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FAX request form and IN TOUCH phone list are provided if additional information is needed.

EDITOR'S CHOICE**NEW TREATMENT POLICY 2004/05**

The Provincial Systemic Therapy Program of the BC Cancer Agency is pleased to announce the funding of a number of new treatment programs. These programs will be implemented once the relevant treatment protocols, patient education materials and pre-printed orders have been developed by the Provincial Tumour Groups, the Provincial Pharmacy and the Regional Cancer Centres. Implementation of the new programs will be announced in the Systemic Therapy Update and the relevant supporting documentation will be made available on the BC Cancer Agency web site (www.bccancer.bc.ca).

CURATIVE/ADJUVANT PROTOCOLS

Breast Tumour Group	Projected implementation date
Letrozole adjuvant therapy in postmenopausal women after 5 years of tamoxifen for early breast cancer (BRAJLETL).	1 October 2004
Goserelin plus tamoxifen as combination endocrine adjuvant therapy in premenopausal hormone receptor positive early breast cancer in women who turn down adjuvant chemotherapy.	1 November 2004
Lung Tumour Group	Projected implementation date
Cisplatin and etoposide adjuvant therapy following resection of stage I, II and IIIA non-small cell lung cancer (LUAJEP).	1 July 2004

Lymphoma Tumour Group	Projected implementation date
<p>Rituximab expanded eligibility.</p> <p>a. Rituximab in combination with CHOP as in CHOP-R x 3 followed by radiation for diffuse large B-cell lymphoma, limited stage, at diagnosis (LYCHOPR).</p> <p>b. Rituximab in combination with CHOP for mantle cell lymphoma, advanced stage, at diagnosis, when the patient is not a candidate for the pilot study auto-stem cell transplant (CHOPR, rituximab purged stem cell, consolidation rituximab) (LYCHOPR).</p> <p>c. Rituximab in combination with CVP for advanced stage indolent lymphoma (follicular, small lymphocytic, lymphoplasmacytic, marginal zone) at diagnosis (LYCVPR).</p> <p>d. Rituximab in combination with fludarabine (one dose of rituximab with each cycle of fludarabine x 6) for chronic lymphocytic leukemia, at diagnosis.</p> <p><i>Class II</i> form is needed for rituximab for all the above indications.</p>	<p>1 October 2004</p> <p>1 October 2004</p> <p>1 October 2004</p> <p>1 November 2004</p>

CHRONIC DISEASE PROTOCOLS

Breast Tumour Group	Projected implementation date
<p>Trastuzumab, paclitaxel and carboplatin as first-line treatment for recurrent breast cancer refractory to anthracycline chemotherapy (BRAVTPC).</p> <p><i>Class II</i> form is needed for trastuzumab and paclitaxel.</p>	<p>1 October 2004</p>

Lung Tumour Group	Projected implementation date
<p>Pemetrexed and cisplatin for patients with malignant mesothelioma (LUCISPEM).</p> <p><i>Class II</i> form is needed for pemetrexed.</p>	<p>1 October 2004</p>
<p>Platinum-based combination chemotherapy in treatment of advanced non-small cell lung cancer:</p> <p>a. Cisplatin in combination with docetaxel <u>or</u> gemcitabine.</p> <p><i>Class II</i> form is needed for docetaxel or gemcitabine.</p> <p>b. Carboplatin in combination with gemcitabine <u>or</u> paclitaxel.</p> <p><i>Class II</i> form is needed for gemcitabine or paclitaxel.</p>	<p>1 December 2004</p> <p>1 December 2004</p>
<p>Topotecan as second line treatment in patients with recurrent non-small cell lung cancer after initial cisplatin/etoposide treatment and who are contraindicated for CAV (LUCAV) regimen.</p> <p><i>Class II</i> form is needed for topotecan.</p>	<p>1 December 2004</p>

PROTOCOLS NOT BEING FUNDED FOR 2004/05 FISCAL YEAR

Genitourinary Tumour Group	Priorities and Evaluation Committee Comments
Zoledronic acid for metastatic hormone-refractory prostate cancer to bone.	“The study has significant flaws in its results reporting. The data suggest little, if any benefit with the use of zoledronic acid.”
Zoledronic acid for metastatic renal cell carcinoma to bone.	“The evidence used to support the proposal is weak. Benefits to individual patients would be marginal.”

