Systemic Therapy Update

BC Cancer Agency
CARE + RESEARCH
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For Health Professionals Who Care For Cancer Patients

Inside This Issue:

EDITOR'S CHOICE

NEW DRUG PROGRAM

Effective 01 July 2012, the Provincial Systemic Therapy Program has approved the following program:

GASTROINTESTINAL:

CARBOplatin with PACLitaxel and Radiation Therapy for the Neoadjuvant Treatment of Esophageal and Gastroesophageal Carcinomas (UGIENACTRT) – Patients eligible for treatment include those with resectable esophageal or gastroesophageal carcinoma who cannot tolerate CISplatin with fluorouracil and radiation therapy (GIENAFUPRT) due to comorbidities. In the CROSS trial involving 368 randomized patients, chemoradiotherapy with CARBOplatin and PACLitaxel was associated with superior overall

survival (HR 0.657, 95% CI 0.495-0.871) and rates of complete resection with negative margins (92% vs. 69%, p<0.001) compared to surgery alone. Common adverse effects reported in the chemoradiotherapy arm included leukopenia (6%), neutropenia (2%), anorexia (5%) and fatigue (3%). *[van Hagen et al. NEJM 2012;366:2074-84]*

CLINICAL PEARLS FROM BREAST SYSTEMIC GROUP

The Provincial Breast Systemic Group meets regularly to discuss important issues related to the optimal management of breast cancer patients in British Columbia. One component involves the periodic review and revision of chemotherapy treatment protocols to reflect current evidence for optimal effectiveness and safety. The Breast Systemic Group would like to highlight recent protocol changes and key reminders about existing treatment policies.

1. **Trastuzumab-Taxane Combination Therapy Remains the Preferred First-Line Treatment for Metastatic HER2-Positive Breast Cancer**
   - At the 2012 ASCO Annual Meeting, the NCIC CTG MA.31 trial was presented. This trial evaluated two anti-HER2 agents (trastuzumab and lapatinib) in combination with taxane chemotherapy for the first-line treatment of metastatic breast cancer. At the interim analysis, the trastuzumab group demonstrated superior progression free survival (primary endpoint) when compared to the lapatinib group (11.4 mo vs. 8.8 mo, p=0.01), which crossed the pre-specified superiority boundary. The trastuzumab group also demonstrated superior two-year overall survival of 18%, although this did not meet statistical significance. This study reinforces that the preferred first-line treatment of metastatic HER2-positive breast cancer is the combination of trastuzumab plus a taxane. However, there are circumstances when lapatinib (with capecitabine) is preferred, such as in patients whose disease relapses on or within 6 months of completing adjuvant trastuzumab. Please note that a preference for oral therapy by either the patient or physician should not be a routine reason to select first-line lapatinib with capecitabine over trastuzumab with a taxane.
     [K. Gelmon et al. Abstract presented at: ASCO Annual Meeting; June 2012. Abstract No. LBA671]

2. **Several Adjuvant Regimens are No Longer Considered Standard of Care (UBRAJCEF, UBRLA2, UBRLACEF)**
   - These regimens now require Compassionate Access Program (CAP) approval to allow monitoring for optimal usage.

3. **Weekly PACLitaxel with DOXOrubicin and Cyclophosphamide (UBRAJACTW) has been Approved for Patients in Whom Anthracycline-Taxane Adjuvant Treatment is Indicated**
   - CAP requests are required and are generally approved if the patient meets the protocol eligibility criteria. Please be reminded that the weekly PACLitaxel dose for this regimen is 80mg/m^2 as per treatment protocol (i.e. not 100mg/m^2).

4. **The UBRAJDAC Chemotherapy Protocol Should Be Used <u>ONLY</u> When Filgrastim is Available to Patient For <u>EVERY</u> Cycle Of Chemotherapy**
   - This regimen has been modified to require CAP approval prior to use. This is as a layer of protection for patients, given the high incidence of febrile neutropenia (24%) observed in the clinical trial that established its usage, and even higher rates reported in the community setting. Individual CAP approval will come with a reminder to clinicians that they should use this regimen only when filgrastim is available to the patient for <u>EVERY</u> cycle of therapy.
   - Clinicians are reminded that they should also strongly consider prophylactic filgrastim in all breast cancer adjuvant DOCEtaxel-containing regimens.

