Systemic Therapy Update

BC Cancer Agency
CARE + RESEARCH
An agency of the Provincial Health Services Authority

October 2010
Volume 13, Number 10

For health professionals who care for cancer patients
Available online at www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate

INSIDE THIS ISSUE

EDITOR'S CHOICE

HIGHLIGHTS OF CHANGES IN PATIENT HANDOUTS

Bortezomib-Based Protocols for Multiple Myeloma The Myeloma Tumour Group has introduced a number of changes to these protocols. They include:

- further delineation of the use of bortezomib in the treatment patients with various stages of multiple myeloma (MM)
- the option to add cyclophosphamide to standard bortezomib-containing regimens, a reflection of the increasing body of data to support the use of Bortezomib as the backbone of MM treatment
- the option to give Bortezomib as a weekly injection which has been associated with similar efficacy but reduced toxicity

Three bortezomib-containing chemotherapy protocols are now available according to the disease stage:

1. *Newly diagnosed stem cell transplant (SCT) eligible patients (UMYBORPRE)* may receive bortezomib and dexamethasone as induction treatment prior to transplant if they meet one or more of the following high-risk criteria:
   - High-risk cytogenetics [del17p and t(4;14) by FISH testing]
   - Serum creatinine > 200 micromol/L
   - No response to 4 weeks of high-dose dexamethasone monotherapy

   Cyclophosphamide may be added to the regimen to improve response rate.
2. *Newly diagnosed SCT ineligible patients (UMYMPBOR)* may be treated using melphalan, prednisone and bortezomib. Cyclophosphamide can be substituted for melphalan to reduce the risk for myelosuppression.

3. *Relapsed or refractory patients (UMYBORREL [formerly UMYBORTEZ]* are now eligible for bortezomib and dexamethasone therapy. Cyclophosphamide may be added to improve response rate.

Use of Frozen Gloves has been added as an option to manage **docetaxel-induced nail and skin toxicity** in patient information for protocols using docetaxel 60 mg/m^2 dose or greater. For a list of revised documents, see under List of Revised Protocols, Pre-Printed Orders and Patient Handouts.

More information on this intervention can be found in the September issue of the Systemic Therapy Update.

COMMUNITIES ONCOLOGY NETWORK – ONLINE REFERRAL PROCESS

The BCCA Communities Oncology Network Referral (CONRef) process is moving towards an online web-based system, designed to replace the current paper-based system, through which BCCA physicians can refer patients to one of the Communities Oncology Network (CON) sites for chemotherapy treatments and medical care. CONRef allows for electronic transfer of patient information, referral details, relevant protocol and preprinted order from the BCCA physician to the CON site. The manual paper-based system will cease to exist once CONRef application is fully implemented across the BCCA Centres.

Who will be affected

Designated users of the CONRef process are the BCCA and CON physicians, BCCA Release Of Information (ROI) clerks and designated staff in CON as requested. These users will be able to access the site only by using a user name and password. The technology used in this site follows the current PHSA standards for passwords.

How does the process work

CONRef is a secure website that can be accessed from workstations connected to a BC Health Authority network at https://conref.phsa.ca. The process of submitting an online referral is similar to the current process for submitting a Compassionate Access Program (CAP) request. The BCCA physician initiates a new electronic referral by completing specific fields of patient information and submitting the request. The ROI clerk at BCCA receives a notification of the new referral and proceeds to process the request by ensuring that all requested documents are attached and then submits the completed referral to the identified CON site. The designated staff at that CON centre receives an email notification of the referral to the centre. They then log into the web-based site and obtain all the referral information and print off the necessary attachments.

When will it be implemented

The CONRef application has been piloted at the BCCA-Vancouver Island Centre with CON sites in VIHA since June 2010. Starting Fall 2010, the electronic CONRef process will be implemented throughout BCCA. All BCCA physicians will be using the electronic CONRef process by the Dec 2010.

Why was the process changed

The purposes of making CONRef into an online system are:

- To improve timeliness of referrals to CON centres in BC.
- To view application status online
- To electronically capture all clinical data

- To ensure a more comprehensive and complete referral from BCCA to the CON sites
- To provide timely access to data for planning and monitoring purposes

For more information: contact CONRef@bccancer.bc.ca (8:00 am - 4:00 pm Monday – Friday).