Lung Tumour Group	Priorities and Evaluation Committee Comments
Pemetrexed as second line treatment for advanced non-small cell lung cancer (NSCLC).	“The level of evidence is good given that the data are presented as a large randomized phase III multi-center trial. The data however were presented in abstract form only and not in a peer reviewed journal. The role for second line therapy for lung cancer seems well established in selected patients and the results of this trial support second line treatment. If these data hold up on peer review, which is most likely, this would be an excellent alternative to standard second line palliative chemotherapy for NSCLC.”

Melanoma Tumour Group	Priorities and Evaluation Committee Comments
Interleukin-2 (aldesleukin) high dose therapy for highly selected patients with metastatic malignant melanoma.	“This is a highly toxic program that will benefit perhaps one patient every 3-6 years, but more than 30 patients are treated (NNT=30) for every one that benefits. The level of evidence is weak, primarily based on phase 2 data, with significant potential for harm.”

Comments from the Priorities and Evaluation Committee contributed to the final funding decision by the Provincial Systemic Therapy Program. On behalf of the BC Cancer Agency Executive and the Provincial Systemic Therapy Program, we would like to thank all members of the Provincial Tumour Groups and the Priorities and Evaluation Committee panels who have worked hard to process all of the submissions and protocols that have facilitated this process.

We are fortunate that the Provincial Ministry of Health has also made funding available for new programs and we hope that we will continue to be able to fund a number of the new drugs that are likely to become available this year.

We are currently in the process of requesting a number of tumour groups to make preliminary submissions for a variety of agents and we would very much appreciate being given as much notice as possible about any new policies that you anticipate proposing.

Ken Swenerton, MD, FRCPC
ACTING PROVINCIAL SYSTEMIC THERAPY PROGRAM LEADER, BC CANCER AGENCY

HIGHLIGHTS OF PROTOCOL CHANGES

New Protocols: The **Breast** Tumour Group has introduced two new protocols. **Adjuvant letrozole** late therapy (BRAJLETL) is indicated in postmenopausal women who are free of recurrence up to 12 months since discontinuation of tamoxifen following 4.5-6 years of adjuvant tamoxifen. This therapy is partly based on a double-blind, placebo-controlled trial of 5189 postmenopausal women with breast cancer who had completed five years of adjuvant tamoxifen therapy. After a median follow-up of 2.4 years, adjuvant letrozole late therapy was associated with significant improvement in disease-free survival (DFS) and reduction in recurrences or new primary contralateral breast cancers.

A new palliative regimen of **trastuzumab**, **paclitaxel** and **carboplatin** (TPC) has also been introduced for recurrent metastatic breast cancer refractory to anthracycline chemotherapy (BRAVTPC). Based on the results from a randomized trial of 160 patients with HER-2/neu positive advanced breast cancer, addition of carboplatin to the combination of trastuzumab and paclitaxel was associated with significant improvement in response rate and time to progression.

Revised Protocols: The **Neuro-oncology** Tumour Group has eliminated the need to revise the dose of **temozolomide** therapy for malignant brain tumours (CNTEMOZ). The dose adjustment was originally in place during the clinical trial phase. However, post-marketing data do not support the continuing of this practice. Dose adjustment for liver dysfunction has been retained as local experience suggests that this may sometimes be applicable.

The **Lung** Tumour Group has replaced the requirement for undesignated application with class II form for the **cisplatin-pemetrexed** regimen for malignant pleural mesothelioma (LUCISPEM). See **New Treatment Policy 2004/05** in this issue for more details.

The **Lymphoma** Tumour Group has revised two protocols related to the expanded eligibility of **rituximab** in combination with chemotherapy. The combination with **CHOP** regimen (LYCHOP-R) is now also indicated for selected patients with mantle cell lymphoma and in patients with limited stage diffuse large B-cell lymphoma at diagnosis. In addition, the tumour group has replaced the requirement for undesignated application with class II form for the combination with cyclophosphamide, vincristine and prednisone (CVP) regimen (LYCVP-R). See **New Treatment Policy 2004/05** in this issue for more details.

