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EDITOR’S CHOICE

MEDICATION SAFETY

Packaging Changes for Emergency Syringes The packaging of Hospira emergency syringes were changed by the manufacturer. The changes are part of a redesign to incorporate a number of safety features. The most prominent change is the minimization of colour on the carton. This resulted in a near-miss incident in Ontario. The following emergency syringes are affected:

- Epinephrine Lifeshield™ Syringes 1 mg/10 mL
- 50% Dextrose Lifeshield™ Syringes
- 2% Lidocaine Hydrochloride Abboject™ Syringes
- Sodium Bicarbonate Abboject™ and Lifeshield™ Syringes
- Calcium Chloride Lifeshield™ Syringes
- Atropine Abboject™ Syringes 1 mg/10 mL

Hospira is working towards re-introducing some of the identifying colour back onto the cartons. In the meantime, please familiarize yourself with the new package designs. Keep in mind that these are high-alert medications and are especially prone to causing patient harm if given incorrectly. This is a good reminder to carefully read the label as opposed to relying on colours to choose a product.

Annual Canadian Patient Safety Week (Nov 1-5, 2010) Provision of healthcare undeniably provides benefit to patients, but there is growing evidence that medical errors cause patient harm. Over 9,000 patients die annually because of preventable medical errors in Canada. Put more boldly, over 24 patients die per day, or one patient per hour because of preventable medical errors.
The first step to preventing errors is to recognize that placing blame on one individual will not prevent the same error from happening again. Creating a culture of safety where people feel safe to report errors, which enables us to learn from our mistakes, is essential. The cause of most errors is often multi-faceted, even though they may appear to be caused by one single factor. In order to prevent an error from recurring we should consider using a system-based approach and assess all factors that contributed to that error, rather than modifying a single step in the process. The problem is not the people working within the system, but rather how the system is set up for the people to work in.

Patient Safety Week is a good reminder of the importance of reporting errors, near-misses and safety hazards using the province-wide reporting tool, the BC Patient Safety & Learning System (BC PSLS). Our lessons from PSLS are only as good as the inputs provided by those reporting. Shared learning can help make healthcare safer by allowing us to continuously improve our systems.

The BCCA is planning activities for each centre during Patient Safety Week to increase awareness of patient safety initiatives. Please drop by to learn more about Medication Reconciliation, Hand Hygiene, Thromboembolism Prevention, and more.
- Nov 1: Centre for the Southern Interior (1130 – 1330, Okanagan Room)
- Nov 2: Abbotsford Centre (1300 – 1500, Clinical Conference Room, A8.071)
- Nov 3: Fraser Valley Centre (1200 – 1300, Main Floor Conference Room)
- Nov 4: Vancouver Island Centre (1130 – 1330, Conference Room #2)
- Nov 5: Vancouver Centre (1000 – 1200, John Jambor Room)

Bibliography:
3. BC PSLS (http://pod/HCQ/SAFETY/pages/Default.aspx)

### Cancer Drug Manual

**Everolimus Monograph and Patient Handout** have been developed. Expert review was provided by Dr. Christian Kollmannsberger and Victoria Kletas of the GU Tumour Group. Everolimus is an orally administered inhibitor of mTORC1, similar to temsirolimus. In December 2009, it received Health Canada approval for the treatment of patients with metastatic renal cell carcinoma (RCC) refractory to vascular growth factor receptor targeted agents, sunitinib or sorafenib. BCCA funding for everolimus is currently under review (see the March 2010 issue of Systemic Therapy for more details).

Some precautions with using everolimus include:
- myelosuppression
- immunosuppression that may predispose patients to infections
- changes in blood glucose level and lipid profiles
- non-infectious pneumonitis, including severe and fatal cases, due to a class effect of rapamycin derivatives
- potential interaction with grapefruit and grapefruit juice.

**Quinagolide Monograph and Patient Handout** have been developed. Quinagolide is a non-ergot, selective dopamine-2 receptor agonist with longlasting prolactin lowering activity. It is funded by the BCCA for the treatment of hyperprolactinemia secondary to prolactin-secreting pituitary tumours (CNQUIN). Some adverse effects of quinagolide include:
orthostatic hypotension may occur during the first few days of treatment and patients may feel fatigued or dizzy

nausea and vomiting, which may be prevented by a peripheral dopaminergic antagonist such as domperidone

Nab-paclitaxel Monograph has been completely updated and a new Patient Handout has been developed. Expert review was provided by Dr. Vanessa Bernstein and Kimberly Kuik of the Breast Tumour Group.

