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EDITOR'S CHOICE

CHANGES IN DUAL MODALITY TREATMENT (CHEMORADIOTHERAPY) PROTOCOLS

There have recently been two critical incidents related to patients who are receiving concurrent dual modality treatment (chemoradiotherapy). In these combined treatment protocols, the timing of chemotherapy and radiation therapy is crucial to the success of the treatment. Fundamental to both of these instances was a lack of coordination in the timing of the chemotherapy and radiation therapy.

To help identify which protocols are dual modality and hence reduce the confusion related to timing of therapies, the following changes are being implemented to chemoradiotherapy protocols and provincial pre-printed orders (PPPOs):

- 1. Protocol code: 'RT' will be placed at the end of each protocol code.
- 2. *Protocol titles*: will include a description of both chemotherapy and radiation therapy. This ensures that the whole intent of treatment is captured (i.e., chemotherapy and radiation therapy) and helps members of the treating team understand the entire therapeutic picture required for the patient.

Also see List of New and Revised Protocols, Pre-Printed Orders and Patient Handouts.

CANCER DRUG MANUAL

Porfimer Monograph and Patient Handout have been completely revised and updated. Expert review was provided by Dr. Stephen Lam (Lung Tumour Group). Highlighted monograph changes include:

- updated Uses section
- additions to the Special Precautions section and Pharmacokinetics table
- expanded Side Effect table, including many side effects limited to the tumour site or organ being treated Handout changes include:
- added statement regarding patient or family history of porphyria
- reformatting to include the management of photosensitivity within the Side Effects table
- the inclusion of management details for several potential side effects including irritation, fever, insomnia, constipation and diarrhea

Streptozocin Monograph and Patient Handout have been completely revised and updated. Expert review was provided by Dr. Sharlene Gill (Gastrointestinal Tumour Group). Monograph changes include additions to the special precautions section and side effects table.

Paclitaxel, albumin-bound nanoparticle (nab) (ABRAXANE®) Interim Monograph has been developed. Interim monographs contain basic drug information, as well as preparation and administration instructions.

Chemotherapy Preparation and Stability Chart has been revised with the following:

- New products: nab-paclitaxel (ABRAXANE®), alemtuzumab supplied in vials
- Extended expiry: docetaxel, etoposide (Novopharm)
- Methotrexate for intrathecal use: vial size changed to 50 mg/2 mL per BC Cancer Agency Pharmacy policy
- Routine review and updating: porfimer and streptozocin
- Drugs with short expiry: addition of reminder to record time of initial puncture of vials
 - carmustine •
- mechlorethamine
- porfimer

- cytarbine
- medroxyprogestorone
- thiotepa

- doxorubicin
- octreotide
- Drugs with concentration-dependent stability: clarifications of final concentrations
 - carboplatin
- fluorouracil
- fludarabine
- leucovorin
- Drugs requiring protection from light: clarification of caution needed for final products
 - cytarabine syringe
- daunorubicin
- dacarbazine
- porfimer

Patient Handouts in Action Have you ever wondered which side effects are included in Cancer Drug Manual patient handouts, or noticed that important information tends to appear on the last page of the handout? Are you unsure how to use the handouts to counsel patients effectively?

You may be interested to know that the *table* generally lists side effect with >10% incidence. Obviously, many drugs have other side effects with lower incidence, but which have recognizable symptoms and require medical treatment. These side effects only appear in the Check with Your Doctor section. When counselling patients, you may want to progress through the handout sequentially:

- Review the bullet points on the first page fairly quickly. Explain these as "common sense things": the names of the drug, what it is, how to use it, and how to store it.
- Spend the bulk of your time reviewing the Side Effects table. This is what most patients will remember and refer back to. Explain this as "important side effects and what to do about them."
- Review the Check with Your Doctor section in closing. Explain it as "a summary of when to call the doctor." Reassure patients that some of the side effects listed here are very rare, but require prompt medical attention.

FREQUENTLY ASKED QUESTIONS: PROTECTIVE REASSIGNMENT OF STAFF DUTIES FOR HAZARDOUS DRUGS

Protection of employees handling hazardous drugs (e.g., cytotoxics) requires that appropriate safety procedures are used at all times. A frequently asked question from our colleagues in the Communities Oncology Network is the BCCA policies on protective reassignment of staff members who are pregnant, breast-feeding or attempting to conceive.

