

Systemic Therapy Update

Volume 4, Number 8

for health professionals who care for cancer patients Aug/Sept 2001

Available on website www.bccancer.com

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

BENEFIT DRUG LIST

The following new program has been funded by the Provincial Systemic Therapy Program effective August 1, 2001:

Combined modality adjuvant therapy for completely resected gastric adenocarcinoma using fluorouracil + folinic acid (leucovorin) + radiation therapy (GIGAI).

NOTICE TO ALL TUMOUR GROUP MEMBERS AND PHYSICIANS IN THE PROVINCE

REQUEST FOR NEW PROGRAMS FOR CANCER DRUGS FOR NEXT YEAR (2002/03)

Within the next few weeks, the British Columbia Cancer Agency Provincial Systemic Therapy Program will need to submit a draft budget estimate to the Ministry of Health for the 2002/2003 oncology drug budget.

We are aware that this is summer holiday time and we do not expect detailed proposals or even completed discussions within tumour groups at this point. However, we would appreciate advice as soon as possible regarding potential new programs being proposed, the estimated numbers of eligible patients, the dose schedule and duration of treatment planned with specific drugs and any replacement of a pre-existing treatment program. With this basic information, we can develop our first draft of our oncology drug budget for next year and add it to the anticipated growth.

Update on the 2001/2002 Oncology Drug Budget

Our current \$48M oncology drug budget includes an additional \$11.5M from the Ministry of Health as requested last year. Nevertheless, despite this commitment by the Ministry of Health to cancer drugs, we are estimating that there will be a very considerable challenge predicting the number of patients with metastatic cancer throughout the province that may be deemed eligible for treatment with a number of costly new cancer drugs. The biggest risk to our ability to confidently predict patient numbers is with the use of the Saltz regimen (irinotecan-5FU-folinic acid) in metastatic colon

cancer, trastuzumab in metastatic breast cancer, and rituximab in low-grade lymphomas.

Based on our difficulty in estimating the number of patients likely to benefit from these regimens for advanced cancer, our projections suggest that we are at risk of developing a deficit of up to \$4M. This deficit would be offset against other BC Cancer Agency programs including oncology drugs. Your thoughtful consideration of utilization of these costly new agents in your clinical practice is greatly appreciated as we endeavour to support optimal care for all patients with cancer in the province.

Update on the 2001/2002 new program requests

During this fiscal year, the Provincial Systemic Therapy Program has implemented several new programs:

Breast Tumour Group

- Extended indications for CEF chemotherapy up to age 60 years and for locally advanced and inflammatory breast cancer (protocols BRAJCEF, BRLACEF, BRINFCEF, June 2001).
- Exemestane as second-line hormonal therapy for postmenopausal, hormonally sensitive metastatic breast cancer, and for fourth line use in patients continuing to respond to hormone therapy (protocol BRAVEXE, July 2001).

Gastrointestinal Tumour Group

• Adjuvant chemoradiotherapy for gastric carcinoma (protocol GIGAI, August 2001).

Leukemia/BMT Tumour Group

- Interferon and cytarabine for chronic myeloid leukemia (protocol CMLIFNCYT, November 2000).
- Anagrelide for second-line therapy of thrombocytosis in patients progressing after hydroxyurea and interferon or intolerant of these treatments (protocol LKANAG, May 2001).

Lymphoma Tumour Group

• CHOP + rituximab in first-line therapy for advanced stage diffuse large cell lymphoma (protocol LYCHOP-R, March 2001).

Funding is being sought for the following programs

- 1. **Gemcitabine/cisplatin** for metastatic transitional cell carcinoma of the bladder: This program is highly ranked by the BCCA Priorities and Evaluation Committee (PEC) and is available through the undesignated indication process.
- 2. **Capecitabine or raltitrexed** for first-line treatment of metastatic colorectal cancer in frail patients or those living a long distance from a treatment centre: This highly-ranked program by PEC is available through the undesignated indication process.
- 3. **Amifostine** in conjunction with radiation therapy for patients having extensive radiation to salivary glands for head and neck cancer.: This proposal is highly ranked by PEC but still lacks sufficient funding and access is currently not available.

Funding is not available for the following programs

Melanoma Tumour Group

- High dose interferon alpha as adjuvant therapy in node positive melanoma (not recommended by PEC for funding).
- Temozolomide for metastatic malignant melanoma (lower ranking by PEC).