5. **The Eligibility for the BRAJDC Chemotherapy Protocol Recommends that Women with Node-Positive Disease Preferentially Receive a Regimen that Includes <u>BOTH</u> an Anthracycline <u>AND</u> a**

Taxane, for a Total of 6 to 8 Cycles.

PROVINCIAL SYSTEMIC THERAPY PROGRAM POLICIES

NEW POLICY

Provincial Systemic Therapy Program Policy III-100: Laboratory Tests – Ordering by Pharmacists

Effective 01 July 2012, pharmacists will have the authority to order laboratory tests for BCCA patients in accordance with the BCCA chemotherapy protocols. The intent of this policy is to optimize patient care by providing safe and effective cancer treatment in a timely manner. Unintentional omissions of laboratory tests often cause unnecessary delays in drug therapy, which can compromise the patient's care. The new directive enables BCCA pharmacists to practice within an expanded scope to enhance continuity of care and improve system efficiencies. It is expected to reduce treatment delays, and unnecessary communication and workload for physicians and pharmacists. Each of the BCCA regional cancer centres will be taking steps to initiate the practice supported by this policy in the coming weeks. For further details, please see Policy III-100.

REVISED POLICY

Provincial Systemic Therapy Program Policy III-45: Compassionate Access Program

This policy has been updated to clarify the CAP requirements for Class I Benefit Drugs. These clarifications are made to ensure consistent information with the reformatted Benefit Drug List. Please see Policy III-45 for further information.

NURSING UPDATE

REVISED BCCA NURSING PRACTICE REFERENCES FOR CENTRAL VENOUS CATHETER CARE AND MAINTENANCE

BCCA Nursing is informed by various nursing practice guidelines. Those related to the care and maintenance of different types of central venous catheters (CVCs) include four Nursing Practice References (NPRs):

1) C-90 Central Venous Catheters, Generic Directives
2) C-75 Central Venous Catheters, Care and Maintenance of Implanted Venous Access Devices
3) C-80 Central Venous Catheters, Care and Maintenance of Tunneled and Non-Tunneled Catheters
4) C-86 Central Venous Catheters, Care and Maintenance of PICCs

These NPRs have been revised to reflect recent changes in the different types of CVC devices and products used at the BCCA, as well as changes to international standards, policies and procedures for CVC care and maintenance.[1-5] All of these changes have been incorporated into the updated "BCCA Infusion Therapy Education Program for Registered Nurses" *(BCCA internal document)*.

NURSING UPDATE

Details of NPR changes include:

A. Changes to CVC Devices and Products:
- Any type of CVC can be open-ended, close-ended, or valved
- Power-rated CVCs – Certified RNs may carry out routine care for any CVC, but are NOT responsible for accessing power CVCs for power-injection of contrast
- "Intermittent injection caps" have been replaced with "neutral displacement needle-less connectors" (i.e. BAXTER ONELINK®)

B. Practice Changes:
- Instruction on when to access the CVC through the cap and when to connect hub-to-hub
- Clarification on method of drawing blood specimens and cultures
- Instruction to document type of device on Allergy/Alert Form in the patient record
- Caution related to blood cultures – do NOT flush the CVC prior to drawing blood cultures, and do NOT discard the first draw as this sample is used for culture
- Standardized the volume of alteplase to be 2mL for occluded CVCs regardless of the type of device

C. Additional Information Incorporated:
- Revision of C-80 to include both tunneled and non-tunneled CVCs
- Description of "turbulent flush" technique
- Instruction on CVC removal and catheter salvage
- Description of signs of potential CVC damage, and points to consider when deciding between catheter salvage or removal
- Inclusion of drying times for cleansing solution during dressing changes
- Revision of PICC trouble-shooting & post-insertion care guidelines (moved to C-86 as an appendix)
- Clarification on PICC migration (i.e. migration may be "inward" or "outward")
- Updated step-by-step procedures (i.e. routine flush and cap change, initiating/completing an infusion, drawing blood specimens, dressing change, managing occlusions)

