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

HIGHLIGHTS OF PROTOCOL CHANGES

New and Revised Protocols The *Breast* Tumour Group has introduced several *adjuvant* treatment regimens. BRAJCAFPO is a new standard option for patients who are at extreme or high risk for a recurrence. It is a 6-month regimen that uses *doxorubicin* and *fluorouracil* intravenously on days 1 and 8 with *cyclophosphamide* taken orally on days 1 to 14 in a 28-day cycle. The companion regimen, BRAJCAF-G, is the all intravenous version for patients requiring filgrastim support in order to complete treatment. Another adjuvant treatment that has been introduced into routine use is the sequential regimen using *AC (doxorubicin-cyclophosphamide)* to be followed by *paclitaxel* (BRAJACT). This protocol is for patients less than 60 years of age and node positive, or node negative but with high risk of recurrence.

Other protocol changes include the new combined *cisplatin* chemotherapy and *radiation* treatment for locally advanced squamous cell carcinoma of the *head and neck* (HNCMT2) and the expanded use of imatinib as first line treatment of chronic myeloid leukemia (ULKCMLI).

BENEFIT DRUG LIST

The following new program has been funded by the Provincial Systemic Therapy Program effective 1 January 2004:

- **Paclitaxel** given sequentially after AC (doxorubicin-cyclophosphamide regimen) (BRAJACT)
This new indication is now added to the existing Class II drug on the benefit list. A Class II form must be completed for paclitaxel and submitted to the Provincial Systemic Therapy Program before the drug will be dispensed at a regional cancer centre or reimbursed to a community hospital.

Susan O'Reilly, MB, FRCPC
Provincial Systemic Program Leader

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

LIST OF NEW AND REVISED PROTOCOLS

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

- **BRAJACT** revised (undesignated request changed to class II, eligibility clarified): Adjuvant therapy for breast cancer using doxorubicin and cyclophosphamide followed by paclitaxel (Taxol®)
- **BRAJCAF-G** new: Adjuvant therapy for breast cancer using cyclophosphamide, doxorubicin, fluorouracil and filgrastim (G-CSF)
- **BRAJCAFPO** new: Adjuvant therapy for breast cancer using oral cyclophosphamide, doxorubicin and fluorouracil
- **HNCMT2** new: Combined chemotherapy and radiation treatment for locally advanced squamous cell carcinoma of the head and neck
- **ULKCMLI** revised (eligibility expanded to include first line): Palliative therapy for chronic myeloid leukemia using imatinib (Gleevec™)
- **LYCHLOR** revised (dosing option added): Therapy for low grade lymphoma and chronic lymphocytic leukemia using chlorambucil
- **LYCVPPABO** new: Treatment of Hodgkin’s disease with cyclophosphamide, vinblastine, procarbazine and prednisone

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

REMINDER TO ALL ONCOLOGISTS: TRANSFER OF CARE

When sending patients to a community centre for treatment:

1. Any undesignated indication request should be made by the **oncologist** if a patient is to be treated in a community that does not have a regional oncologist or experienced internist familiar with that treatment.
2. Transfer of care should be made by **personal communication** between the oncologist and the physician accepting the care. This includes phone call and any necessary support for community physicians who deal with the BCCA infrequently.

CANCER MANAGEMENT GUIDELINES

Tumor Markers A new section on a new diagnostic tumour marker, **Chromogranin A (CgA)**, has been added. Serum CgA is now available through the Tumour Marker Laboratory. CgA is a protein, located in the secretory vesicles of neuroendocrine cells, which is co-secreted with a wide variety of peptide hormones and neurotransmitters. Tumours with neuroendocrine properties typically secrete large quantities of chromogranin A into the circulation. This test is considered useful in the diagnosis and monitoring of patients with carcinoid tumours, islet cell tumours, pheochromocytoma, neuroblastoma, and other tumours of neuroendocrine origin.

The reference range for CgA is <40 U/L. Using this cut-off, we found approximately 75% of patients with active disease have an elevated CgA value. Values >100 U/L are frequently associated with regional or metastatic disease. Only a few patients with locally confined disease have CgA values >100 U/L. A small proportion of patients who do not have a neuroendocrine tumour (10% or less) may also have increased serum concentrations of CgA. Values may be elevated in patients with renal failure. Values may also be increased in patients experiencing significant stress, because CgA is co-released with catecholamines. Like all tumour

markers, the sensitivity and specificity of CgA are less than perfect and results must be interpreted in light of the patient's clinical picture.