CANCER DRUG MANUAL

New Patient Information: The Cancer Drug Manual Editorial Board has reviewed and approved a new patient information handout on **epoetin** (erythropoietin, Eprex®). This was developed by nursing and the Cancer Drug Manual writing team, with expert review by Dr. Barb Melosky, BC Cancer Agency. Although epoetin is not a BC Cancer Agency benefit drug, the handout is a useful tool for nurses who are often involved in the teaching of self-administration of epoetin and for other health professionals.

Limited Revisions: Several drug monographs and patient information handouts have undergone limited revisions.

Cytarabine Monograph has been revised in response to a query from an out-of-country physician regarding dose modifications for renal impairment for high-dose cytarabine ($\geq 3 \text{ g/m}^2$) regimens. A patient with renal impairment was described as having developed cerebellar syndrome after receiving full dose of high-dose cytarabine. Although this is a known toxicity with high dose regimens, there are relatively few published guidelines regarding dose adjustments for renal impairment, possibly because they are not often used outside highly specialized areas. A paragraph has been added to describe the risk factors for developing neurotoxicity and a suggested dose adjustment table has been included in the renal dosing section.

Flutamide Monograph and Handout have been revised to reflect current pharmacy practice of using auxiliary warning label of photosensitivity in the Side Effects section of the monograph. The incidence of photosensitivity reactions with flutamide is low. In the pivotal trial, only 5 out of 294 patients receiving flutamide and a luteinizing-hormone releasing hormone agonist developed photosensitivity reactions. In post-marketing reports, there have been cases of patients who presented with skin reactions in sun-exposed areas about 8 weeks after initial flutamide use. These reactions usually disappeared when flutamide was discontinued and relapsed when it was rechallenged. Given the frequent use of this drug and the limitations of spontaneous adverse events reporting, it is advisable to inform our patients regarding this potential adverse effect. Details on photosensitivity reactions have been added to the monograph.

Imatinib Monograph and Handout have been revised to include **photosensitization** as a potential toxicity and to clarify the concurrent use of **acetaminophen**. Recent reports described mild to moderate cases of erythema and sunburn in 14 patients treated with imatinib for chronic myelogenous leukemia. Sun exposure was transient or mild for six of these patients. Since photosensitization was observed in patients after long-term imatinib therapy, cumulative dosage may be an important determinant for photosensitization. Hence, avoidance

of sun exposure and careful sunburn protection with the use of sun block has been added to the monograph and handout.

A second revision to the imatinib information involves the concurrent use of acetaminophen for headaches in patients being treated with imatinib. The manufacturer's monograph cautions the concurrent use of acetaminophen based on a single fatality due to liver failure with a patient who was taking imatinib and acetaminophen. Since the patient was taking excessive doses of acetaminophen for fever, it was possible that the hepatic failure was due to acetaminophen alone. After consulting with Dr. John Shepherd of the Bone Marrow Transplant/Leukemia Group of the BC Cancer Agency, the patient information handout has been revised to clarify that it is safe to use acetaminophen at usual recommended dose for the treatment of headaches.

Lomustine Monograph and Handout have been revised to clarify the significance of its interaction with cimetidine. This interaction has been included in previous edition of the Cancer Drug Manual, based on one case report from 1985 describing increased neutropenia in patients on lomustine and cimetidine. However, standard drug interaction references and further literature search found no other similar cases. Given that cimetidine is a commonly used drug, the interaction was retained and clarified in the monograph but eliminated from the patient information handout as a routine interaction.

Mechlorethamine Handouts for Topical Application have been revised, after consultation with Dr. Nicholas Voss, Lymphoma Tumour Group, BC Cancer Agency, to reflect the current practice of the extent of application.

PATIENT EDUCATION

Patient Education: A new drug information handout for patient has been developed for **epoetin (erythropoietin, Eprex®)**, while several drug information handouts for patients have been revised: **flutamide, lomustine** and **mechlorethamine** (see Cancer Drug Manual above for more details).