Methotrexate Monograph has been revised with information added to the Supply and Storage section, and the Solution Preparation and Compatibility and Parenteral Administration sections have been updated. Specific administration rate for direct intravenous (IV) injection has been replaced with “slow IV push”.

PROVINCIAL SYSTEMIC THERAPY PROGRAM POLICIES

Extravasation Management Policy (Policy III-20) has been revised to include the following:

- Extravasation hazards of new benefit drugs
- Position statement against the use of dexrazoxane for management of anthracycline extravasation
- Replacement of ethyl chloride with Pain Ease® as skin refrigerant during administration of hyaluronidase for vinca alkaloid extravasation

ONCOLOGY NUTRITION – CANCER NUTRITION INFORMATION

Reliable Cancer Nutrition Information … as simple as calling 8-1-1

“Drink green tea, eat foods with omega 3 fats, avoid sugar, don’t eat meat, include whole grains, eat blueberries, broccoli, yams, red peppers, but don’t drink milk…”

Making sense of food and nutrition information can be a challenge at the best of times, and can become even more so after a diagnosis of cancer. With so much nutrition information out there, it can be confusing for individuals who have been diagnosed with cancer to know what they should eat, and if there are foods they should avoid.

For many cancer patients, nutrition and eating may feel like the one aspect of their life they can control. They want to make wise nutrition choices and often turn to the internet or other publications for information. Without assistance, it is difficult to determine which information is correct and reliable. With so much misinformation available, people can invest large amounts of time, energy and money into making dietary changes that may be of no help and, sometimes, might even be harmful.

A Registered Dietitian is the best source of current evidence-based nutrition information. In British Columbia, residents and healthcare providers can call Dietitian Services at HealthLink BC’s 8-1-1 for free-of-charge nutrition advice on a variety of nutrition topics. A dietitian who specializes in oncology is available to address questions about cancer prevention and nutrition before, during and after cancer treatment, reducing the risk of cancer recurrence and improving quality of life. She, or he, can also provide guidance around the use of dietary supplements.

The Oncology Nutrition Service at HealthLink BC works in partnership with the BC Cancer Agency to provide care to cancer patients, their families and cancer survivors who are not under the care of a Cancer
Agency or Community Hospital dietitian. Other BC residents and health professionals are also encouraged to call. The Oncology Nutrition Service requires no referral and most clients wait less than one business day to speak with the oncology dietitian. Your patients can call from the convenience of their home, office or any location that suits their needs, at a time that works for them.

For online cancer nutrition information, as well as other nutrition topics, visit the Dietitian Services website at http://www.healthlinkbc.ca/dietitian/. The web-based cancer information on this site includes: the ‘Eating After a Cancer Diagnosis’ factsheet series, the ‘Eating for Cancer Prevention’ factsheet series, and links to recommended cancer websites. Other online nutrition advice for cancer patients is also available at the BC Cancer Agency website at: www.bccancer.bc.ca/PPI/copingwithcancer/nutrition.

The Call Centre at Dietitian Services is open Monday to Friday, 9am to 5pm. Interpreter services are available in more than 130 languages. Please remember, Dietitian Services are not meant to replace medical counsel and other healthcare services available in the caller’s community.