Overall policies

Work Safe BC provides the governing regulation, The Occupational Health and Safety (OHS) Regulation. Section 6.49 of the regulation states the following:

- 1. At any worksite where a worker is occupationally exposed to a cytotoxic drug that is a reproductive toxin, the employer must develop policy and procedures appropriate to the risk, which may include protective reassignment.
- 2. The policy and procedures must inform workers about the reproductive toxin and identify ways to minimize exposure to the reproductive toxin for a worker who has advised the employer of pregnancy or intent to conceive a child (www2.worksafebc.com/publications/OHSRegulation/Part6.asp#SectionNumber:6.49)

There are two BCCA Systemic Therapy Policies which address this situation:

- Cytotoxic Agents, Safe Handling Standards (<u>Policy V-10</u>) It is the responsibility of Directors/Managers and Supervisory Staff to make every effort to accommodate requests to change work assignments from staff who are pregnant, breastfeeding or attempting to reproduce.
- Employee Health: Management of Risks Related to Cytotoxic Agents <u>Policy V-20</u> Employees must be fully informed of the potential reproductive hazard. It is the responsibility of the employee handling cytotoxic agents to discuss with their immediate supervisor any desired change in work assignment as a result of their pregnancy, breast-feeding or attempt to reproduce.

Application of policies

The BCCA considers each employee request for protective reassignment on an individual basis, since the circumstances of each situation can be quite varied. All institutions are required to have policies and procedures in place to minimize employee exposure to hazardous drugs at all times. Protective reassignment may not always be feasible due to staffing or other constraints. However, whenever possible, anyone who is pregnant, breastfeeding or actively trying to conceive should not handle hazardous drugs. Individual employers or Health Authorities should be contacted for guidelines relating to the duration of time allowed for the protective reassignment of duties for someone who is attempting to conceive or is breastfeeding.

This and other Frequently Asked Questions can be found by visiting the <u>Pharmacists Communities Oncology</u> <u>Network Webpage</u>.

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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" approval are prefixed with the letter U.

NEW protocols, PPPOs and Patient Handouts (Affected Documents are Checked):

CODE	Protocol	PPPO	Patient Handout	Protocol Title
GOOVIPPC		V	V	Primary Treatment of Stage III ≤ 1 cm Visible Residual Invasive Epithelial Ovarian Cancer Using Intravenous and Intraperitoneal Paclitaxel and Intraperitoneal Carboplatin

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

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED):						
CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title	
BRAJACT	$\overline{\mathbf{V}}$	Ø		protocol reactivated with revised eligibility	Adjuvant Therapy for Breast Cancer using Doxorubicin and Cyclophosphamide followed by Paclitaxel (TAXOL®)	
BRAVCLOD	V			osteonecrosis Therapy of Bone Metastases in Breast Car precaution added using Oral Clodronate		
BRAVPAM	V			osteonecrosis precaution added Treatment of Acute Bone Pain Secondary Breast Cancer Metastases using Pamidronate IV Clodronate		
CNAJTMZ (new code CNAJTZRT)	V	V		protocol code changed	Concomitant and Adjuvant Temozolomide for Newly Diagnosed Malignant Gliomas with Radiation	
GIEFUP (new code GIEFUPRT)	V	V		protocol code changed	Combined modality therapy for locally advanced esophageal cancer using 5 Fluorouracil and Cisplatin and Radiation.	
GIENDO2	V	V		dosing adjustment for renal function clarified		
GIFUA (new code GIFUART)	V	\square		protocol code changed, chemotherapy dosing interval clarified, reference added	Curative Combined Modality Therapy for Carcinoma of the Anal Canal using Mitomycin, Infusional Fluorouracil and Radiation Therapy	
GIFUC	V			Title and Eligibility revised to include pancreas carcinoma Palliative Chemotherapy for Castrointestinal Tract Cancer (Ga Esophageal, Gall Bladder, Pancreas Carcin and Cholangiocarcinoma) and Metastatic using Infusional Fluorouracil and Cisplatin		
GIFUR (new code GIFURRT)	\square	V		protocol code changed	Combined Modality Adjuvant Therapy for High Risk Rectal Carcinoma using Fluorouracil, Folinic Acid (Leucovorin) and Radiation Therapy	