CONTINUING EDUCATION

British Columbia Cancer Agency Annual Cancer Conference 2004: You can now register for this year's conference, which will be held from **November 25 - 27th, 2004** at the Westin Bayshore Hotel in Vancouver. Registration fees are: \$100 early bird (before October 15th), \$150 (after October 15th through November 24th) and \$200 (25-27 November).

The theme of this year will be "**BC: A Living Laboratory - Enhanced Care Through Research at the BCCA**", which will focus on new approaches to maintaining the strong cancer control program of the B.C. Cancer Agency while evolving into a high-performing translational research organization.

The **Partners in Cancer Care** meeting and the **Scientific Fair** will be held respectively on the morning and afternoon of Thursday, November 25th.

The **Clinical Scientific Symposium** will be held on Friday, November 26th. This is open to all healthcare professionals and is an academic, evidence-based exploration of new scientific insights that hold potential to advance cancer care.

In addition, there will be **Provincial Oncology Professionals** education and business meetings held on selected dates on November 25 - 27th for the disciplines listed below.

November 25 th	November 26 th		November 27 th	
<ul style="list-style-type: none"> ▪ Partners in Cancer Care ▪ Pathology ▪ Scientific Fair 	<ul style="list-style-type: none"> ▪ Clinical-Scientific Session ▪ Nursing ▪ Nutrition 	<ul style="list-style-type: none"> ▪ Psychosocial Oncology ▪ Pain & Symptom Management Palliative Care 	<ul style="list-style-type: none"> ▪ Family Practice ▪ Radiation Therapy ▪ Public Education Open Session 	<ul style="list-style-type: none"> ▪ Surgical Oncology ▪ Oral Oncology ▪ Dentistry Symposium ▪ Pediatric Oncology ▪ Medical Oncology Retreat

Other programs will include the **Poster Presentation and Clinical Scientific Banquet** (November 26th) and the new **Public Open Education Session** (November 27th).

For more information on the conference, please visit the BC Cancer Agency website www.bccancer.bc.ca.

National Oncology Pharmacy Symposium (NOPS) 2004 will be held from **October 22 - 24th, 2004** at the Marriott Bloor-Yorkville in Toronto, Ontario. The theme for 2004 is “*Perspectives in Oncology Pharmacy (POP)*” and will cover topics in the areas of symptom management, new drug updates, pharmacy based research, board certification and academic training. This symposium is presented by the Canadian Association of Pharmacy (CAPHO).

CAPHO is the Canadian national forum for oncology pharmacy practitioners and other health care professionals interested in oncology pharmacy. POP at NOPS will cover topics in the areas of symptom management, new drug updates, pharmacy based research, board certification and academic training, etc.

Registration can be done on line at www.capho.ca.

Managing Pain: A Continuing Challenge. This conference will be held on **November 5th and 6th, 2004**, at the Sheraton Guildford Hotel, Surrey BC. Supported by the Fraser Health Authority and the BC Cancer Agency, this conference is designed for physicians, nurses, pharmacists, social workers, and other interested health professionals who provide care and support to patients/clients and families.

For information and registration, contact Wood and Associates Inc., phone (604) 688-3787, fax (604) 688-5749.

FOCUS ON PHARMACY CHEMOTHERAPY EXPOSURE RECORDS

Prevention of chemotherapy exposure is of primary importance to all employees involved in preparation, administration, housekeeping, waste disposal or transport of cytotoxic agents. For health surveillance purposes, records of preparation and related handling activities must be maintained, as determined necessary by the Employee Health Unit and Workers' Compensation Board (WCB) of B.C. regulations. This article will focus on its implications on pharmacy practice.

A pharmacy chemotherapy (chemo) exposure record is a document that records a pharmacist's or pharmacy technician's exposure to chemotherapy drugs. Documentation of exposure to cytotoxic drugs is a requirement of the WCB. "Exposure", for the purposes of this discussion, means preparation and checking of a chemotherapy drug. But exposure, in a theoretical sense and for other purposes, may be broadened to include administration, shipping and receiving, housekeeping and other related activities.