Urgent new program request

The Provincial Leukemia/BMT Tumour Group has requested funding for STI571 (imatinib, Glivec®, Gleevec®) as second-line therapy for chronic myeloid leukemia. This proposal has been submitted urgently to the Ministry of Health as we anticipate this drug will be approved for sale in Canada very soon.

Challenges in oncology drug management

The growth in incidence of cancer, largely driven by the aging baby-boomer population, and the improved survival of patients with metastatic cancer who become eligible for new treatments, is driving the growth in the oncology drug budget. The rapid emergence of a wide variety of effective and costly new drugs occurring at a time when health care dollars are constrained in this province, will continue to be challenging in the future. Priority setting will continue to be essential in ensuring that

our patients have access to evidence-based best practices in oncology care.

If we predict that major deficits are likely to emerge in our cancer drug budget, all efforts will be made to secure appropriate resources from the Ministry of Health for essential services. Should resources be insufficient to meet needs then provincial tumour group members and members of the community oncology program will be asked to engage in advising the Provincial Systemic Therapy Program regarding any priority setting for treatment programs.

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

REMINDER

TRANSFER OF RESPONSIBILITY FOR ONCOLOGY DRUGS FROM PHARMACARE TO BCCA

Pharmacare will be transferring the cancer drug budget to the BCCA on 4 September, 2001. The medications that are affected are currently listed on both the BCCA Benefit Drug List and the Pharmacare Benefit List. As of 4 September, the following medications will only be available for reimbursement via the BCCA:

buserelin hydroxyurea lomustine busulfan chlorambucil leuprolide cyproterone melphalan diethylstilbestrol mercaptopurine estramustine mitotane etoposide nilutamide flutamide tamoxifen goserelin thioguanine

For non-cancer indications, physicians may request coverage from Pharmacare through the special authority process.

PROTOCOL UPDATE

Protocols by Drugs Index

A cross-referenced index lists the BCCA benefit drugs with their corresponding protocols. This index can be obtained via H-drive at regional cancer centres or Fax-back as listed at the end of the Update.

Protocol codes for treatments requiring "Undesignated Indication" approval prior to use are prefixed with the letter **U**.

- INDEX to BCCA Protocol Summaries revised monthly (includes tumour group, protocol code, indication, drugs, last revision date and version)
- **BRAVCLOD** revised (IV clodronate infusion time): Therapy of bone metastases in breast cancer using oral clodronate
- BRAVTRAP revised (contact physician, eligibility, trastuzumab schedule changed to q3w): Palliative therapy for metastatic breast cancer using trastuzumab (Herceptin®) and paclitaxel (Taxol®) as first-line treatment for recurrent breast cancer refractory to anthracycline chemotherapy
- **UBRAVTR** revised (contact physician, monitoring, schedule changed to q3w): Palliative therapy for metastatic breast cancer using trastuzumab (Herceptin®)
- **GIGAI** new: Combined modality adjuvant therapy for completely resected gastric adenocarcinoma using fluorouracil + folinic acid (leucovorin) + radiation therapy
- UGUGEMCIS new (undesignated indication approval required): Palliative therapy for urothelial carcinoma using cisplatin and gemcitabine
- LYABVD revised (antiemetics): Treatment of Hodgkin's disease with doxorubicin, bleomycin, vinblastine, and dacarbazine
- LYCHOP revised (antiemetics): Treatment of lymphoma with doxorubicin, cyclophosphamide, vincristine and prednisone (CHOP)
- LYCHOP-R revised (antiemetics, schedule clarified): Treatment of lymphoma with doxorubicin, cyclophosphamide, vincristine, prednisone and rituximab
- LYCVP revised (antiemetics): Treatment of advanced indolent lymphoma using cyclophosphamide, vincristine, prednisone (CVP)
- LYCYCLO revised (antiemetics): Therapy of lymphoma, Hodgkin's disease, chronic lymphocytic leukemia or multiple myeloma using cyclophosphamide

- LYODBEP revised (antiemetics): Treatment of Hodgkin's disease with vincristine, doxorubicin, bleomycin, etoposide and prednisone
- LYSNCC revised (antiemetics): Treatment of Burkitt lymphoma with cyclophosphamide and methotrexate
- SCHYPCAL revised (zoledronic acid and retreatment added): Guidelines for the diagnosis and management of malignancy related hypercalcemia (Note: treatment of hypercalcemia is not a BCCA benefit)