CgA may be ordered on the Tumour Marker Lab requisition (form AT#1) or an equivalent miscellaneous requisition. The sample type is serum (red top or SST tube) and aliquots are to be shipped refrigerated or frozen. Initially the assay will be performed once per month, but test frequency may increase, depending on test volumes and clinical circumstances.

For questions about the clinical significance or interpretation of the chromogranin A assay, please contact Dr. W.E. Schreiber, Director, Tumour Marker Laboratory, Vancouver Cancer Centre, at 604-875-4111, local #68204. For technical or process issues, please contact the Tumour Marker Lab directly at 604-877-6098, local #2092.

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.

PRE-PRINTED ORDER UPDATE

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.

- **ULYALEM** revised (CMV testing): Treatment of fludarabine-refractory B-chronic lymphocytic leukemia (B-CLL) and T-prolymphocytic leukemia (T-PLL) with alemtuzumab
- **SMAJIFN(IV)** revised (Appointments section. Chemo must be booked prior to 1700h): Adjuvant therapy of high risk malignant melanoma with high dose interferon (HDIFN) α -2b

PATIENT EDUCATION

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](#).

DRUG UPDATE

Gefitinib (Iressa®, ZD 1839), an oral antineoplastic agent, has recently been granted conditional approval by Health Canada. Gefitinib 250mg per day is approved as monotherapy (third line therapy) for the treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) who have failed prior platinum-based and docetaxel chemotherapy.

Until now, this drug has been available free of charge through the Special Access Program (also called Expanded Access Program for this drug). Physicians needed undesignated approval from BCCA and SAP approval from Health Canada and AstraZeneca in order to use gefitinib. With the Health Canada approval, the following interim changes in the requesting process have been made:

1. **Patients currently receiving gefitinib:** patients will continue to receive free drug until their therapy is stopped.
2. **New lung cancer patients starting gefitinib:** For the first four months post launch, AstraZeneca is offering an Iressa Patient Assistance Program (IPAP) to allow reimbursement authorities time to review the clinical data. New patients who fit the Health Canada approved indication will receive free drug throughout their

treatment. Physicians treating these patients will still need to receive BCCA undesignated approval. The BCCA Systemic Therapy Program is developing procedures for implementation of the Iressa Patient Assistance Program in BC. Once in place, these will be communicated to CON centres via fax, email, and in the monthly Systemic Therapy Update newsletter.

New lung cancer patients who do not fit the Health Canada approved indication may be reviewed on a case-by-case basis through the BCCA undesignated request process.

3. **Head and neck cancer patients:** Physicians can still apply for free drug from the Special Access/Expanded Access Program, and must also receive BCCA undesignated approval.

For more information, call the BCCA Undesignated Indication Requests at (604) 877-6277 or 1-800 633-3333 local 6277.

CANCER DRUG MANUAL

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 (<http://www.bccancer.bc.ca/ChemoProtocols/Policies/>) under Health Professionals Info, Chemotherapy Protocols, Policies and Procedures.

NURSING UPDATE

Just in Time Symptom Management Education Initiative The BC Cancer Agency's *Just in Time Symptom Management Education Initiative* (JIT), a program designed to bring oncology nurses the latest "bite sized" information to help them better understand, assess, manage and evaluate their patients symptoms, is now available on the agency's website.

Click on the link to open the page: <http://www.bccancer.bc.ca/HPI/Nursing/Education/JIT>. We hope to "whet your appetite" to pursue the references we provide with each JIT.

A new JIT will be posted every six to eight weeks, and all previous ones archived for easy access, covering eight symptoms over the course of the program. We look forward to your suggestions about other areas of cancer care that we could include in the future.

The first of the symptoms covered is dyspnea, which is posted on the website. Each symptom will be addressed in the following manner:

A summary of the latest evidence concerning the etiology, assessment, management and evaluation of each symptom will be provided.

References will be provided for nurses to enrich their knowledge of the symptom area. The mechanism for obtaining the cited references is to contact Jodi Graham @ jgraham@bccancer.bc.ca or by phone @ 250-519-5573. Please be prepared to provide your email, fax number or mailing address.