DRUG UPDATE

PharmaCare Coverage for Filgrastim (NEUPOGEN®) Effective 21 September 2010, PharmaCare has expanded the Limited Coverage Criteria for filgrastim. The coverage now also includes the use of filgrastim to prevent neutropenia which interferes with delivery of standard doses of adjuvant chemotherapy in potentially curative chemotherapy regimens to support subsequent cycles of adjuvant chemotherapy (second cycle or greater) in the following patients:

- Patients with colorectal cancer who are receiving adjuvant chemotherapy after curative surgical excision for node positive or high-risk node negative disease (i.e., those with perforation and T4 status)
  - T4 status is defined as the tumour directly invading other organs or structures, and/or perforating the visceral peritoneum
- Patients with non-small cell lung cancer (NSCLC) who are receiving adjuvant chemotherapy after curative complete surgical resection, including patients with stage III non-small cell lung cancer who are receiving concurrent chemoradiation (only for treatment cycles not involving radiation therapy)
  - Noe that the indication for limited stage small cell lung cancer is already part of the existing coverage criteria.

These changes are made in recognition of the advances in adjuvant therapy that have been made for these two indications since filgrastim coverage was originally established. Future updates will be provided through announcements from the Ministry of Health Services, as well as summarized in this newsletter.

LIBRARY/CANCER INFORMATION CENTRE – NATURAL STANDARD DATABASE AND COMPLEMENTARY / ALTERNATIVE MEDICINE INFORMATION FROM BC CANCER AGENCY

Complementary and alternative medicine (CAM) therapies may be used as part of an individual's choice within the process of cancer treatment, to seek to promote health, improve quality of life or encourage healing. Because some CAM therapies can affect reactions to chemotherapy or radiation therapy, patients are encouraged to share their questions and decisions about CAM use with their health care providers.

To help the people of BC and the Yukon find unbiased, factual information about CAM therapies, the BC Cancer Agency is pleased to provide content from the Natural Standard Database. The Natural Standard is an impartial international research collaboration that systematically gathers evidence about complementary and alternative medicine therapies using scientific data and expert opinion. Our Recommended Websites suggest other excellent, evaluated web resources on CAM.

The Complementary Medicine Education and Outcomes (CAMEO) Program is a research project of the BC Cancer Agency and the UBC School of Nursing. CAMEO provides education and decision support about CAM for people living with cancer, as well as for cancer health professionals. CAMEO also provides their own list of evidence-based websites for CAM information.

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
UMYBORREL	☑	☑	☐	Treatment of Relapsed Multiple Myeloma using Bortezomib with Dexamethasone With or Without Cyclophosphamide
GIEFUPRT	☐	☐	☑	Therapy For Locally Advanced Esophageal Cancer Using Combined Cisplatin, Infusional Fluorouracil And Radiation Therapy
GIRCRT	☐	☐	☑	Adjuvant Therapy For High Risk Cancer Of The Rectum With Combined Capecitabine and Radiation Therapy
GIRINFRT	☐	☐	☑	Adjuvant Therapy For High Risk Cancer Of The Rectum Using Capecitabine, Infusional Fluorouracil And Radiation Therapy
ULUAVGEFF	☑	☐	☐	First-Line Treatment of Epidermal Growth Factor Receptor (EGFR) Mutation-Positive Advanced Non-Small Cell Lung Cancer (NSCLC) with Gefitinib (IRESSA®)

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
BRAVABR	☐	☑	☐	*Administration equipment clarified*	Palliative Therapy for Metastatic Breast Cancer using nanoparticle, albumin-bound (nab)-Paclitaxel (ABRAXANE®)
UGIAVPANI	☑	☐	☐	*Dose modification clarified*	Palliative Third Line Treatment of Metastatic Colorectal Cancer Using Panitumumab
GOOVTAX3	☑	☐	☐	*Eligibility clarified*	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma Using Paclitaxel
KSAD	☑	☐	☐	*Eligibility clarified*	Therapy for Kaposi's Sarcoma With Weekly Doxorubicin
KSLDO	☑	☐	☐	*Eligibility clarified*	Kaposi's Sarcoma Using Liposomal Doxorubicin
KSVB	☑	☐	☐	*Eligibility clarified*	Therapy for Kaposi's Sarcoma Using Vinblastine-Vincristine
ULKMDSL	☑	☑	☐	*Thyroid function testing clarified*	Therapy of Myelodysplastic Syndrome Using Lenalidomide
LYABVD	☑	☐	☐	*Use of cyclophosphamide clarified*	Treatment of Hodgkin's disease with Doxorubicin, Bleomycin, Vinblastine and Dacarbazine

