



## INSIDE THIS ISSUE

- Editor's choice: Pemetrexed (Alimta®) - Approval by Health Canada; BCCA Annual Cancer Conference - Online registration, call for poster abstracts; New undesignated form
- [Highlights of Protocol Changes](#): New adjuvant therapy for pancreatic cancer; New lymphoma protocol - ULYCVP-R; Revised paclitaxel dosing for gynaecological protocols - GOENDCAT, GOOVCATX, UGOCXCAT
- Highlights of Pre-Printed Order Changes: New gastrointestinal preprinted orders for UGICAPIRI; Revisions to all lymphoma preprinted orders to include hepatitis antigen testing
- [Cancer Drug Manual](#) – Revision of Anastrozole, BCG, Etoposide, Exemestane, Letrozole, Tamoxifen and Vincristine monographs and patient handouts
- [Continuing Education](#) – BC Cancer Agency Annual Cancer Conference, National Oncology Pharmacy Symposium, Canadian Association of Nurses in Oncology Annual Conference, Breast Tumour Group Retreat
- [List of New and Revised Protocols](#): GIPAJFF, (U)GOCXCAT, GOENDCAT, GOOVCATR, GOOVCATX, (U)LYCVP-R
- List of New and Revised Pre-Printed Orders: UGICAPIRI, LUPG, LUNAVP, GOCXCAD, all lymphoma pre-printed orders
- [Website Resources](#): Reimbursement and Forms, [Patient Education](#), [Cancer Management Guidelines](#), [Provincial Systemic Therapy Policies](#), Unconventional Cancer Therapies Manual

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

## EDITOR'S CHOICE

**Pemetrexed (Alimta®)** injection has recently been granted Health Canada approval for first-line treatment of patients with malignant pleural mesothelioma whose disease is unresectable or who are otherwise not candidates for surgery. Until now, the drug has been available free of charge through the Special Access Programme (SAP). With the Health Canada approval, SAP access will no longer be available for this drug for any indications. Patients currently receiving pemetrexed through the Special Access Programme can continue to do so for the duration of their therapy. Undesignated approval (on a case by case basis) is still required prior to use of pemetrexed.

**Registration for the BC Cancer Agency Annual Cancer Conference 2004, "BC: A Living Laboratory - Enhanced Care Through Research at the BCCA"**, is now available through the website. The deadline for poster and abstract submissions is September 24, 2004. See under "Continuing Education – BC Cancer Agency Annual Cancer Conference" for more details on registration, and abstract and poster submission.

**The undesignated form** has been revised. The form no longer includes the addressograph, resulting in additional space for the *rationale* section. Please use this new form when making undesignated requests www.

## HIGHLIGHTS OF PROTOCOL CHANGES

**New Protocols:** The **Gastrointestinal** Tumour Group has introduced a new adjuvant protocol for **pancreatic** cancer using a 5-day regimen of **fluorouracil** and **leucovorin** (folinic acid) (**GIPAJFF**). This is based on the recent findings of a multi-centre trial involving 289 patients with resected pancreatic ductal adenocarcinoma. After a median follow-up of 47 months, adjuvant fluorouracil and leucovorin was associated with significantly improved survival (adjusted hazard ratio for death, 0.77 [95% CI, 0.58-1.01]; 5-year survival rate, 21% vs. 8% [p=0.009]).

The **Lymphoma** Tumour Group has introduced a new undesignated protocol for treatment of **advanced indolent lymphoma** using **cyclophosphamide, vincristine, prednisone (CVP) and rituximab (ULYCVP-R)**. Note that the rituximab is given once with each dose of CVP every 21 to 28 days, not weekly as is used when rituximab is used as single agent. Completion of an "Individual Use of Benefit Drug List Medication for an Undesignated Indication" form is required for this protocol.

**Revised Protocols:** The **Gynecological** Tumour Group has revised several protocols to allow for **paclitaxel dosing options** of 155mg/m<sup>2</sup> and 135 mg/m<sup>2</sup> for these regimens. Revised protocols include treatment of **primary advanced or recurrent endometrial cancer (GOENDCAT)**, primary treatment of **visible residual (extreme risk) invasive epithelial ovarian cancer (GOOVCATX)** and primary treatment of **advanced/recurrent non-small cell cancer of the cervix (UGOCXCAT)**.