A post-test assessing the knowledge retained from both the summary and the references will be provided.

Feedback on each particular symptom area will be provided, so that the nurse can assess if s/he has mastered that symptom area of knowledge.

Overall feedback from the program's self-test will be tabulated to provide the nurses an overall sense of his/her cancer symptom management knowledge base.

Feedback from this program can be used to measure the extent to which you enhance your knowledge of cancer symptom management, which in turn can be used to determine your achievement of both the Registered Nurses Association of British Columbia and the Canadian Association of Nurses in Oncology Standards.

Additionally, we will track your overall scoring on the JIT program, and offer a reward to the nurse who scores the highest total.

Good luck and good learning!

Ann Syme

Provincial Leader, Pain and Symptom Management/Palliative Care
BC Cancer Agency

Staying Informed About Cancer News Patients come to us often having just read or heard about new discoveries related to cancer. While patients expect us to be aware of these updates, we ourselves have often not had the time to read about or access that very information. This can impact our ability to respond to their questions and concerns.

If used wisely, the internet can help you stay up to date on what's new in the field. You can create a "news alert" system whereby you will automatically receive an **email update** about cancer-related news. There are many different ways to do this and a variety of sites to use. One easy-to-use site is <http://www.google.com/newsalerts>. Enter the health section and specify your area of interest (i.e., cancer). You can then receive daily updates about cancer-related news.

Two other useful sites that offer cancer-related updates (but not via email) are the *National Cancer Institute Newscenter* at <http://www.cancer.gov/newscenter>, and *Cancer News from the Canadian Health Network* at http://chealth.canoe.ca/channel_health_news.asp?channel_id=12&menu_item_id=4.

Of course, the **What's New** section of our BCCA website also provides up to the minute information about the agency's involvement in cancer care and research. Click on **News Centre** to find BCCA news releases from 1997 to the present, organized by year or by topic.

Keep in mind that, as with any information you find on the web, you will need to scrutinize it carefully, and also be prepared to help patients evaluate the strengths and weaknesses of what they have read.

Judy Oliver

Education Resource Nurse
BC Cancer Agency

LIBRARY/CANCER INFORMATION CENTRE

[Unconventional Cancer Therapies Manual](#) is available on the BC Cancer Agency website 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.

This manual is currently being revised and the Fourth Edition will be published in the near future.

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In Touch	www.bccancer.bc.ca	bulletin@bccancer.bc.ca
BC Cancer Agency	(604)-877-6000	Toll-Free 1-(800)-663-3333
Communities Oncology Network	Ext 2744	jvenkate@bccancer.bc.ca
Education Resource Nurse	Ext 2638	nursinged@bccancer.bc.ca
Nursing Professional Practice	Ext 2623	ilundie@bccancer.bc.ca
Pharmacy Professional Practice	Ext 2247	gconcon@bccancer.bc.ca
Provincial Systemic Therapy Program	Ext 2247	gconcon@bccancer.bc.ca
Communities Oncology Network Pharmacist	Ext 6277	francish@bccancer.bc.ca
Drug Information	Ext 6275	robrien@bccancer.bc.ca
Library / Cancer Information	Ext 2690	bethm@bccancer.bc.ca
Update Editor	Ext 2288	mdelemos@bccancer.bc.ca
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

BC CANCER AGENCY SYSTEMIC THERAPY UPDATE REQUEST FORM

FAX (604) 877-0585

bulletin@bccancer.bc.ca

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FOR URGENT REQUESTS PLEASE CALL (604) 877-6098 LOCAL 2247

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Pre-Printed Orders:			
<input type="checkbox"/> ULYALEM			
<input type="checkbox"/> SMAJIFN(IV)			
Protocol Summaries: (also available on our website www.bccancer.bc.ca)			
Index of Protocol Summaries		<input type="checkbox"/> Index_NT	<input type="checkbox"/> Index_W6
<input type="checkbox"/> BRAJACT	<input type="checkbox"/> BRAJCAFPO	<input type="checkbox"/> ULKCMLI	<input type="checkbox"/> LYCVPPABO
<input type="checkbox"/> BRAJCAF-G	<input type="checkbox"/> HNCMT2	<input type="checkbox"/> LYCHLOR	
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Reimbursement (also available on our website www.bccancer.bc.ca)			
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