As stated in the WCB Occupational Health and Safety Regulation Book (1), section 6.52, "The employer must maintain a record of all workers who prepare or administer cytotoxic drugs, including the name of the drugs handled, and when practicable, the number of preparations or administrations per week". Exposure records must be maintained for the duration of employment plus 10 years and training records for 3 years from the date that the training occurred (1).

The purpose of documenting exposure to cytotoxic drugs is a safety issue. Cytotoxic drugs are defined as "...an agent that possesses a specific destructive action on certain cells or that may be genotoxic, oncogenic, mutagenic, teratogenic, or hazardous to cells in any way and includes most anti-cancer drugs." (1). There is evidence that occupational exposure to cytotoxic drugs may lead to acute or chronic effects (2). At present, understanding **which drug** may have an affect on the health of an individual exposed, **what effect** that drug may have and at **what exposure level** that effect may happen are all areas where minimal, if any, literature exists. By documenting current exposure under a set standard of practice, evidence may be gathered that might suggest a causal link between exposure and any acute or chronic adverse effects to an individual. This may then lead to changes in our current standard of practice.

The BC Cancer Agency has three policies dealing directly with safe handling standards, employee health and spill management (3.4.5). Policies V-10, V-20 and V-30 can be found on the B.C. Cancer Agency website at <http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Policies.htm>. All policies adhere to and reaffirm the WCB requirement of exposure documentation.

All four regional centres monitor exposure of pharmacists and technicians. Although the exposure records differ slightly from facility to facility, there are common pieces of information collected:

- **Time:** A record is designated over a specific period of time e.g. one day, one week etc.

- **Name of individual(s):** The record must indicate whom the exposure applies to. A record may be designated for one person, or may capture exposure for many persons.
- **List of drugs:** The record must indicate which drug(s) the person has been exposed to.
- **Number of exposures per drug:** A person may be exposed to one drug numerous times during the time period the record is capturing. WCB states "...when practicable, the number of preparations...per week."

Most records currently in use by the Pharmacy departments within B.C. Cancer Agency reflect on a daily basis the pharmacist and technician handling the drug, the drug name, and number of exposures to that drug (i.e. number of preparations). Some records may even indicate dose exposure, not just drug. At this time, there are no exposure limits for specific cytotoxic drugs. Although monitoring dose exposure of a specific drug is a more exact measurement of exposure, the practical use of this information has yet to be determined.

The B.C. Cancer Agency has a Pharmacy Safe Handling Working Group (PSHWG), chaired by Dianne Kapy (Fraser Valley Centre) that is comprised of one pharmacist and one technician representing each of the four regional cancer centres. This group was formed in June 2003, and among other projects, is working towards the development of a provincial pharmacy chemo exposure record.

The Workers Compensation Board of B.C. requires documentation of exposure to cytotoxic drugs, and it falls to the individual facility to be responsible for this documentation. Please contact your Pharmacy CON Educator at your B.C. Cancer Agency regional cancer centre for a sample of a chemo exposure record currently in use.

References:

1. Workers' Compensation Board of British Columbia. Occupational health and safety regulation – BC Regulation 296/97, as amended by BC Regulation 185/99: volume 2, general hazard requirements parts 5-9. Workers' Compensation Board of BC: Vancouver, BC, April 15, 1998 (amended October 1, 1999).
2. National Institute for Occupational Safety and Health (NIOSH). Preventing occupational exposures to antineoplastic and other hazardous drugs in healthcare settings. Cincinnati, Ohio: NIOSH - Publications Dissemination; 25 March 2004. p. 1-93. Pre-publication copy, available at www.cdc.gov/niosh/docs/2004-HazDrugAlert/
3. British Columbia Cancer Agency Provincial Systemic Therapy Program. Provincial Systemic Therapy Program Policy V-10: Cytotoxic Agents, Safe Handling Standards. Vancouver, British Columbia: BC Cancer Agency; 1 August 2000.
4. British Columbia Cancer Agency Provincial Systemic Therapy Program. Provincial Systemic Therapy Program Policy V-20: Employee Health: Management of Risks Related to Cytotoxic Agents. Vancouver, British Columbia: BC Cancer Agency; 26 March 1998.
5. British Columbia Cancer Agency Provincial Systemic Therapy Program. Provincial Systemic Therapy Program Policy V-30: Spill Management of Cytotoxic Agents. Vancouver, British Columbia: BC Cancer Agency; 1 August 2000.