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### HIGHLIGHTS OF PRE-PRINTED ORDER CHANGES

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**New Pre-Printed Orders:** The **Gastrointestinal** Tumour Group has introduced a new pre-printed order for UGICAPIRI-palliative combination chemotherapy for metastatic colorectal cancer using irinotecan and capecitabine in patients unsuitable for GIFOLFIRI.

**Revised Preprinted Orders:** All **lymphoma pre-printed orders** have been changed to add HbsAg and HbcoreAb as an option. In Lymphoma patients with a history of hepatitis B infection, the chemotherapy required to attempt to cure the lymphoma can cause the hepatitis infection to flare back up. This occurs in about 40% of patients given chemotherapy for lymphoma. Patients found to have positive testing for either hepatitis B surface antigen (HBsAg) or antibody to hepatitis B core antigen (HBcAb) should be considered to be at risk for fulminant hepatitis, if treated with immunosuppressive chemotherapy, especially agents such as corticosteroids or purine analogues. The BCCA Lymphoma Tumour Group recommends that all lymphoma patients should be tested for both HBsAg and HBcAb.

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### CANCER DRUG MANUAL

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**Drug Monographs Updated:** The **BCG** monograph & patient handout have undergone limited revision. Issues regarding bladder retention and disposal of urine after bladder instillation have been updated.

The **etoposide** monograph & patient handout for oral administration have undergone limited revision. The effect of food and grapefruit juice on oral bioavailability has been revised.

The monographs and patient handouts for the **hormonal agents, tamoxifen, anastrozole, letrozole and exemestane** have undergone limited revision. Drug interactions and information regarding hot flashes have been updated. In addition, for tamoxifen, common trade names and cautions regarding uterine sarcoma have been added.

The **vincristine** monograph and patient handout have been completely updated from the last revision of the Cancer Drug Manual 2nd edition. Many new adverse effects and drug interactions have been updated.

The Cancer Drug Manual is available on the BC Cancer Agency website [www.bccancer.bc.ca/cdm/](http://www.bccancer.bc.ca/cdm/).

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### PATIENT EDUCATION

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**Patient Education:** Several drug information handouts for patients have been revised: **anastrozole, BCG, etoposide, exemestane, letrozole, tamoxifen, and vincristine** (see Cancer Drug Manual above for more details).

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### CONTINUING EDUCATION

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**British Columbia Cancer Agency Annual Cancer Conference 2004:** You can now register for this year's conference, which will be held from **November 25 - 27<sup>th</sup>, 2004** at the Westin Bayshore Hotel in Vancouver. Registration fees are: \$100 early bird (before October 15<sup>th</sup>), \$150 (after October 15<sup>th</sup> through November 24<sup>th</sup>) 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 BCCA 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 25<sup>th</sup>. The *Clinical Scientific Symposium* will be held on Friday, November 26<sup>th</sup>. 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 - 27<sup>th</sup> for the following disciplines:

November 25 <sup>th</sup>		
▪ Pathology		
November 26 <sup>th</sup>		
▪ Nursing	▪ Nutrition	
▪ Palliative care	▪ Psychosocial Oncology	
November 27 <sup>th</sup>		
▪ Pharmacy	▪ Medical Oncology Retreat	▪ Family Practice
▪ Oral Oncology	▪ Radiation Therapy	▪ Pediatric Oncology
▪ Surgical Oncology		

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

**Abstract and poster submissions** are currently being accepted. These can be previously presented or published in the last year or can be new abstracts and posters. The deadline for submission is September 24, 2004.

For more information on the conference, please visit the BC Cancer Agency website [www.bccancer.bc.ca](http://www.bccancer.bc.ca).

**The Breast Tumour Group** will be holding a half day retreat on September 24, 2004 from 12:30pm to 5:00pm. Topics to be discussed include the role of aromatase inhibitors and current adjuvant guidelines. More information is available on the BCCA website:

<http://www.bccancer.bc.ca/HPI/CancerManagementGuidelines/Breast/BTGRetreat.htm>

**Canadian Association of Nurses in Oncology (CANO)** The 16<sup>th</sup> Annual CANO Conference will be held on September 26-29<sup>th</sup>, 2004, at the Hyatt Regency, Calgary. The theme for this year is "*The Spectrum of Cancer Care: Celebrating the Present, Creating our Future*".