Special Note about Midline Catheters

Midline catheters are considered to be PERIPHERAL devices because the catheter tip does not enter the central vasculature. Therefore, midline catheters are NOT recommended for use at the BCCA (especially with chemotherapy) because of the difficulty in detecting infiltration or extravasation, plus the increased risk of complications. For more information on the care and use of midline catheters, please see:
- I-390 IV Therapy: Intravenous Devices – Insertion and Maintenance of Peripheral IV Device *(BCCA internal document)*
- C-252: Administration of Chemotherapeutic Agents

Submitted by: Michelle Moore RN BSN CON(C)
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References:

1) Infusion Nurses Society. 2011. Infusion Nursing Standards of Practice. Journal of Intravenous Nursing, Supplement. 34(1S).
2) Infusion Nurses Society. 2011. Policies and Procedures for Infusing Nursing. 4th ed.
3) Oncology Nursing Society. 2011. Access Device Guidelines - Recommendations for Nursing Practice and Education. 3rd ed.
4) RNAO. 2005. Nursing Best Practice Guideline – Care and Maintenance to Reduce Vascular Access Complications.
5) RNAO. 2008. Nursing Best Practice Guideline – Care and Maintenance to Reduce Vascular Access Complications (Supplement).

Family Practice Oncology Network

Family Practice Oncology Network Preceptor Program

The Family Practice Oncology Network (FPON) Preceptor Program was established by the BC Cancer Agency in 2004 with three main goals:

1) To provide oncology training to at least one physician in every health care community with an identified need for oncology expertise.
2) To allow general practitioners (GPs) to develop competence in oncology practice.
3) To facilitate GPs in navigating the cancer care network in BC.

Individuals eligible to apply to the FPON program include rural family physicians and newly hired BCCA General Practitioners in Oncology (GPOs).

The 8-week program is divided into two components:

1) Two-week introductory lecture module – held twice yearly (February, September) at the BC Cancer Agency, Vancouver Centre.
2) Six-week clinical modules – flexibly scheduled clinical training that may occur at the cancer centre to which the participants' patients are normally referred.

The program is accredited by the College of Family Physicians of Canada for up to 25 Mainpro-C and 50 Mainpro-M1 credits. Eligible family physicians may also apply for a stipend to cover travel and accommodation expenses.

If you are interested in the program and are willing to take on oncology responsibilities as part of a multidisciplinary team to support oncology care in your community, please contact Gail Compton (Manager, FPON) or Dr. Phil White (Council Chair and Medical Director, FPON). The upcoming program series commence 24 September 2012 (application deadline: 01 September 2012). Full details about the program, the application process, and the remuneration process for travel expenses can be found on the FPON website.

Submitted by:

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Communities Oncology Network

Protocol Code Entries into OSCAR: Status Update

The BC Cancer Agency has been working with the Communities Oncology Network (CON) hospitals over the past few months to receive BCCA treatment protocol codes on the Online System for Cancer drugs Adjudication and Reimbursement (OSCAR) system. This initiative was previously introduced in the April 2012 issue of the Systemic Therapy Update. The intent of the project is to capture essential data, provided by the protocol code, to track and predict provincial utilization of cancer drugs.

COMMUNITIES ONCOLOGY NETWORK

To assist with this process, the BCCA Benefit Drug List has been reformatted to include protocol codes for all approved indications. These codes correspond to the BCCA chemotherapy protocols as well as existing approved indications from the Benefit Drug List. They can now be included on claims submitted via OSCAR.

Contact
The BCCA is committed to assisting CON hospital staff to identify and submit accurate protocol codes on claims. An updated version of the FAQ document intended to guide the selection of correct protocol codes is now available. For questions or comments related to the submission of protocol codes, please contact the BCCA at 1-888-355-0355 or by email at oscar@bccancer.bc.ca.

