Systemic Therapy Update



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For health professionals who care for cancer patients

Available online at www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate

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EDITOR'S CHOICE:

CANADIAN PATIENT SAFETY WEEK - 26 NOVEMBER 2009

Between 9,000 and 24,000 Canadians die each year from preventable harm in healthcare. There are more deaths each year due to adverse events or preventable harm in Canadian hospitals than deaths from breast cancer, motor vehicle accidents and HIV *combined*.

The Canadian Patient Safety Institute has launched Canadian Patient Safety Week to strive to ensure that every Canadian in need of healthcare can be confident that the care they receive is the safest in the world. Its goals are to increase awareness of patient safety issues in Canada and to share with healthcare professionals, patients, and their families information about best practices in the area of patient safety.

The theme of this year's Canadian Patient Safety Week is *Ask. Listen. Talk*. Good healthcare starts with good communication. All healthcare professionals are encouraged to celebrate the work they do in asking their patients questions, listening to the answers and discussing any concerns. This week should remind us of the need to continue improving our efforts to ask, listen, and communicate effectively with our patients.

Patients are encouraged to speak out if something doesn't seem right, and healthcare providers are encouraged to listen. For example: Taking the wrong medication or the wrong dose can be very harmful. Patients are encouraged to:

Ask:

- What is the name of this medication?
- Why am I taking it?
- What are its benefits?
- Should I expect any side effects?
- How much should I take and when?
- Can I take my other medications while I'm taking this?

Listen:

• to what the health care professional tells you.; take notes or involve a friend of family member to help you remember.

Talk:

• to the health care professional about all of the medications you are taking and discuss any concerns.

The BCCA has available patient handouts for all of the cancer drugs provided to patients. These can be accessed from our website at www.bccancer.bc.ca/cdm. The BCCA also has a patient guide to medication safety available at www.bccancer.bc.ca/HPI/DrugDatabase/DrugIndexPt/Patient+Guide+to+Medication+Safety.

For more information about Canadian Patient Safety Week visit www.asklistentalk.ca.

H1N1 VACCINATION FOR PATIENTS WITH CANCER

Everyone is at risk of catching the H1N1 flu virus but individuals with chronic medical conditions may be at increased risk of catching H1N1 and of developing serious complications from the flu, such as pneumonia or respiratory distress. Therefore, it is strongly recommended that people with cancer or weakened immune systems should receive the pandemic H1N1 (pH1N1) influenza vaccine.

Note that all patients with lymphoid cancers (e.g., myeloma, lymphoma, lymphocytic leukemia) now or in the past should also receive immunization against BOTH pH1N1 influenza virus AND seasonal influenza virus, regardless of whether they are receiving treatment for the lymphoid cancer.

More information is available from:

- Public Health Agency of Canada (www.fightflu.ca)
- Government of BC (<u>www.gov.bc.ca/h1n1</u>)
- HealthLinkBC (<u>www.healthlinkbc.ca/healthfiles/hfile108b.stm</u>)
- BC Ministry of Health (www.hls.gov.bc.ca/pho/physh1n1.html)

BENEFIT DRUG LIST

The following program has been changed from case-by-case review to Class II benefit effective 1 November 2009:

■ **Gemcitabine** with Cisplatin as first-line palliative chemotherapy for advanced gallbladder cancer and cholangiocarcinoma (GIAVPG). Note that use of this regimen for pancreatic carcinoma will require BCCA Compassionate Access Program (CAP) approval.

A Class II form must be completed 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.

CANCER DRUG MANUAL

Fludrocortisone Patient Handout has been completely revised and updated. Expert review was provided by Drs. Joseph Connors (Endocrine Tumour Group) and Jeff Davis (Pediatric Oncologist). As with other supportive care medications, there is no corresponding CDM monograph. Fludrocortisone is prescribed as an adjunct therapy to mitotane in the BCCA protocol ENMITO. Care should be taken to ensure that patients are aware not to stop taking fludrocortisone abruptly.

Sunitinib and **Sorafenib Patient Handouts** have been updated to specify that the side effect of hypertension may occur rapidly after starting treatment. Patients should check their blood pressure frequently between visits (see individual treatment protocols for more specific details).