The BC Cancer Agency also provides online nutrition advice

### 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):

<table>
<thead>
<tr>
<th>CODE</th>
<th>Protocol</th>
<th>PPPO</th>
<th>Handout</th>
<th>Protocol Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>HNAVFUFA</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>5-Fluorouracil and Leucovorin for Recurrent Head and Neck Cancer (Squamous Cell Carcinoma)</td>
</tr>
<tr>
<td>HNNAVFUFA</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>5-Fluorouracil and Leucovorin for Recurrent Head and Neck Cancer (Nasopharyngeal)</td>
</tr>
<tr>
<td>HNNAVPE</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>Intensive Cisplatin and Etoposide Chemotherapy for Recurrent and Metastatic Head and Neck Cancer (Squamous Cell Carcinoma)</td>
</tr>
<tr>
<td>HNSAVFAC</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>Palliative Therapy for Advanced Salivary Gland Cancers Using Cyclophosphamide, Doxorubicin and Fluorouracil</td>
</tr>
<tr>
<td>ULKMDSA</td>
<td></td>
<td>✓</td>
<td></td>
<td>Therapy of IPSS Intermediate-2 or High-Risk Myelodysplastic Syndrome with Azacitidine</td>
</tr>
<tr>
<td>SMDTIC</td>
<td></td>
<td></td>
<td>✓</td>
<td>Palliative Therapy for Metastatic Malignant Melanoma Using High Dose Dacarbazine (DTIC)</td>
</tr>
</tbody>
</table>
**REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED):**

<table>
<thead>
<tr>
<th>CODE</th>
<th>Protocol</th>
<th>PPPO</th>
<th>Patient Handout</th>
<th>Changes</th>
<th>Protocol Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>UGICIRB</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>Dose modification for proteinuria clarified</td>
<td>Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan, Bevacizumab and Capecitabine</td>
</tr>
<tr>
<td>LYCHOP</td>
<td>✔</td>
<td>✔</td>
<td>☐</td>
<td>Administration route of Vincristine clarified</td>
<td>Treatment of Lymphoma with Doxorubicin, Cyclophosphamide, Vincristine and Prednisone (CHOP)</td>
</tr>
<tr>
<td>LYCHOPR</td>
<td>✔</td>
<td>✔</td>
<td>☐</td>
<td>Administration route of Vincristine clarified</td>
<td>Treatment of Lymphoma with Doxorubicin, Cyclophosphamide, Vincristine, Prednisone and Rituximab (CHOP-R)</td>
</tr>
<tr>
<td>GUAVPG</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>Cisplatin dose clarified</td>
<td>Palliative Therapy for Urothelial Carcinoma Using Cisplatin and Gemcitabine</td>
</tr>
<tr>
<td>GUBPRT</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>Dose modification for renal impairment clarified</td>
<td>Treatment of Locally Advanced Bladder Cancer Using Concurrent Cisplatin with Radiation</td>
</tr>
<tr>
<td>GUVEIP</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>Test for hematuria added</td>
<td>Consolidation/Salvage Treatment for Germ Cell Cancer Using Vinblastine, Cisplatin, Ifosfamide and Mesna</td>
</tr>
<tr>
<td>GUVIP2</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>Test for hematuria added</td>
<td>Nonseminoma Consolidation / Salvage Protocol using Etoposide, Cisplatin, Ifosfamide, MESNA</td>
</tr>
<tr>
<td>HNAVM</td>
<td>✔</td>
<td>✔</td>
<td>☐</td>
<td>Treatment cycle clarified</td>
<td>Treatment of Head and Neck Cancer Using Methotrexate as Standard Therapy</td>
</tr>
<tr>
<td>HNAVPE</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>Title, eligibility and antiemetics clarified</td>
<td>Intensive Cisplatin and Etoposide Chemotherapy for Recurrent and Metastatic Head and Neck Cancer (Squamous Cell Carcinoma)</td>
</tr>
<tr>
<td>UHNLACETRT</td>
<td>✔</td>
<td>✔</td>
<td>☐</td>
<td>Saline flush for IV line added</td>
<td>Combined Cetuximab and Radiation Treatment for Locally Advanced Squamous Cell Carcinoma of the Head and Neck</td>
</tr>
<tr>
<td>UHNLADCF</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>Use of frozen gloves added</td>
<td>Treatment of Locally Advanced Squamous Cell Carcinoma of the Head and Neck with Docetaxel, Cisplatin and Infusional Fluorouracil</td>
</tr>
<tr>
<td>HNLAPRT</td>
<td>☰</td>
<td>☰</td>
<td>✔</td>
<td>Title clarified</td>
<td>Combined Chemotherapy (Cisplatin) and Radiation Treatment for Locally Advanced Squamous Cell Carcinoma of The Head and Neck</td>
</tr>
<tr>
<td>HNNLAPRT</td>
<td>☰</td>
<td>☰</td>
<td>✔</td>
<td>Title clarified</td>
<td>Treatment of Locally Advanced Nasopharyngeal Cancer with Concurrent Cisplatin and Radiation</td>
</tr>
<tr>
<td>ULKCMLD</td>
<td>✔</td>
<td>☰</td>
<td>☐</td>
<td>Eligibility clarified</td>
<td>Treatment of Chronic Myeloid Leukemia and Ph+ Acute Lymphoblastic Leukemia Using Dasatinib (SPRYCEL®)</td>
</tr>
<tr>
<td>ULKMLNL</td>
<td>✔</td>
<td>☰</td>
<td>☐</td>
<td>Eligibility revised</td>
<td>Treatment of Chronic Myeloid Leukemia and Ph+ Acute Lymphoblastic Leukemia using Nilotinib</td>
</tr>
<tr>
<td>ULKMDSA</td>
<td>✔</td>
<td>☰</td>
<td>☰</td>
<td>Tests revised</td>
<td>Therapy of IPSS Intermediate-2 or High-Risk Myelodysplastic Syndrome with Azacitidine</td>
</tr>
</tbody>
</table>
### DELETED PROTOCOLS, PPPOs AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED):