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LIBRARY/CANCER INFORMATION

BCCA Library Search Tip of the Month: Free access to full-text journals through PubMed

PubMed <http://pubmed.gov> is the free public interface for the U.S. National Library of Medicine's database formerly known as Medline. It is designed to be user-friendly although it does offer a variety of sophisticated search options for those wanting a more precise search. Over the next few months the BC Cancer Agency library will present different search tips and suggestions for searching PubMed more effectively.

One of the most useful features of PubMed is that citations link to the full-text journal article whenever possible. Often access to the full-text requires a subscription, but increasing numbers of peer-reviewed articles are freely available online in PubMed Central, NLM's open access digital archive.

PubMed alerts you to the availability of open access by placing the icon  beside the title display. Clicking

this icon will take you to the abstract where you will find the message:



Click on this image and you will gain access to the full-text article. Some of the journals that provide immediate access to their full-text via PubMed Central are new titles only available online (e.g., BMC Cancer, BMC Palliative Care, Breast Cancer Research) while others are also available in print (e.g., BMJ, CMAJ). Many publishers are allowing full-text access to their journal content after a short embargo (e.g. PNAS, 6 months after

publication, EMBO Journal after 12 months). Check the full content list for PubMed Central:
<http://www.pubmedcentral.nih.gov/index.html>

Cathy Rayment
Provincial Library Leader
BCCA Libraries / Cancer Information Centres

LIST OF NEW AND REVISED PROTOCOLS

The **INDEX to BC Cancer Agency Protocol Summaries** is revised monthly (includes tumour group, protocol code, indication, drugs, last revision date and version). Protocol codes for treatments requiring “Undesignated Indication” approval are prefixed with the letter U.

- **BRAJLETL** new: Adjuvant therapy of letrozole in postmenopausal women after five years of tamoxifen for early breast cancer
- **BRAVTPC** new: Palliative therapy for metastatic breast cancer using trastuzumab (Herceptin®), paclitaxel and carboplatin as first-line treatment for recurrent breast cancer refractory to anthracycline chemotherapy
- **(U)CNGBMTMZ** new: Concomitant and adjuvant temozolomide for newly diagnosed malignant gliomas
- **CNTEMOZ** revised (dose adjustment for renal function): Therapy for malignant brain tumours using temozolomide
- **LUCISPEM** revised (replaced undesignated protocol ULUPA, undesignated request replaced by class II indication): Treatment of malignant mesothelioma with cisplatin and pemetrexed (Alimta®)
- **LYCHOPR** revised (expanded eligibility): Treatment of lymphoma with doxorubicin, cyclophosphamide, vincristine, prednisone and rituximab (CHOP-R)
- **LYCVPR** revised (undesignated requested replaced by class II indication): Treatment of advanced indolent lymphoma using cyclophosphamide, vincristine, prednisone and rituximab

LIST OF NEW AND REVISED PRE-PRINTED ORDERS

Pre-printed orders should always be checked with the most current BC Cancer Agency protocol summaries. The BC Cancer Agency Vancouver Centre has prepared chemotherapy pre-printed orders, which can be used as a guide for reference. An index to the orders can be obtained by Fax-back

- **GOCAT** revised (protocol code, methylprednisolone replaced by hydrocortisone)
- **UGOOVIN** revised (labs section): Palliative chemotherapy for re-treatment of ovarian, tubal, and peritoneal cancer using vinorelbine
- **GUVIP2** revised (etoposide infusion duration): Nonseminoma consolidation/salvage protocol using etoposide, cisplatin, ifosfamide, mesna
- **LUAJEP** revised (appointment section): Adjuvant cisplatin and etoposide following resection of stage I, II and IIIA non-small cell lung cancer
- **LUDOC** revised (class II statement clarified): Second-line treatment for advanced non-small cell lung cancer (NSCLC) with docetaxel (Taxotere®)
- **(U)LUGEF** new: Third-line treatment for advanced non-small cell lung cancer (NSCLC) with gefitinib (Iressa®)
- **LYCPVR** new: Treatment of advanced indolent lymphoma using cyclophosphamide, vincristine, prednisone and rituximab (CVP-R)
- **(U)MYBORTEZ** revised (vital signs deleted, appointments revised, dose revised): Treatment of Multiple myeloma with bortezomib