Temozolomide Patient Handout has been updated at the request of the neuro-oncology tumour group. It is now recommended that patients to take this drug at bedtime unless otherwise directed (e.g., protocolspecific instructions). Also, the section on stopping treatment and seeking emergency help due to symptoms has been modified. This is due to the similarity between some symptoms of disease progression and side effects of the medication. The section is now clarified on when treatment should be stopped or continued, while seeking help.

Interferon and **Mitomycin Monographs** have been updated to include eye drop preparation instructions.

DRUG UPDATE:

DISPENSING LENALIDOMIDE FOR BC PATIENTS TREATED BY ALBERTA PHYSICIANS

Special ordering procedures for lenalidomide are required for British Columbia patients under the care of physicians in Alberta. The Alberta physicians need to:

- 1) register the patient with the BC Cancer Agency by faxing a completed Drug Registration Form with supporting documentation to the Drug Registration Office (tel. 604-877-6000 local 4610, fax. 604-707-5932; the form is available from the Drug Registration Office),
- 2) submit a request to the BC Cancer Agency Compassionate Access Program (CAP) by faxing a completed Undesignated Indications Request Form to the CAP office (fax. 604-708-2026; form available online at www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms), and
- 3) fax the lenalidomide prescription, along with lab reports or any other pertinent information, to the closest BC Cancer Agency regional cancer centre pharmacy for dispensing. The centre's pharmacy will arrange to deliver the drug supply to the patient.

HIGHLIGHTS OF CHANGES IN PROTOCOLS, PRE-PRINTED ORDERS AND PATIENT HANDOUTS

The **Gastrointestinal Tumour Group** has revised all **bevacizumab-based protocols** and preprinted physician orders so blood pressure measurement is only needed before and after bevacizumab infusion; measurement during infusion is no longer required. In addition, the infusion time for bevacizumab has been corrected to 15 minutes for UGICOXB and UGICIRB so that it is consistent with the higher bevacizumab dose used in these protocols (i.e., 7.5 mg/kg) and the new recommended infusion rate (0.5 mg/Kg/min). Infusion time of bevacizumab in UGIFFIRB and UGIFFOXB, which use bevacizumab 5 mg/kg, will remain at 10 minutes.

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 and revised protocols, PPPOs and patient handouts for this month are listed below. Protocol codes for treatments requiring "Compassionate Access Program" (previously Undesignated Indication 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	
GIAVPG				First-Line Palliative Chemotherapy for Advanced Gallbladder Cancer and Cholangiocarcinoma using Gemcitabine and Cisplatin	
UGIAVCETIR			\square	Third Line Treatment of Metastatic Cancer of the Colon or Rectum, using Cetuximab and Irinotecan	
UGIAVPANI				Palliative Third Line Treatment of Metastatic Cancer of the Colon or Rectum using Panitumumab	
UGIAVTZCAP			\square	Palliative therapy of metastatic neuroendocrine cancer of the pancreas, using Temozolomide and Capecitabine	
GIFUC			V	Palliative Chemotherapy for Upper Gastrointestinal Tract Cancer (Stomach, Esophagus, Gall Bladder, Pancreas, Bile Ducts) and Metastatic Anal Cancer using Infusional Flurouracil and Cisplatin	
GIOCTLAR		$\overline{\mathbf{V}}$		Symptomatic Management of Functional Carcinoid and Neuroendocrine Tumors of the GI Tract Using Octreotide	
UGOOVPLDC	Ø	\square	\square	Second Line Treatment Using Pegylated Liposomal Doxorubicin (PLD) and Carboplatin for Epithelial Ovarian Cancer Relapsing after Primary Treatment	
LUAVNP			V	Treatment of Advanced Non-Small Cell Lung Cancer with Cisplatin and Vinorelbin	

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
BRAJACTT		V		Timing of bloodwork revised	Adjuvant Therapy for Breast Cancer using Doxorubicin and Cyclophosphamide followed by Paclitaxel and Trastuzumab