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
GIFURC (new code GIFURCRT)	\square	V		protocol code changed	Combined Modality Adjuvant Therapy for High Risk Rectal Carcinoma using Fluorouracil, Folinic Acid (Leucovorin), Capecitabine and Radiation Therapy.
GIGAI (new code GIGAIRT)	\square			protocol code changed	Combined Modality Adjuvant Therapy for Completely Resected Gastric Adenocarcinoma using Fluorouracil + Folinic Acid (Leucovorin) + Radiation Therapy.
GOCXRADC (new code GOCXCRT)	\square	\square		protocol code changed, potassium chloride clarified in PPPO	Treatment of High Risk Squamous Carcinoma, Adenocarcinoma, or Adenosquamous Carcinoma of the Cervix with Concurrent Cisplatin and Radiation
GOSMCC2 (new code GOSMCCRT)	\square			protocol code changed	Treatment of Small Cell or Neuroendocrine Carcinoma of Gynecologic System Origin using Paclitaxel, Cisplatin, Etoposide and Carboplatin with Radiation
GOTDLR	$\overline{\mathbf{V}}$			Diluent for methotrexate changed	Therapy for Low Risk Gestational Trophoblastic Cancer Using Dactinomycin and Methotrexate
GUAVPG	V	Ø		alert added for modified Gemcitabine dosing while on Carboplatin	Palliative Therapy for Urothelial Carcinoma Using Cisplatin and Gemcitabine
GUBPW (new code GUBPWRT)		\square		protocol code changed	Treatment of Locally Advanced Bladder Cancer with Weekly Cisplatin and Concurrent Radiation.
GUBRADC (new code GUBPRT)	V	V		protocol code changed	Treatment of Locally Advanced Bladder Cancer Using Concurrent Cisplatin with Radiation
GUEP	V			typo corrected (magnesium mentioned twice) in Tests, GU Systemic Therapy Contacts revised	Etoposide-Cisplatin Protocol for Germ Cell Cancers
GUFUP (new code GUFUPRT)	\square	V		protocol code changed, title revised	Therapy for Squamous Cell Cancer of the Genitourinary System Using Fluorouracil and Cisplatin with Radiation
GUSCPE (new code GUSCPERT)	V	\square		protocol code changed, title revised	Therapy of Genitourinary Small Cell Tumors using a Platinum and Etoposide with Radiation
HNCMT (new code HNCAFRT)	Ø	V		protocol code changed	Combined chemotherapy (carboplatin and fluorouracil) and radiation treatment for locally advanced squamous cell carcinoma of the head and neck
HNCMT2 (new code HNLAPRT)	V	V		protocol code changed	Combined Chemotherapy (Cisplatin) and Radiation Treatment for Locally Advanced Squamous Cell Carcinoma of The Head and Neck
HNFUA (new code HNFURT)		Ø		protocol code changed	Therapy for combined modality therapy for advanced head and neck cancer using Mitomycin C, Fluorouracil and split course radiation therapy

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
HNFUP (new code HNPRT)	V	Ø		protocol code changed, fluorouracil deleted from protocol	Therapy for advanced head and neck cancer using Cisplatin with Radiation
HNRADC (new code HNLANPRT)	V	Ø		protocol code changed, potassium chloride clarified in PPPO	Treatment of Locally Advanced Nasopharyngeal Cancer with Concurrent Cisplatin and Radiation
HNRAMI (new code HNAMIRT)	V	V		protocol code changed	Radioprotection in Head and Neck Radiation using Amifostine

CONTINUING EDUCATION

Canadian Association of Nurses in Oncology (CANO) Annual Conference will be held on 28-31 October, 2007 at the Hyatt Regency Hotel, Vancouver, BC. The theme for this year is "Using Hearts, Minds and Voices, Oncology Nurses Influencing Cancer Care". Conference information and registration forms are available on the CANO website at http://www.cano-acio.org/.

National Oncology Pharmacy Symposium (NOPS) 2007 will be held by the Canadian Association of Pharmacy in Oncology on **26-28 October, 2007** at the Marriott Harbourfront Hotel in Halifax, Nova Scotia. The theme for this year is "*Oncology Pharmacy in Your Community*". Conference information and registration is available on www.peopleware.net/index.cfm?siteCode=2431j&.

BC Cancer Agency Annual Cancer Conference 2007 will be held on **29 November – 1 December**, at the Westin Bayshore Resort & Marina in Vancouver. This critical three-day conference is the BC Cancer Agency's premier professional development, learning and networking event. It is the only Canadian west coast event of its kind, attracting 1000-plus professionals working in the oncology field.

This year's theme, *Innovation and Technology – Bench to Bedside*, creates the framework for our examination of the role of the BC Cancer Agency and its partners in the 'living laboratory' of British Columbia and their endeavours to enhance population-based cancer control outcomes. A highlight of this year's conference is a keynote presentation on November 30 by Dr. Roberta Bondar, a space scientist, neurologist, author, astronaut and Canada's first woman in space.

For a detailed agenda, schedule and registration information, please visit: www.bccancer.bc.ca/HPI/ACC2007/default

WEBSITE RESOURCES

The following are available on the BC Cancer Agency website (<u>www.bccancer.bc.ca</u>) under the Health Professionals Info section:

REIMBURSEMENT AND FORMS: BENEFIT DRUG LIST,	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms	
CLASS II, COMPASSIONATE ACCESS PROGRAM		
(UNDESIGNATED INDICATION)		
CANCER DRUG MANUAL	www.bccancer.bc.ca/cdm	
CANCER MANAGEMENT GUIDELINES	www.bccancer.bc.ca/CaMgmtGuidelines	
CANCER CHEMOTHERAPY PROTOCOLS	www.bccancer.bc.ca/ChemoProtocols	
CANCER CHEMOTHERAPY PRE-PRINTED ORDERS	www.bccancer.bc.ca/ChemoProtocols under the index page of	
	each tumour site	
SYSTEMIC THERAPY PROGRAM POLICIES	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Policies	
UNCONVENTIONAL CANCER THERAPIES MANUAL	under Patient/Public Info, Unconventional Therapies	

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