- **MYHDC** revised (filgrastim dosing): Single dose cyclophosphamide priming therapy for multiple myeloma prior to autologous stem cell transplant
- **MYMP** new: Treatment of multiple myeloma using melphalan and prednisone

WEBSITE RESOURCES

Reimbursement and Forms: The current Benefit Drug List, Class II forms and Undesignated Indication Application forms are available on the BC Cancer Agency website under Health Professionals Info, Chemotherapy Protocols, Frequently Used Forms (<http://www.bccancer.bc.ca/ChemoProtocols/Forms/>).

Patient information handouts for cancer drugs are available on the BC Cancer Agency website (www.bccancer.bc.ca/DrugDatabasePt/) under Health Professionals Info, Cancer Drug Manual, Drug Information for the Patient. For treatment protocol specific information, go to the BC Cancer Agency website (www.bccancer.bc.ca) under [Health Professionals Info, Chemotherapy Protocols, Information for the Patient](#).

Cancer Management Guidelines: The Cancer Management Guidelines are available on the BC Cancer Agency website (<http://www.bccancer.bc.ca/CaMgmtGuidelines/>) under Health Professionals Info, Cancer Management Guidelines.

The Cancer Chemotherapy Protocols are available on the BC Cancer Agency website (www.bccancer.bc.ca/ChemoProtocols) under Health Professionals Info, Chemotherapy Protocols.

The Cancer Drug Manual is available on the BC Cancer Agency website www.bccancer.bc.ca/cdm/.

Provincial Systemic Therapy Program Policies: BC Cancer Agency Systemic Therapy Policies are available on the BC Cancer Agency website (www.bccancer.bc.ca) under Health Professionals Info, Chemotherapy Protocols, Policies and Procedures.

The Unconventional Cancer Therapies Manual is available on the BC Cancer Agency website www.bccancer.bc.ca under Patient/Public Info, Unconventional Therapies.

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IN TOUCH

BC Cancer Agency	www.bccancer.bc.ca	bulletin@bccancer.bc.ca
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Fraser Valley Centre (FVCC)	(250) 712-3900	Toll-Free 1-(888)-563-7773
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	(250) 519-5500	Toll-Free 1-(800)-670-3322

BC CANCER AGENCY SYSTEMIC THERAPY UPDATE REQUEST FORM

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Most items have been hyperlinked for easy access

<input type="checkbox"/> All items for October 2004 (Vol 7 № 10)				
Cancer Drug Manual Monographs : (also available on our website www.bccancer.bc.ca)				
Patient Education Handout : (also available on our website www.bccancer.bc.ca)				
Pre-Printed Orders:				
<input type="checkbox"/> GOCAT	<input type="checkbox"/> UGOOVVIN	<input type="checkbox"/> GUVIP2	<input type="checkbox"/> LUAJEP	<input type="checkbox"/> LUDOC
<input type="checkbox"/> (U)LUGEf	<input type="checkbox"/> LYCPVR	<input type="checkbox"/> (U)MYBORTEZ	<input type="checkbox"/> MYHDC	<input type="checkbox"/> MYMP
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<input type="checkbox"/> LUCISPEM	<input type="checkbox"/> LYCHOPR	<input type="checkbox"/> LYCVPR		
Provincial Systemic Therapy Program Policies				
Reimbursement (also available on our website www.bccancer.bc.ca)				
<input type="checkbox"/> Benefit Drug List (01 October 2004)		<input type="checkbox"/> Class 2 Form (01 October 2004)		
Systemic Therapy Update Index (also available on our website www.bccancer.bc.ca)				
<input type="checkbox"/> Jan-Dec 2000	<input type="checkbox"/> Jan-Dec 2001	<input type="checkbox"/> Jan-Dec 2002	<input type="checkbox"/> Jan-Dec 2003	
<input type="checkbox"/> Jan-Jun 2004				