CANCER DRUG MANUAL

NEW MONOGRAPHS AND PATIENT HANDOUTS

Brentuximab Interim Monograph, Chemotherapy Preparation and Stability Chart, and **Hazardous Drug Evaluation** have been completed. Brentuximab is a CD30-directed antibody-drug conjugate that is indicated for the treatment of (1) Hodgkin's lymphoma after failure of autologous stem cell transplant or at least two chemotherapy regimens, and (2) systemic anaplastic large cell lymphoma after failure of chemotherapy. The drug component, monomethyl auristatin E, is both a substrate and an inhibitor of the hepatic CYP 3A4 and CYP 3A5 isoenzymes. Therefore, concurrent use of CYP 3A4 inhibitors and inducers may increase and decrease the risk for brentuximab toxicity, respectively. Side effects include infusion-related reactions, peripheral neuropathy and neutropenia. Brentuximab is not a benefit drug of the BCCA and requires access through the Health Canada Special Access Programme (SAP).

Cabazitaxel Monograph, **Patient Handout** and **Hazardous Drug Evaluation** have been completed. Expert review was provided by Dr. Anna Tinker (GU Tumour Group oncologist) and Victoria Kletas (GU Tumour Group pharmacist). Cabazitaxel is indicated for metastatic castration-resistant prostate cancer at a recommended dose of 25 mg/m² IV every 3 weeks in combination with prednisone 10 mg orally once daily throughout treatment. Cabazitaxel is a taxane designed to be effective against tumours resistant to DOCEtaxel due to the inhibition of P-glycoprotein-mediated efflux from cancer cells. Cabazitaxel is not a benefit drug of the BCCA.

Key information about this drug includes:
- Neutropenia can be severe, leading to complications or discontinuation of treatment.
- Acute hypersensitivity reactions are reported less frequently than for PACLitaxel or DOCEtaxel

REVISED MONOGRAPHS AND PATIENT HANDOUTS

Highlights of key changes and/or updates to the Monographs and Patients Handouts are listed below.

Dasatinib Monograph:
- Updated the *Supply and Storage section* with the addition of the 80 mg tablet

Denosumab Monograph:
Revised *Side Effects* section to include more detail about hypocalcemia

Cancer Drug Manual

Translation of Patient Information

Translation of the **Patient Handout** is now available for:

- **Bevacizumab** (Chinese and Punjabi)
- **SORAfenib** (Chinese)

These are available on the Cancer Drug Manual website with the corresponding English versions. To learn more about this pilot project, please see the September 2011 issue of the Systemic Therapy Update.

Benefit Drug List

General Update

As part of the BCCA initiative to update protocol code entries into the Online System for Cancer drugs Adjudication and Reimbursement (OSCAR), the Benefit Drug List has been reformatted to contain all the protocol codes associated with approved indications that can be used to OSCAR imbursement. Please see the Communities Oncology Network section of the current issue for further information on this initiative.

New Programs

The following program has been added to the Benefit Drug List effective 01 July 2012:

- **CARBOplatin** with **PACLitaxel** (restricted funding) and **Radiation Therapy** for the neoadjuvant treatment of esophageal and gastroesophageal carcinomas (UGIENACTRT)

Revised Programs

The following programs have been revised in the Benefit Drug List effective 01 July 2012:

- **DOCEtaxel** (restricted funding) with **DOXOrubicin and Cyclophosphamide** for adjuvant treatment of breast cancer (UBRAJDAC)
- **DOXOrubicin, Cyclophosphamide** with **Fluorouracil** (restricted funding) for treatment of locally advanced breast cancer (UBRLA2)
- **Epirubicin, Cyclophosphamide** with **Fluorouracil** (restricted funding) for adjuvant treatment of breast cancer (UBRAJCEF)
- **Epirubicin, Cyclophosphamide** with **Fluorouracil** (restricted funding) for treatment of locally advanced breast cancer (UBRLACEF)

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"**.

NEW Protocols, PPPOs and Patient Handouts (AFFECTED DOCUMENTS ARE CHECKED):

CODE	Protocol	PPPO	Patient Handout	Protocol Title
UGIENACTRT	☑	☑	☐	Neoadjuvant Treatment of Esophageal and Gastroesophageal Carcinomas Using CARBOplatin, PACLitaxel and Radiation Therapy