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
LYCODOXMR	☑	☐	☐	*Eligibility clarified*	Treatment of Burkitt Lymphoma and Leukemia (ALL-L3) with Cyclophosphamide, Vincristine, Doxorubicin, Methotrexate, Leucovorin (CODOX-M) and Rituximab
UMYBORPRE	☑	☑	☐	*Title revised, cyclophosphamide option added*	Treatment of High Risk Multiple Myeloma Using Bortezomib with Dexamethasone With or Without Cyclophosphamide as Induction Pre-Stem Cell Transplant
UMYBORTEZ	☑	☑	☐	*Replaced by UMYBORREL*	Treatment of Multiple Myeloma with Bortezomib and Dexamethasone
UMYMPBOR	☑	☑	☐	*Cyclophosphamide option added*	Treatment of Multiple Myeloma using Melphalan, Prednisone and Weekly Bortezomib
SMPDT	☑	☐	☐	*Eligibility clarified*	Topical Therapy for Skin Cancer with PDT (Photodynamic Therapy)

REVISED PATIENT HANDOUTS RELATED TO USE OF FROZEN GLOVES FOR DOCETAXEL TOXICITY

CODE	Protocol Title
BRAJDAC	Adjuvant Therapy for Breast Cancer using Cyclophosphamide, Doxorubicin and Docetaxel
BRAJDC	Adjuvant Therapy for Breast Cancer Using Docetaxel and Cyclophosphamide
UBRAJDCT	Adjuvant Therapy for Breast Cancer Using Docetaxel, Carboplatin and Trastuzumab
BRAJDTFEC	Adjuvant Therapy for Breast Cancer Using Docetaxel and Trastuzumab, and Fluorouracil, Epirubicin and Cyclophosphamide
BRAJFECD	Adjuvant Therapy for Breast Cancer Using Fluorouracil, Epirubicin and Cyclophosphamide
BRAVDCAP	Palliative Therapy for Metastatic Breast Cancer Using Docetaxel and Capecitabine
BRAVDOC	Palliative therapy for metastatic breast cancer using Docetaxel
BRAVGEMD	Palliative Therapy for Metastatic Breast Cancer using Gemcitabine and Docetaxel
BRLAACD	Treatment of Locally Advanced Breast Cancer using Doxorubicin and Cyclophosphamide followed by Docetaxel
BRLAACDT	Treatment of Locally Advanced Breast Cancer using Doxorubicin and Cyclophosphamide followed by Docetaxel and Trastuzumab
UGIGDCF	Palliative Treatment of Metastatic or Locally Advanced Gastric, Esophagogastric Junction, or Esophageal Adenocarcinoma using with Docetaxel, Cisplatin and Infusional Fluorouracil
LUAVDC	First-Line Treatment of Advanced Non-Small Cell Lung Cancer (NSCLC) with Cisplatin and Docetaxel

CODE	Protocol Title
LUAVDOC	Second-Line Treatment of Advanced Non-Small Cell Lung Cancer (NSCLC) with Docetaxel

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	www.bccancer.bc.ca	bulletin@bccancer.bc.ca
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/
COMPASSIONATE ACCESS PROGRAM OFFICE	Ext 6277 Fax (604) 708-2026	cap_bcca@bccancer.bc.ca
DRUG INFORMATION	Ext 6275	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	requests@bccancer.bc.ca
OSCAR HELP DESK	1-(888)-355-0355 Fax (604) 708-2051	oscar@bccancer.bc.ca
PHARMACY CHEMOTHERAPY CERTIFICATION	(250) 712-3900 Ext 686741	rxchemocert@bccancer.bc.ca
PHARMACY PROFESSIONAL PRACTICE	(250) 519.5574	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-(888) 563-7773
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