PRE-PRINTED ORDER UPDATE

Pre-printed orders should always be checked with the most current BCCA protocol summaries. The Vancouver Cancer Centre has prepared the following chemotherapy pre-printed orders, which can be used as a guide for reference:

- **BRAVDOC** revised (Class II form, labs and priming instructions): Palliative therapy for metastatic breast cancer using docetaxel
- **BRAVTAX** revised (Class II form, labs, appointments): Palliative therapy for metastatic breast cancer using paclitaxel (Taxol®)
- **GIFUR2** revised (cycle #3 orders and bookings): Combined modality adjuvant therapy for high risk rectal carcinoma using fluorouracil, leucovorin, and radiation therapy
- **GOSMCC2** new: Treatment of small cell carcinoma of cervix using paclitaxel, cisplatin, etoposide and carboplatin with radiation
- **GUBEP** revised (treatment): Bleomycin, etoposide, cisplatin for nonseminoma germ cell cancers
- **LUDOC** revised (labs and priming instructions): Second-line treatment for advanced non-small cell lung cancer with docetaxel
- LUPE revised (add orders for etoposide reactions): Therapy for SCLC and selected advanced non-small cell lung cancer using cisplatin/etoposide chemotherapy

- LYABVD revised (antiemetics) Treatment of Hodgkin's disease with doxorubicin, bleomycin, vinblastine, and dacarbazine
- **LYCHOP** revised (antiemetics) Treatment of lymphoma with doxorubicin, cyclophosphamide, vincristine and prednisone (CHOP)
- LYCHOP-R revised (antiemetics): Treatment of lymphoma with doxorubicin, cyclophosphamide, vincristine, prednisone and rituximab
- LYCVP revised (antiemetics) Treatment of advanced indolent lymphoma using cyclophosphamide, vincristine, prednisone (CVP)
- LYODBEP revised (antiemetics) Treatment of Hodgkin's disease with vincristine, doxorubicin, bleomycin, etoposide and prednisone
- LYSNCC revised (antiemetics) Treatment of Burkitt lymphoma with cyclophosphamide and methotrexate
- **SAVIM** revised (antiemetics, orders for hr 11-24, protocol code and bookings): Therapy for newly diagnosed Ewing's sarcoma/peripheral neuroectodermal tumor or rhabdomyosarcoma or advanced sarcomas using etoposide, ifosfamidemesna

An index to the orders can be obtained by Fax-back.

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Robin O'Brien, PharmD (Acting Editor)

Sharon Allan, MD Sandi Broughton, BA(Econ), MSc Jack Chritchley, MD Karen Janes, MSN David Noble, BSc, BLS Jaya Venkatesh, BBA, MHA Susan Walisser, BSc(Pharm)

Gigi Concon (Secretary)

In Touch	www.bccancer.bc.ca	bulletin@bccancer.bc.ca
BC Cancer Agency	(604)-877-6000	Toll-Free 1-(800)-663-3333
Communities Consolers Naturals	F.+ 0744	
Communities Oncology Network	Ext 2744	jchritch@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 2515	francish@bccancer.bc.ca
Drug Information	Ext 3028	robrien@bccancer.bc.ca
Library / Cancer Information	Ext 2690	dnoble@bccancer.bc.ca
Update Editor	Ext 2288	mdelemos@bccancer.bc.ca
Cancer Centre for the Southern Interior (CCSI)	(250) 712-3900	Toll-Free 1-(888)-563-7773
Fraser Valley Cancer Centre (FVCC)	(604)-930-2098	Toll-Free 1-(800)-523-2885
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BCCA SYSTEMIC THERAPY UPDATE FAX REQUEST FORM

FAX (604) 877-0585

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UPDATES Please ☑ Fax-Back information below:						
All items						
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anagrelide			П	anastrozole		
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Class 2 Form (
Systemic Therapy Upda						
Jan-Dec 2000				Jan- Jun 2001		

REGIONAL CANCER CENTRE ACCESS

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Patient Handouts:	H:\everyone\systemic\chemo\Pt_Educ		
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Anastrozole	BRAVCMF	Octreotide (Sandostatin LAR)	
Bicalutamide	BRAVTAM	Pamidronate	
BRAJAC	Capecitabine	Raltitrexed	
BRAJCAF	Cabergoline	Rituximab	
BRAJCEF	Clodronate	Temozolomide	
BRAJCMF	Docetaxel	Thalidomide	
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