



# Systemic Therapy Update

Volume 11, Number 6 *for health professionals who care for cancer patients* June 2008  
Website access at <http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate.htm>

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[IN TOUCH](#) phone list is provided if additional information is needed.

## BENEFIT DRUG LIST

The following indications have been added to the Benefit Drug List for pediatric patients:

- |                       |  |          |
|-----------------------|--|----------|
| ▪ <b>Amifostine</b>   | nasopharyngeal carcinoma   | Class II |
| ▪ <b>Dexrazoxane</b>  | relapsed CD22-positive acute lymphoblastic leukemia  | Class II |
| ▪ <b>Imatinib</b>     | Philadelphia chromosome positive acute lymphoblastic leukemia  | Class II |
| ▪ <b>Irinotecan</b>   | intermediate-risk rhabdomyosarcoma; recurrent neuroblastoma  | Class I  |
| ▪ <b>Isotretinoin</b> | above average risk medulloblastoma/PNET  | Class II |
| ▪ <b>Rituximab</b>    | CD20 positive post-transplant lymphoproliferative disease following solid organ transplantation; newly diagnosed advanced B-cell leukemia/lymphoma | Class II |
| ▪ <b>Temozolomide</b> | recurrent neuroblastoma  | Class II |
| ▪ <b>Vinorelbine</b>  | refractory/recurrent Hodgkin’s disease   | Class I  |

In addition, **alemtuzumab** has been added to the Benefit Drug List for treatment of fludarabine-refractory B-chronic lymphocytic leukemia and T-prolymphocytic leukemia (T-PLL) with alemtuzumab (case-by-case approval).

The following indication has been deleted in the Benefit Drug List for pediatric patients:

- **Amifostine:** hepatoblastoma and relapsed solid tumours

## CANCER DRUG MANUAL

**Cladribine Monograph and Patient Handout** have been completely revised and updated. Expert review was provided by Dr. Joseph Connors (Lymphoma Tumour Group).

Highlights of monograph changes include:

- addition of hepatitis B testing recommendations in lymphoma patients
- updated dosage guidelines including the addition of subcutaneous dosing and dosing in renal failure

Highlights of handout changes include:

- addition of fever, headache, mild rash, and loss of appetite as side effects

**Dexrazoxane Monograph** now includes renal failure dosage recommendations.

**Etoposide Handout** now includes a recommendation for patients to report any difficulties in swallowing the capsules to their doctor, since these patients may be given oral administration of intravenous etoposide injection (more details in the etoposide monograph). This has replaced the previous recommendation to pierce the etoposide capsule and squeeze the contents into pop or juice for oral administration.

**Oxaliplatin Handout** has been updated to include information regarding cold-induced dysesthesias affecting the nose and throat.

**Chemotherapy Preparation and Stability Chart** has been updated:

- Cladribine: addition of information on subcutaneous syringe and continuous infusions via medication cassette
- Dacarbazine: information on the Abraxis brand added
- Fludarabine: information on the Novopharm brand added

#### 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 and revised protocols, PPPOs and patient handouts for this month are listed below. Protocol codes for treatments requiring “Compassionate Access Program” (previously Undesignated Indication 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
GIAJCAP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Adjuvant therapy of colon cancer using capecitabine
LUAJNP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Treatment of Non-Small Cell Lung Cancer with Cisplatin and Vinorelbine

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
CNMODPCV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Typo corrected for lab work</i>	Modified PCV Chemotherapy Of Brain Tumours Using Procarbazine, Lomustine (CCNU) and Vincristine
UGICIRB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Capping dose for maximum body weight of 135 kg deleted</i>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan, Bevacizumab and Capecitabine
UGICOXB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Capping dose for maximum body weight of 135 kg deleted</i>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Oxaliplatin, Bevacizumab and Capecitabine

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
UGIFFIRB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Capping dose for maximum body weight of 135 kg deleted</i>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan, Fluorouracil, Folinic Acid (Leucovorin) and Bevacizumab
UGIFFOXB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Capping dose for maximum body weight of 135 kg deleted</i>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Oxaliplatin, 5-Fluorouracil, Folinic Acid (Leucovorin) and Bevacizumab
GOCXCRT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Number of treatment cycles clarified</i>	Treatment of High Risk Squamous Carcinoma, Adenocarcinoma, or Adenosquamous Carcinoma of the Cervix with Concurrent Cisplatin and Radiation
UGUTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Requirement for Health Canada's Special Access Programme deleted</i>	Therapy for Advanced Renal Cancer Using Temsirolimus

### PROVINCIAL SYSTEMIC THERAPY POLICY – COMPLETION OF TREATMENT RECORD

**Systemic Therapy Treatment Delivery Process (Policy III-10)** has been revised to clarify that the completion of the Treatment Record is mandatory and that documentation can be done by the physician, pharmacist and nurse.