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
BRLAACDT				Treatment plan clarified	Treatment of Locally Advanced Breast Cancer using Doxorubicin and Cyclophosphamide followed by Docetaxel (TAXOTERE®) and Trastuzumab
GIAJFL			V	Drug interactions updated in Precautions	Adjuvant Therapy of Colon Cancer using Fluorouracil Injection and Infusion and Folinic Acid (Leucovorin) Infusion
GIAVCAP			$\overline{\mathbf{A}}$	Appointment section clarified	Palliative Therapy of Advanced Colorectal Cancer using Capecitabine
GIAVFL			$\overline{\mathbf{A}}$	Drug interactions updated in Precautions	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using 5- Fluorouracil Injection and Infusion and Folinic Acid (Leucovorin) Infusion
GIAVPG	V	V		CAP requirement changed to class II, pancreas cancer deleted from eligibility	First-Line Palliative Chemotherapy for Advanced Gallbladder Cancer and Cholangiocarcinoma using Gemcitabine and Cisplatin
UGICIRB	V	V		Blood pressure measurement revised, bevacizumab infusion time revised	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan, Bevacizumab and Capecitabine
UGICOXB	$\overline{\checkmark}$			Blood pressure measurement revised, bevacizumab infusion time revised	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Oxaliplatin, Bevacizumab and Capecitabine
UGIFFIRB	\square	Ø		Blood pressure measurement and lab tests clarified	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan, Fluorouracil, Folinic Acid (Leucovorin) and Bevacizumab
UGIFFOXB	$\overline{\mathbf{A}}$	V		Blood pressure measurement and lab tests clarified	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Oxaliplatin, 5-Fluorouracil, Folinic Acid (Leucovorin) and Bevacizumab
GIFUFA				Drug interactions updated in Precautions	Palliative Therapy of Advanced Colorectal Cancer using Leucovorin and Fluorouracil
GIFUINF			$\overline{\checkmark}$	Drug interactions updated in Precautions	Palliative Chemotherapy for Metastatic Colorectal Adenocarcinoma using Infusional Fluorouracil
GIGAVECC	V			Dose modifications for renal dysfunction clarified, typo corrected in drug interactions	Palliative Therapy for Metastatic or Locally Advanced Gastric or Esophagogastric Cancer Using Epirubicin, Cisplatin and Capecitabine
GOOVLDOX		Ø		Priming of IV line clarified	Treatment of Relapsed/Progressing, Epithelial Ovarian, Primary Peritoneal or Fallopian Tube Carcinoma Using Pegylated Liposomal Doxorubicin
GOOVIPPC		\square		Reminder for entering date of prescription added	Primary Treatment of Stage III less than or equal to 1 cm Visible Residual Invasive Epithelial Ovarian Cancer Using Intravenous and Intraperitoneal Paclitaxel and Intraperitoneal Carboplatin
UGUTIP	1			Eligibility and Dose Modifications clarified	Advanced Therapy for Testicular Germ Cell Cancer Using Paclitaxel, Ifosfamide and Cisplatin (TIP)

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
GUVEIP				Eligibility clarified	Consolidation/Salvage Treatment for Germ Cell Cancer Using Vinblastine, Cisplatin, Ifosfamide and Mesna

WEBSITE RESOURCES AND CONTACT INFORMATION

WEBSITE RESOURCES	www.bccancer.bc.ca
REIMBURSEMENT AND FORMS: BENEFIT DRUG LIST, CLASS II,	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms
BC CANCER AGENCY COMPASSIONATE ACCESS PROGRAM	
CANCER DRUG MANUAL	www.bccancer.bc.ca/cdm
CANCER MANAGEMENT GUIDELINES	www.bccancer.bc.ca/CaMgmtGuidelines
CANCER CHEMOTHERAPY PROTOCOLS, PRE-PRINTED	www.bccancer.bc.ca/ChemoProtocols
ORDERS, PROTOCOL PATIENT HANDOUTS	
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
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COMPASSIONATE ACCESS PROGRAM OFFICE	Ext 6277 Fax (604) 708-2026	
DRUG INFORMATION		druginfo@bccancer.bc.ca
EDUCATION RESOURCE NURSE		
NURSING PROFESSIONAL PRACTICE		
LIBRARY/CANCER INFORMATION		requests@bccancer.bc.ca
	Ext 8003	
OSCAR HELP DESK	1-(888)-355-0355	oscar@bccancer.bc.ca
	Fax (604) 708-2051	
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)		Toll-Free 1-(800) 670-3322

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