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

DRUG BENEFIT LIST

The following new programs have been funded by the Provincial Systemic Therapy Program:

- **Adjuvant cyclophosphamide, epirubicin and fluorouracil (CEF)** has now been funded for premenopausal women with 4 or more involved axillary lymph nodes. Please note: Patients with 1-3 lymph nodes involved or patients with locally-advanced or inflammatory breast cancer are not included in this program.
- **Second-line hormone treatment** for patients with metastatic breast cancer: For patients deemed to be responsive to second-line hormonal therapy after failure of tamoxifen therapy for metastatic disease, physicians may now prescribe either **anastrozole** or **letrozole**. Please note that physicians should not change from one of these peripheral aromatase inhibitors to the other if a patient fails the first treatment since there is no expectation of benefit in these circumstances. Patients who have rapidly progressed on their first line hormonal maneuver with tamoxifen

are not candidates for second-line hormonal therapy. Patients who have had a durable response to second-line hormonal therapy with a peripheral aromatase inhibitor may be candidates for a third line hormone maneuver. Patients failing second-line hormone treatment rapidly should not be offered a third hormone. Peripheral aromatase inhibitors are suitable for postmenopausal patients only.

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

PROTOCOL UPDATE

- **BRAJCEF** new, adjuvant therapy for breast cancer in premenopausal women with 4 or more involved axillary lymph nodes using cyclophosphamide, epirubicin and fluorouracil
- **BRAVANAS** new, second-line hormonal therapy for metastatic breast cancer using anastrozole
- **BRAVLET** new, second-line hormonal therapy for metastatic breast cancer using letrozole
- **GUBMVAC** revised (cycle length and duration added, interim version), adjuvant and palliative therapy for transitional cell cancers of the urothelium

PATIENT HANDOUTS

- **Anastrozole** revised (vaginal dryness added), see above protocol summary BRAVANAS
- **Bicalutamide** new, anti-androgen used for prostate cancer (protocol summary GUPNSAA)
- **BRAJAC** revised (photosensitivity caution deleted), adjuvant treatment of breast cancer using doxorubicin and cyclophosphamide
- **BRAJCEF** new, see above
- **Letrozole** new, see above protocol summary BRAVLET

HOT TOPICS

Capecitabine (Xeloda®)

Capecitabine, an oral prodrug of fluorouracil, was approved in the U.S. for the treatment of metastatic breast cancer resistant to both paclitaxel and an anthracycline-containing regimen. In Canada, a limited supply is available on an emergency release basis free of charge. To enroll patients, contact Dr. Nanda Gosala (Hoffmann-LaRoche) at (905) 542-5020. For use at a radiation cancer centre, a BCCA “undesigned indication” approval is required.

Can Tamoxifen Prevent Breast Cancer?

The Breast Cancer Prevention Trial (NSABP BCPT) with 13,388 women randomized to tamoxifen 20 mg po daily or placebo for 5 years showed a 45% reduction in the incidence of breast cancer in the tamoxifen arm.

Two other studies have now been published in the Lancet, July 1998 that show no difference. The Royal Marsden Hospital Study randomized 2494 women who received tamoxifen or placebo for up to 8 years. The number of breast cancers in both groups was almost identical. Some differences between this trial and the BCPT were that 62% of the women in this study were under age 50 compared with 40% in the BCPT. Also, the only risk factor required for the Royal Marsden Hospital Study was a strong family history of breast cancer whereas the BCPT included other risk factors for breast cancer.

The Italian study randomised 5408 women who had a prior hysterectomy and were at high risk for breast cancer. Twenty-six percent of these women stopped taking study medication in the first year. In the women who were able to take tamoxifen for more than 1 year, there was a trend towards benefit.

We need to remain extremely cautious before prescribing tamoxifen for breast cancer prevention. It may only be appropriate for an extremely high risk woman and the guidelines for this are still being developed. For the average woman the risk/benefit ratio is likely not in her favour.

Charmaine Kim-Sing, MD, ChB, FRCPC
Radiation Oncologist

References:

Lancet 1998;352:93-7.
Lancet 1998;352:98-101.

Dr. Kim-Sing’s full commentary is available via the Fax request form.

NURSING PRACTICE TIPS

My patient has a PICC: What do I need to know?

Peripherally inserted central catheters (PICC) are gaining in popularity and are being seen more frequently in clinical practice. A PICC is a catheter that is inserted below or above the antecubital space with the tip ending in the superior vena cava (SVC). While your facility may not be inserting these catheters it is likely that you have seen or will be seeing more patients with these catheters in place. The following are some questions that need to be asked when caring for patients with these devices.

Where is the tip located?

The tip of the catheter can be located anywhere along the venous pathway from mid-arm to SVC. In order to be considered a central line, the tip should be located in the SVC. If the tip is located elsewhere, some treatments should not be administered through the catheter such as parenteral nutrition, vesicants and highly irritating solutions. On insertion, central placement must always be confirmed by x-ray.

Is it a closed ended or open ended catheter?

If the tip of the catheter is open-ended, the flushing frequency can be as often as daily using heparin as the flushing solution. Closed-ended catheters (Groshong) have a unique tip design that allows the catheter to be flushed every 7 days with saline.

To clamp or not?

If the catheter is an open-ended brand, it requires an external clamp either as a built-in feature of the catheter or on the extension set. If the Groshong brand is used, clamping the catheter is not necessary (due to the unique valve design) and may actually damage the catheter.

How long can it safely stay in?