<table>
<thead>
<tr>
<th>CODE</th>
<th>Protocol</th>
<th>PPPO</th>
<th>Patient Handout</th>
<th>Changes</th>
<th>Protocol Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>HNFUFA</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>Replaced by</td>
<td>5-Fluorouracil and Leucovorin for Recurrent Head and Neck Cancer</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HNAVFUFA and HNNAVFUFA</td>
<td></td>
</tr>
<tr>
<td>HNFURT</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>Deleted</td>
<td>Therapy for combined modality therapy for advanced head and neck cancer using Mitomycin C, Fluorouracil and split course radiation therapy</td>
</tr>
<tr>
<td>HNPRT</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>Deleted</td>
<td>Therapy for advanced head and neck cancer using Cisplatin before or during Radiation Therapy</td>
</tr>
</tbody>
</table>

### 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 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

#### CONTACT INFORMATION
- BC Cancer Agency: (604) 877-6000, Toll-Free: 1-(800) 663-3333
- Provincial Systemic Therapy Program: Ext 2247, mlin@bccancer.bc.ca
- Communities Oncology Network Business Affairs: Ext 2744, david.leung@bccancer.bc.ca
- Update Editor: Ext 2288, mdelemos@bccancer.bc.ca
- Communities Oncology Network Pharmacy Educators: www.bccancer.bc.ca/RS/CommunitiesOncologyNetwork/Educators/Pharmacists/
cap_bcca@bccancer.bc.ca
- Compassionate Access Program Office: Ext 6277, Toll-Free: 1-(888)-675-8001, requests@bccancer.bc.ca
- Drug Information: Ext 6275, Fax (604) 708-2026, druginfo@bccancer.bc.ca
- Education Resource Nurse: Ext 2638, nursinged@bccancer.bc.ca
- Nursing Professional Practice: Ext 2623, ilundie@bccancer.bc.ca
- Library/Cancer Information: 1-(888)-675-8001 Ext 8003
- OSCAR Help Desk: 1-(888)-355-0355, Toll-Free: 1-(877) 547-3777, oscar@bccancer.bc.ca
- Pharmacy Chemotherapy Certification: Ext 6686741, Fax (604) 708-2051, (250) 712-3900, Toll-Free: 1-(888) 563-7773, rxchemocert@bccancer.bc.ca
- Pharmacy Professional Practice: Ext 519,5574, Toll-Free: 1-(800) 670-3322, jkippen@bccancer.bc.ca
- Abbotsford Centre (AC): (604) 851-4710, Toll-Free: 1-(877) 547-3777
- Centre for the Southern Interior (CCSI): (250) 712-3900, Toll-Free: 1-(800) 523-2885
- Fraser Valley Centre (FVCC): (604) 930-2098, Toll-Free: 1-(800) 523-2885
- Vancouver Centre (VCC): (604) 877-6000, Toll-Free: 1-(800) 663-3333
- Vancouver Island Centre (VICC): (250) 519-5500, Toll-Free: 1-(800) 670-3322

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