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
UBRAJACTW	☑	☐	☐	*Premedications clarified*	Adjuvant Therapy for Early Breast Cancer Using DOXOrubicin and Cyclophosphamide followed by Weekly PACLitaxel
UBRAJCEF	☑	☑	☐	*Revised Eligibility to require CAP approval*	Adjuvant Therapy for Breast Cancer Using Cyclophosphamide, Epirubicin and Fluorouracil
UBRAJDAC	☑	☑	☐	*Revised Eligibility to require CAP approval*	Adjuvant Therapy for Breast Cancer using Cyclophosphamide, DOXOrubicin and DOCEtaxel
BRAJDTFEC	☑	☑	☐	*Liver enzymes tests for DOCEtaxel clarified*	Adjuvant Therapy for Breast Cancer Using DOCEtaxel and Trastuzumab, and Fluorouracil, Epirubicin and Cyclophosphamide
BRAJFECD	☑	☑	☐	*Liver enzymes tests for DOCEtaxel clarified*	Adjuvant Therapy for Breast Cancer Using Fluorouracil, Epirubicin and Cyclophosphamide and DOCEtaxel
BRAJFECDT	☑	☐	☐	*Liver enzymes tests for DOCEtaxel clarified*	Adjuvant Therapy for Breast Cancer using Fluorouracil, Epirubicin and Cyclophosphamide followed by DOCEtaxel and Trastuzumab
BRAVCMPO	☑	☐	☐	*Renal dosing revised*	Palliative Therapy for Metastatic Breast Cancer Using Metronomic Low-Dose Oral Cyclophosphamide and Methotrexate
UBRAVLCAP	☐	☑	☐	*Deleted Premedications section as this is an oral regimen*	Therapy for Metastatic Breast Cancer Using Capecitabine and Lapatinib
BRAVT7	☑	☐	☐	*Premedications clarified*	Palliative Therapy for Metastatic Breast Cancer Using Weekly PACLitaxel

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED):					
CODE	**Protocol**	**PPPO**	**Patient Handout**	**Changes**	**Protocol Title**
BRAVTR	☑	☑	☐	*Reference to the deleted BRAVTRNAV protocol*	Palliative Therapy for Metastatic Breast Cancer Using Trastuzumab
BRAVTRAD	☐	☑	☐	*Reference to the deleted BRAVTRNAV protocol*	Palliative Therapy for Metastatic Breast Cancer Using Trastuzumab and DOCEtaxel as First-Line Treatment for Advanced Breast Cancer
UBRLA2	☑	☑	☐	*Revised Eligibility to require CAP approval*	Therapy for Locally Advanced Breast Cancer using Cyclophosphamide, DOXOrubicin and Fluorouracil
UBRLACEF	☑	☑	☐	*Revised Eligibility to require CAP approval*	Therapy for Locally Advanced Breast Cancer using Cyclophosphamide, Epirubicin and Fluorouracil
CNMODPCV	☑	☐	☐	*Minor typo corrected*	Modified PCV Chemotherapy of Brain Tumours Using Procarbazine, Lomustine (CCNU) and VinCRIStine
UGICOXB	☑	☐	☐	*Bevacizumab dosing for proteinuria clarified*	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Oxaliplatin, Bevacizumab and Capecitabine
UGIFFIRB	☑	☐	☐	*Bevacizumab dosing for proteinuria clarified*	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan, Fluorouracil, Folinic Acid (Leucovorin) and Bevacizumab
UGIFFOXB	☑	☑	☐	*Bevacizumab dosing for proteinuria clarified, notes on priming IV line added to PPPO*	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Oxaliplatin, 5-Fluorouracil, Folinic Acid (Leucovorin) and Bevacizumab
GIGFOLFIRI	☑	☐	☐	*Option for low dose Leucovorin added to Dose Modification*	Palliative Combination Chemotherapy for Metastatic Gastric or Esophageal Adenocarcinoma Using Irinotecan, Fluorouracil and Folinic Acid (Leucovorin)
UGOOVDDCAT	☑	☑	☐	*Minor typo corrected*	Treatment of Advanced Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma Using CARBOplatin and Weekly PACLitaxel
GUSCPERT	☐	☑	☐	*Return appointments clarified*	Therapy of Genitourinary Small Cell Tumors with a Platin and Etoposide with Radiation
UHNAVDOC	☐	☑	☐	*Scheduling of liver functions tests clarified*	Treatment of Recurrent or Metastatic Squamous Cell Carcinoma of the Head and Neck with DOCEtaxel