### NURSING UPDATE – CANCER CARE UPDATE 2008

About 120 nurses from around the province attended the 2008 Cancer Care Update on April 05, 2008 in Richmond, BC. This BC Cancer Agency event was supported by an unrestricted educational grant from several pharmaceutical companies. The proceedings from the day are available as PowerPoint presentations at [www.cancercare08.ca](http://www.cancercare08.ca).

Dr. Simon Yu gave an update on the uses of oral chemotherapy in treatment of colorectal cancer. This provided a timely segue for RN Colleen Sheriff's review of erythroplarmal dysesthesia, and a discussion of evidence-based strategies for care and management of this treatment side effect. Dr. Janessa Laskin addressed the complexities of treating patients with lung cancer, and then Karen Levy (APN) presented an overview of symptom clusters experienced by patients with lung cancer, focusing briefly on the management of skin reactions related to use of targeted therapies. Dr. Lee Ann Martin responded to questions that had been posed in advance by nurses about current diagnostic methods and treatment of breast cancer.

Ten concurrent round table sessions gave participants opportunities to discuss and explore a practice issue of their choice. Topics included: myths and realities about smoking cessation; developing community networks; managing complex symptom clusters; evidence based strategies for sleeplessness, diarrhea and lymphedema.

Dr. Ann Katz's presentation addressed the fact that sexuality is a significant yet vastly overlooked concern among many patients who have cancer. Dr. Carole Robinson proposed that profound interactions between nurses and patients with can indeed happen even with limited time and engaged the group in exercises to demonstrate this point. Dr. Sherree Magee talked about the challenges and needs of patients throughout the experience of survivorship.

The day was brought to closure by Dr. Marjory Docherty who reminded the audience of the importance of staying balanced in times of change. Her practical and reaffirming strategies were a great “take home” message.

The conference was rated as highly successful overall and will hopefully be repeated in 3 years.

### CONTINUING EDUCATION

**BC Cancer Agency Annual Cancer Conference 2008** will be held on **20-22 November** at the Westin Bayshore Resort & Marina in Vancouver. This year’s theme will be *Survivorship: Creating It, Managing It*.

Stay tuned for more information about this exciting conference.

### WEBSITE RESOURCES

The following are available on the BC Cancer Agency website ([www.bccancer.bc.ca](http://www.bccancer.bc.ca)) under the Health Professionals Info section:

REIMBURSEMENT AND FORMS: BENEFIT DRUG LIST, CLASS II, COMPASSIONATE ACCESS PROGRAM (UNDESIGNATED INDICATION)	<a href="http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms">www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms</a>
CANCER DRUG MANUAL	<a href="http://www.bccancer.bc.ca/cdm">www.bccancer.bc.ca/cdm</a>
CANCER MANAGEMENT GUIDELINES	<a href="http://www.bccancer.bc.ca/CaMgmtGuidelines">www.bccancer.bc.ca/CaMgmtGuidelines</a>
CANCER CHEMOTHERAPY PROTOCOLS	<a href="http://www.bccancer.bc.ca/ChemoProtocols">www.bccancer.bc.ca/ChemoProtocols</a>
CANCER CHEMOTHERAPY PRE-PRINTED ORDERS	<a href="http://www.bccancer.bc.ca/ChemoProtocols">www.bccancer.bc.ca/ChemoProtocols</a> under the index page of each tumour site
SYSTEMIC THERAPY PROGRAM POLICIES	<a href="http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Policies">www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Policies</a>
UNCONVENTIONAL CANCER THERAPIES MANUAL	under Patient/Public Info, Unconventional Therapies

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