Systemic Therapy Update

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EDITOR'S CHOICE

HIGHLIGHTS OF CHANGES IN PROTOCOLS, PRE-PRINTED ORDERS AND PATIENT HANDOUTS

Monitoring Parameters in Chronic Myeloid Leukemia (CML) Therapy The Leukemia/Bone Marrow Transplant Group has revised the protocols and PPPOs for oral agents (dasatinib [ULKCMLD], imatinib [LKCMLI], nilotinib [ULKCMLN]) used in the management of CML to differentiate between the monitoring parameters required for assessing disease progression vs. those for assessing drug toxicity. In some instances, monitoring parameters for dose modification may be less comprehensive and monitoring performed less frequently than when assessing disease progression. These clarifications will help eliminate confusion and assist the pharmacists in determining which parameters are necessary to monitor for dose modification.

DRUG UPDATE – DEXRAZOXANE COMMERCIALLY AVAILABLE

After one year of limited access via the Health Canada Special Access Programme (SAP), dexrazoxane is once again commercially available – now in a new format. ZINECARD[®] 250 mg and 500 mg vials were previously approved as a dexrazoxane-M/6 Sodium Lactate Injection (diluent) combination. Effective November 4th, 2010, Health Canada has approved a new format of dexrazoxane which retains its original formulation but no longer requires M/6 Sodium Lactate Injection as a diluent.

The new formulation is reconstituted with Sterile Water for Injection and then requires further dilution using Lactated Ringer's Injection to a final concentration of 1.3-3.0 mg/mL. The Chemotherapy Preparation and Stability Chart has been updated with this new information.

Currently, only the 500 mg vials are available. For further updates on this product, please visit the following website: <u>http://www.pfizer.ca/en/our_products/products/product/197</u>.

DRUG UPDATE

Dexrazoxane is once again commercially available – now in a new format – after one year of limited access via the Health Canada Special Access Programme (SAP). ZINECARD[®] 250 mg and 500 mg vials were previously approved as a dexrazoxane-M/6 Sodium Lactate Injection (diluent) combination. Due to a back order of the diluent, access to dexrazoxane had been limited through the SAP until now. Effective November 4th, 2010, Health Canada has approved a new format of dexrazoxane which retains its original formulation but no longer requires M/6 Sodium Lactate Injection as a diluent.

The new formulation is reconstituted with Sterile Water for Injection and then requires further dilution using Lactated Ringer's Injection as the final diluent. The Chemotherapy Preparation and Stability Chart has been updated with this new information.

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Thalidomide has become commercially available in Canada since 1 November 2010 (see September issue of Systemic Therapy Update <u>www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate</u>). Therefore, all previously ordered thalidomide must be returned to Celgene, the manufacturer, because pharmacists cannot legally dispense thalidomide accessed via the Health Canada's Special Access Programme (SAP). A Celgene representative will contact all affected pharmacies to arrange shipment and reimbursement.

For more information, contact Celgene at tel (289) 291-4796.

Lapatinib is licensed by Health Canada for the treatment of HER2+ metastatic breast cancer in the following scenarios:

- 1. In combination with capecitabine, and after prior treatment with an anthracycline, a taxane, and trastuzumab.
- 2. In ER+, HERr2+ disease, in combination with letrozole as first line hormone therapy.

Lapatinib is not currently funded by the BC Cancer Agency. The manufacturer, GlaxoSmithKline, has an access program (TYKERB® Patient Assistance Program) to help defray the cost of this drug to individual patients (see Patient Assistance Program at <u>www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms</u>). This program will refund:

- 50% of the co-pay fee for patients with third party drug benefit plans
- 20% of the drug cost for patients without third party drug benefits

The cost of lapatinib is also being covered on a case-by-case basis for First Nations Status patients by the NIHB (Non-insured Health Benefits Program). In order to take advantage of this option, physicians should complete the access form for the TYKERB® Patient Assistance Program and indicate as a footnote that the patient has First Nations Status.

CANCER DRUG MANUAL

Degarelix Interim Monograph and Patient Handout have been developed. Degarelix is a luteinizing hormone-releasing hormone (LHRH) *antagonist* used in the treatment of advanced hormone-dependent prostate cancer. Unlike LHRH agonists, degarelix causes testosterone suppression by immediately and reversibly blocking LHRH receptors in the pituitary, reducing the release of luteinizing hormone. A starting dose of 240 mg SC is followed by monthly SC injections of 80 mg. Highlights from these documents include:

- Unlike LHRH agonists, degarelix is not associated with a testosterone surge and clinical flare, and consequently does not require co-administration of anti-androgens.
- QT prolongation has been reported with degarelix. Drug interactions should be considered when prescribing degarelix with concurrent medications.
- Degarelix is supplied as a treatment starter kit and a separate maintenance kit. Follow reconstitution and administration directions carefully for each kit as the instructions vary for the two kits.