The PICC can stay in as long as required, weeks to months to years, unless complications develop.

For additional information the following articles provide a good overview:

Nurs Clin North Am 1993;28(4):937-71.

Am J Nurs 1997;97(9):26-32.

Nancy Runzer, RN

Clinical Nurse Leader, Vancouver Cancer Centre

Provincial Systemic Therapy Program

Provincial Process Redesign

Four design teams will be created to develop efficient high quality patient care processes:

1. High Level Process Design Team
 - Chemotherapy Protocol Website Subteam
 - Pre-printed Order Project Subteam
2. Professional Roles and Responsibilities Team
3. Patient Care Team Scheduling
4. Workload Indicators – Future State

Timelines are being developed with the expectation of final reports available by Winter 98/99.

Pharmacare Restricted Use of Ondansetron (Zofran®)

As a consequence of Pharmacare's decision to restrict reimbursement of ondansetron to patients receiving chemotherapy or radiation therapy for cancer, BCCA has submitted the names of all medical oncologists, community oncologists, radiation oncologists, gynaecological oncologists and hematologists treating cancer patients to Pharmacare. All their prescriptions will be eligible for reimbursement according to standard Pharmacare rules. All other physicians, such as general practitioners, will need to submit a special authority request to Pharmacare to ensure coverage for any patient for whom they are supervising chemotherapy.

Self Pay Patient Care Approval Process Policy

This policy has been approved by Executive. The policy will apply to all patients who are not covered by a Provincial Medical Plan and who attend a radiation cancer centre for care or treatment. Self pay patients include:

- a) patients from out of country
- b) patients who do not have Provincial Medical Plan coverage

- c) patients with refugee or immigrant status

Self pay patients will be required to discuss the admission criteria with the referral staff and make a \$2,000 deposit before their first appointment (deposit not required for out-of-province courtesy chemotherapy visits). The policy is available via the Fax request form.

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bulletin@bccancer.bc.ca

TO SUBSCRIBE: FAX OR EMAIL YOUR REQUEST OR CALL @ 877-6098 LOCAL 2247

PLEASE FEEL FREE TO MAKE COPIES FOR YOUR COLLEAGUES

I WOULD PREFER TO RECEIVE THIS INFORMATION VIA:

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UPDATES Please Fax-Back information below:

<input type="checkbox"/>	All items
<input type="checkbox"/>	Can Tamoxifen Prevent Breast Cancer?
	Patient Handouts:
<input type="checkbox"/>	Anastrozole
<input type="checkbox"/>	Bicalutamide
<input type="checkbox"/>	BRAJAC
<input type="checkbox"/>	BRAJCEF
<input type="checkbox"/>	Letrozole
	Protocol Summaries:
<input type="checkbox"/>	BRAJCEF
<input type="checkbox"/>	BRAVANAS
<input type="checkbox"/>	BRAVLET
<input type="checkbox"/>	GUBMVAC
<input type="checkbox"/>	Self Pay Patient Care Approval Process Policy
	Reimbursement
<input type="checkbox"/>	Benefit Drug List
<input type="checkbox"/>	Class 2 Form

IN TOUCH	www.bccancer.bc.ca	bulletin@bccancer.bc.ca
B.C. Cancer Agency	(604)-877-6000	Toll-Free 1-(800)-663-3333
Cancer Centre for the Southern Interior	(250) 712-3900	
Fraser Valley Cancer Centre	(604)-930-2098	
Vancouver Cancer Centre	(604)-877-6000	
Vancouver Island Cancer Centre	(250) 370-8228	
Communities Oncology Network	(604) 877-6098 Ext 2744	
Nursing Professional Practice	(604)-877-6098 Ext 2623	
Pharmacy Professional Practice	(604)-877-6098 Ext 2247	
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RADIATION CANCER CENTRE ACCESS

BULLETIN UPDATES	LOCATION
Can Tamoxifen Prevent Breast Cancer?	H:\everyone\systemic\chemo\Update\Sep1998
Patient Handouts:	H:\everyone\systemic\chemo\Pt_Educ
Anastrozole	H:\everyone\systemic\chemo\Pt_Educ\Anastrozole.doc
Bicalutamide	H:\everyone\systemic\chemo\Pt_Educ\Bicalutamide.doc
BRAJAC	H:\everyone\systemic\chemo\Pt_Educ\Brajac.doc
BRAJCEF	H:\everyone\systemic\chemo\Pt_Educ\Brajcef.doc
Letrozole	H:\everyone\systemic\chemo\Pt_Educ\Letrozole.doc
Protocol Summaries	H:\everyone\systemic\chemo\Protocol
BRAJCEF	H:\everyone\systemic\chemo\Protocol\Breast\Brajcef.doc
BRAVANAS	H:\everyone\systemic\chemo\Protocol\Breast\Bravanas.doc
BRAVLET	H:\everyone\systemic\chemo\Protocol\Breast\Bravlet.doc
GUBMVAC	H:\everyone\systemic\chemo\Protocol\Gu\Gubmvac.doc
Self Pay Patient Care Approval Process Policy	H:\everyone\systemic\chemo\Update\Sep1998
Reimbursement	H:\everyone\systemic\chemo\Reimbursement
Benefit Drug List	H:\everyone\systemic\chemo\Reimbursement\Benefit.doc
Class 2 Form	H:\everyone\systemic\chemo\Reimbursement\Class2.doc

We appreciate your comments. Write us at bulletin@bccancer.bc.ca