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED):					
CODE	**Protocol**	**PPPO**	**Patient Handout**	**Changes**	**Protocol Title**
UHNLACETRT	☐	☐	☑	*Caution on cardiopulmonary arrests added*	Combined Cetuximab and Radiation Treatment for Locally Advanced Squamous Cell Carcinoma of the Head and Neck
ULKMDSA	☑	☑	☐	*Dosing and lab scheduling clarified*	Therapy of Myelodysplastic Syndrome Using Azacitidine
ULYALEM	☑	☐	☐	*Clarified Eligibility, Premedications and Precautions sections; updated Contact Physician*	Treatment of Fludarabine-Refractory B-Chronic Lymphocytic Leukemia (B-CLL) and T-Prolymphocytic Leukemia (T-PLL) with Alemtuzumab
LYCHOPR	☐	☑	☐	*Hyphen deleted from protocol code*	Treatment of Lymphoma with DOXOrubicin, Cyclophosphamide, Vincristine, Prednisone and RiTUXimab
LYCODOXMR	☑	☑	☐	*Option for transplant in high risk patients removed, TALLman lettering added; supportive medications clarified*	Treatment of Burkitt's Lymphoma and Leukemia (ALL-L3) with Cyclophosphamide, VinCRIStine, DOXOrubicin, Methotrexate, Leucovorin (CODOX-M) and RiTUXimab
LYCVPR	☐	☑	☐	*Hyphen deleted from protocol code*	Treatment of Advanced Indolent Lymphoma Using Cyclophosphamide, VinCRIStine, Prednisone and RiTUXimab (CVP-R)
ULYGDPR	☐	☑	☐	*Treatment section reformatted with oral dexamethasone listed as first drug*	Treatment of Lymphoma with Gemcitabine, Dexamethasone and CISplatin (GDP) with RiTUXimab
LYHDMRP	☑	☐	☐	*Requirement for additional physician signature revised, TALLman lettering added, dosing units clarified*	Treatment of Primary Intracerebral Lymphoma with High Dose Methotrexate and RiTUXimab
LYHDMTXP	☑	☐	☐	*Requirement for additional physician signature revised*	Treatment of Primary Intracerebral Lymphoma with High Dose Methotrexate
LYHDMTXR	☑	☐	☐	*Requirement for additional physician signature revised*	Treatment of Leptomeningeal Lymphoma or Recurrent Intracerebral Lymphoma with High Dose Methotrexate.
LYIVACR	☑	☑	☐	*Option for transplant in high risk patients removed, TALLman lettering added; supportive medications clarified*	Treatment of Burkitt's Lymphoma and Leukemia (ALL-L3) with Ifosfamide, Mesna, Etoposide, Cytarabine (IVAC) and RiTUXimab
MOHDMTX	☑	☐	☐	*CAP requirement deleted*	Meningeal Disease (Miscellaneous Tumour Origins) Using High Dose Methotrexate with Leucovorin Rescue

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED):					
CODE	**Protocol**	**PPPO**	**Patient Handout**	**Changes**	**Protocol Title**
UMYBORPRE	☐	☑	☐	*Revised laboratory testing section under Return Appointment Orders*	Treatment of Multiple Myeloma Using Bortezomib, Dexamethasone with or without Cyclophosphamide as Induction Pre-Stem Cell Transplant
UMYBORREL	☐	☑	☐	*Revised laboratory testing section under Return Appointment Orders*	Treatment of Relapsed Multiple Myeloma Using Bortezomib, Dexamethasone with or without Cyclophosphamide (formerly UMYBORTEZ)
UMYMPBOR	☐	☑	☐	*Revised threshold of laboratory parameters for continuation of bortezomib therapy*	Treatment of Multiple Myeloma using Melphalan, Prednisone and Weekly Bortezomib with the Option of Substituting Cyclophosphamide for Melphalan

Website Resources and Contact Information

Website Resources	www.bccancer.bc.ca
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
Systemic Therapy Update	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate
CON Pharmacy Educators	http://www.bccancer.bc.ca/HPI/Pharmacy/ContactUs.htm

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Nursing Professional Practice	604.877.6000 x 2623		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
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