Conference information and registration forms are available on the CANO website at [www.cos.ca/cano](http://www.cos.ca/cano).

**National Oncology Pharmacy Symposium (NOPS) 2004** will be held from **October 22 - 24<sup>th</sup>, 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](http://www.capho.ca). The deadline for early bird registration is September 17, 2004

**Managing Pain: A Continuing Challenge.** This conference will be held on **November 5<sup>th</sup> and 6<sup>th</sup>, 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.

## LIST OF NEW AND REVISED PROTOCOLS

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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**.

- **GIPAJFF** new: Adjuvant therapy for resected pancreatic cancer using leucovorin and fluorouracil
- **GOCXCAT** revised (to allow for paclitaxel dosing options of 155 mg/m<sup>2</sup> and 135 mg/m<sup>2</sup>): Primary treatment of advanced/recurrent non-small cell cancer of the cervix with carboplatin and paclitaxel in ambulatory care settings
- **GOENDCAT** revised (to allow for paclitaxel dosing options of 155 mg/m<sup>2</sup> and 135 mg/m<sup>2</sup>): Treatment of primary advanced or recurrent endometrial cancer using carboplatin and paclitaxel
- **GOOVCATR** revised (to allow for paclitaxel dosing options of 155 mg/m<sup>2</sup> and 135 mg/m<sup>2</sup>): Second line treatment using paclitaxel and carboplatin for epithelial ovarian cancer relapsing after primary treatment
- **GOOVCATX** revised (to allow for paclitaxel dosing options of 155 mg/m<sup>2</sup> and 135 mg/m<sup>2</sup>): Primary treatment of visible residual (extreme risk) invasive epithelial ovarian cancer
- **ULYCVP-R** new: Treatment of advanced indolent lymphoma using cyclophosphamide, vincristine, prednisone and rituximab

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

## LIST OF NEW AND REVISED PRE-PRINTED ORDERS

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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

- **UGICAPIRI** new: Palliative combination chemotherapy for metastatic colorectal cancer using irinotecan and capecitabine in patients unsuitable for GIFOLFIRI
- **GOCXCAD** revised (labs section, no longer undesignated form for GOCXCAD, methylprednisolone now replaced by hydrocortisone): Primary treatment of advanced/recurrent non-small cell cancer of the cervix with carboplatin and docetaxel in ambulatory care settings
- **LUNAVP** revised (Labs section): Palliative therapy of non-small cell lung cancer using cisplatin and vinorelbine
- **LUPG** revised (the order of gemcitabine and cisplatin has been changed): Treatment of non-small cell lung cancer and malignant mesothelioma with cisplatin and gemcitabine
- **LYABVD** revised (HbsAg and HbcoreAb added as option): Treatment of Hodgkin's disease with doxorubicin, bleomycin, vinblastine and dacarbazine
- **ULYALEM** revised (HbsAg and HbcoreAb added as option): Treatment of fludarabine-refractory B-chronic lymphocytic leukemia (B-CLL) and T-prolymphocytic leukemia (T-PLL) with alemtuzumab
- **LYCCOP** revised (HbsAg and HbcoreAb added as option): Treatment of Hodgkin's disease using cyclophosphamide, vincristine, prednisone
- **LYCDA** revised (HbsAg and HbcoreAb added as option): Treatment of hairy cell leukemia with cladribine
- **LYCHLOR** revised (HbsAg and HbcoreAb added as option): Therapy for low grade lymphoma and chronic lymphocytic leukemia using chlorambucil
- **LYCHOP** revised (HbsAg and HbcoreAb added as option): Treatment of lymphoma with doxorubicin, cyclophosphamide, vincristine and prednisone
- **LYCHOP-R** revised (HbsAg and HbcoreAb added as option): Treatment of lymphoma with doxorubicin, cyclophosphamide, vincristine, prednisone and rituximab
- **LYCSPA** revised (HbsAg and HbcoreAb added as option): Cyclosporine for cytopenias associated with lymphoproliferative disorder of large granular lymphocytes
- **LYCVP** revised (HbsAg and HbcoreAb added as option): Advanced indolent lymphoma using cyclophosphamide, vincristine and prednisone

