**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.

**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.

CONTINUING EDUCATION

Presentation on Symptom Management

Karima Velji, an advanced practice nurse with an extensive background in cancer nursing practice, education, and research, will present "Implementing Research in Practice: Symptom Management" on Wednesday evening, 27 November, 2002. Please join us at one of the four regional cancer centres for a light dinner at 6 pm, followed by the video-linked presentation at 7 pm.

For more details, please call: Vancouver Island Centre - Jodi Graham (250) 519-5573; Centre for the Southern Interior - Dixie Rosher (250) 712-3975; Vancouver and Fraser Valley Centres - Isabel Lundie (604) 877-6098, local 2623.

BC Cancer Agency Annual Cancer Conference will be held on 28, 29 and 30 of November at the Renaissance Harbourside Hotel in Vancouver. The Thursday of 28 November will be the Partners in Cancer Care meeting (by invitation only), focusing on issues that relate to the Agency, with representations from physicians, nurses, nutritionists, pharmacists and social workers of the community cancer centres and cancer services.

The mornings of Friday and Saturday will be the Annual Oncologist / Scientist Cancer Conference. This is open to any healthcare professionals and is an academic evidence-based exploration of new scientific insights that hold potential to advance cancer care. In addition to the "hot topics", this year's theme will be "The Immune System and Cancer". This part of the conference is open to all professionals caring for cancer patients and is especially relevant to oncologists and cancer research scientists.

The Annual Provincial Oncology Professionals education and business meetings for cancer surgery, radiation therapy and pharmacy will be held on Saturday, 30 November, while other disciplines will hold theirs on Friday, 29 November. This part of the conference is also by invitation from the provincial oncology leader.

For more details, please call (604) 877-6098 local 2744.

Canadian Association of Nurses in Oncology (CANO) Annual Conference will be held in Winnipeg, Manitoba on 22-25 September 2002. The theme for this year will be "The Spirit of Caring: At the Crossroads of Oncology Nursing". For more details, please contact tel: (613) 270-0711, fax: (613) 599-7027, e-mail: canoacio@igs.net, or Canadian Association of Nurses in Oncology, 232-329 March Road, Box 11, Kanata, Ontario, K2K 2E1.

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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

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Protocol Summaries: (also available on our website www.bccancer.bc.ca)

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