Degarelix has also been added to the Chemotherapy Preparation and Stability Chart.

Alemtuzumab Monograph has been revised to add a citation to the pediatric dosing section.

Fluorouracil Monograph has been revised to reformat the Side Effect table and update the Supply and Storage and Solution Preparation and Compatibility sections.

Letrozole Monograph has been revised to reformat the Side Effect table and update the Supply and Storage section.

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 "Compassionate Access Program" (previously Undesignated Indications Request) approval are prefixed with the letter U.

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
BRAVTRNAV	V			Dose modifications for hematological toxicities clarified	Palliative Therapy For Metastatic Breast Cancer Using Trastuzumab And Vinorelbine
CNAJTZRT	V	V	V	Timing of radiation clarified	Concomitant and Adjuvant Temozolomide for Newly Diagnosed Malignant Gliomas with Radiation
HNAVFUFA	Ń	V		Dose modifications for hematological toxicities clarified	5-Fluorouracil and Leucovorin for Recurrent Head and Neck Cancer (Squamous Cell Carcinoma)

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED):

CODE	Protocol	РРРО	Patient Handout	Changes	Protocol Title
UHNLACETRT		V		Timing of Cetuximab with radiation clarified, return appointment section in PPPO clarified	Combined Cetuximab and Radiation Treatment for Locally Advanced Squamous Cell Carcinoma of the Head and Neck
HNLAPRT			V	Minor typo in title corrected	Combined Chemotherapy (Cisplatin) and Radiation Treatment for Locally Advanced Squamous Cell Carcinoma of The Head and Neck
HNNAVFUFA		Ø		Dose modifications for hematological toxicities clarified	5-Fluorouracil and Leucovorin for Recurrent Head and Neck Cancer (Nasopharyngeal)
HNNLAPRT			\checkmark	Minor typo in title corrected	Treatment of Locally Advanced Nasopharyngeal Cancer with Concurrent Cisplatin and Radiation
LULAPERT		Ø		Dosing schedule of premedication clarified	Treatment Of Locally Advanced Non-Small Cell Lung Cancer Using Cisplatin And Etoposide With Radiation Therapy
LUOTPE		V		Dosing schedule of premedication clarified	Treatment Of Thymoma With Cisplatin And Etoposide
LUOTPERT		V		Dosing schedule of premedication clarified	Treatment Of Thymoma Using Cisplatin And Etoposide With Radiation Therapy
LUPUPE		V		Dosing schedule of premedication clarified	Treatment Of Cancer Of Unknown Primary Involving The Thorax With Cisplatin And Etoposide
LUSCPE		V		Dosing schedule of premedication clarified	Therapy Of Extensive Stage Small Cell Lung Cancer (SCLC) With Cisplatin And Etoposide
LUSCPERT		V		Dosing schedule of premedication clarified	Therapy Of Limited Stage Small Cell Lung Cancer Using Cisplatin And Etoposide With Radiation
LKCMLI	V			Scheduling of monitoring parameters clarified	Therapy For Chronic Myeloid Leukemia And Ph+ Acute Lymphoblastic Leukemia Using Imatinib
ULKCMLD	V			Scheduling of monitoring parameters clarified	Treatment Of Chronic Myeloid Leukemia And Ph+ Acute Lymphoblastic Leukemia Using Dasatinib
ULKCMLN	V	V		Scheduling of monitoring parameters clarified	Treatment Of Chronic Myeloid Leukemia Using Nilotinib
UMYBORPRE	V	V		Eligibility and Treatment section revised	Treatment of High Risk Multiple Myeloma Using Bortezomib, Dexamethasone With or Without Cyclophosphamide as Induction Pre-Stem Cell Transplant

WEBSITE RESOURCES AND CONTACT INFORMATION

WEBSITE RESOURCES	www.bccancer.bc.ca		
REIMBURSEMENT AND FORMS: BENEFIT DRUG LIST, CLASS II, BC CANCER AGENCY 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	www.bccancer.bc.ca/ChemoProtocols		
ORDERS, PROTOCOL PATIENT HANDOUTS			
SYSTEMIC THERAPY PROGRAM POLICIES	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Policies		
SYSTEMIC THERAPY UPDATE	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate		

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