- **LYCVPPABO** revised (HbsAg and HbcoreAb added as option): Treatment of Hodgkin's disease with cyclophosphamide, vinblastine, procarbazine and prednisone
- **LYCYCLO** revised (HbsAg and HbcoreAb added as option): Therapy of lymphoma, Hodgkin's disease, chronic lymphocytic leukemia or multiple myeloma using cyclophosphamide
- **LYECV** revised (HbsAg and HbcoreAb added as option): Consolidation for lymphoma using etoposide and cyclophosphamide
- **LYFLU** revised (HbsAg and HbcoreAb added as option): Treatment of low-grade lymphoma or chronic lymphocytic leukemia with fludarabine
- **LYGDP** revised (HbsAg and HbcoreAb added as option): Treatment of lymphoma with gemcitabine, dexamethasone and cisplatin
- **LYHDMTXP** revised (HbsAg and HbcoreAb added as option): Treatment of primary intracerebral lymphoma with high dose methotrexate
- **LYHDMXTR** revised (HbsAg and HbcoreAb added as option): Treatment of leptomeningeal lymphoma or recurrent intracerebral lymphoma with high dose methotrexate
- **LYIT** revised (HbsAg and HbcoreAb added as option): Treatment of lymphoma using intrathecal methotrexate and cytarabine
- **ULYMFBE** revised (HbsAg and HbcoreAb added as option): Treatment for refractory cutaneous T-cell lymphoma using bexarotene
- **LYODBEP** revised (HbsAg and HbcoreAb added as option): Treatment of Hodgkin's disease in elderly patients with vincristine, doxorubicin, bleomycin, etoposide and prednisone
- **LYPALL** revised (HbsAg and HbcoreAb added as option): Lymphoma palliative chemotherapy
- **LYRITUX** revised (HbsAg and HbcoreAb added as option): Treatment of lymphoma with single agent rituximab
- **LYSCNCC** revised (HbsAg and HbcoreAb added as option): Treatment of Burkitt lymphoma with cyclophosphamide and methotrexate (leucovorin)
- **LYTHALID** revised (HbsAg and HbcoreAb added as option): Therapy of multiple myeloma using thalidomide

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#### 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/](http://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](http://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/CanMgmtGuidelines/>) under Health Professionals Info, Cancer Management Guidelines.

**Provincial Systemic Therapy Program Policies:** BC Cancer Agency Systemic Therapy Policies are available on the BC Cancer Agency website ([www.bccancer.bc.ca](http://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](http://www.bccancer.bc.ca) under Patient/Public Info, Unconventional Therapies. The manual consists of 46 short monographs on the more commonly used unconventional cancer therapies (e.g., Essiac, vitamins, teas, shark cartilage) and includes tips for the patient and family on how unconventional therapies can be evaluated. For

each therapy, the manual provides proponent/advocate claims, as well as evidence-based evaluation/critique quotations from the literature.

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\*\*\*Most items have been hyperlinked for easy access\*\*\*

<input type="checkbox"/> All items for <b>September 2004 (Vol 7 №8)</b>				
<a href="#">Cancer Drug Manual Monographs</a> : (also available on our website <a href="http://www.bccancer.bc.ca">www.bccancer.bc.ca</a> )				
<a href="#">Patient Education Handout</a> : (also available on our website <a href="http://www.bccancer.bc.ca">www.bccancer.bc.ca</a> )				
Pre-Printed Orders:				
<input type="checkbox"/> UGICAPIRI	<input type="checkbox"/> GOCXCAD	<input type="checkbox"/> LUNAVP	<input type="checkbox"/> LUPG	<input type="checkbox"/> LYABVD
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<input type="checkbox"/> LYIT	<input type="checkbox"/> ULYMFBEX	<input type="checkbox"/> LYODBEP	<input type="checkbox"/> LYPALL	<input type="checkbox"/> LYRITUX
<input type="checkbox"/> LYSCNCC	<input type="checkbox"/> LYTHALID			
Protocol Summaries: (also available on our website <a href="http://www.bccancer.bc.ca">www.bccancer.bc.ca</a> )			<a href="#">Index of Protocol Summaries</a>	
<input type="checkbox"/> GIPAJFF	<input type="checkbox"/> GOCXCAT	<input type="checkbox"/> GOENDCAT	<input type="checkbox"/> GOOVCATR	<input type="checkbox"/> GOOVCATX
<input type="checkbox"/> ULYCVP-R				
<a href="#">Provincial Systemic Therapy Program Policies</a>				
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