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

## BENEFIT DRUG LIST

The current Benefit Drug List is available on the BCCA Communities Oncology Network website <http://bccancer.com/providerhome.cfm>.

## PROTOCOL 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).
- **UBRAVTR** revised (eligibility clarified) Palliative therapy for metastatic breast cancer using trastuzumab (Herceptin®).
- **BRAVTRAP** revised (eligibility clarified) Palliative therapy for metastatic breast cancer using trastuzumab (Herceptin®) and paclitaxel (taxol®) as first-line treatment for recurrent breast cancer refractory to anthracycline chemotherapy.

- **CNTAMCAR** revised (title change): Carboplatin and high dose tamoxifen 2nd or 3rd line treatment for recurrent gliomas.
- **GIEFUP** revised (exclusions, precautions): Combined modality therapy for locally advanced esophageal cancer using cisplatin, infusional fluorouracil and radiation therapy.
- **GIFUA** revised (contact physicians, eligibility, exclusions, premedications, treatment, precautions): Curative combined modality therapy for carcinoma of the anal canal using mitomycin, infusional fluorouracil and radiation therapy.
- **GIFUC** revised (eligibility, exclusions, premedications, dose modifications, precautions): Palliative chemotherapy for upper gastrointestinal tract cancer (gastric, esophageal, gallbladder carcinoma and cholangiocarcinoma) using infusional fluorouracil and cisplatin.
- **GIFUINF** revised (exclusions, treatment, dose modifications, precautions) Palliative chemotherapy for metastatic colorectal adenocarcinoma using infusional fluorouracil.
- **UGIFUIP** revised (title, premedications): Chemotherapy of pseudomyxoma peritonei using intraperitoneal mitomycin and fluorouracil.
- **GIIR** revised (exclusions, premedications, precautions) Second-line palliative chemotherapy for fluorouracil-refractory metastatic colorectal cancer using irinotecan.
- **GIIRFUFA** revised (radiotherapy exclusion changed to precaution): First-line palliative combination chemotherapy for metastatic colorectal cancer using irinotecan, fluorouracil and folinic acid (leucovorin).
- **UGIIRINALT** revised (???): Second-line palliative chemotherapy for fluorouracil-refractory metastatic colorectal cancer using irinotecan in high risk patients.

- **GIPGEM** revised (exclusions, premedications) Palliative chemotherapy for pancreatic adenocarcinoma cancer using gemcitabine.
- **GIRALT** revised (eligibility): Palliative chemotherapy for metastatic colorectal cancer using raltitrexed in patients with previous fluorouracil toxicity.
- **GUBCG** revised (reference added): BCG for transitional cell bladder cancer.
- **GUFUP** new: Combined modality therapy for squamous cell cancer of the genitourinary system using fluorouracil and cisplatin.
- **GUPCPA** deleted: Cyproterone acetate and diethylstilbestrol (DES) for first line androgen withdrawal treatment for prostate cancer.
- **LUALTE** deleted: Alternating CAV/EP for extensive stage small cell lung cancer.
- **LYECV** reformatted (eligibility revised): Consolidation for lymphoma using etoposide, cyclophosphamide and vincristine.
- **LYHDMTXP** revised (methotrexate dose, levels and number of cycles, vitreous involvement, Bleyer diagram): Treatment of primary intracerebral lymphoma with high dose methotrexate.
- **LYHDMTXR** revised (methotrexate levels): Treatment of leptomeningeal lymphoma or recurrent intracerebral lymphoma with high dose methotrexate.
- **LYRITUX** revised (tests): Treatment of lymphoma with rituximab.
- **OSAJAP** revised (cross-reference): Adjuvant therapy for osteosarcoma using doxorubicin (Adriamycin®) and cisplatin.
- **OSAVAP** revised (cross-reference): Therapy of advanced osteosarcoma using doxorubicin (Adriamycin®) and cisplatin.
- **OSVIM** revised (cross-reference): VP-16, Ifosfamide- Mesna in advanced sarcomas.
- **SAAI** revised (cross-reference): Adriamycin- Ifosfamide-Mesna for use in patients with advanced soft tissue sarcoma.

Most chemotherapy protocols are available on the BCCA website <http://www.bccancer.bc.ca/ccp/>.

## CANCER MANAGEMENT MANUAL

The Cancer Management Manual is available on the BCCA website <http://www.bccancer.bc.ca/cmm/>.

## 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:

**BRAJCMFPO** revised (preprinted order entitled BRCMFPO): Adjuvant therapy for premenopausal high-risk breast cancer using cyclophosphamide (oral), methotrexate and fluorouracil.

**BRAVCMFPO** revised (preprinted order entitled BRCMFPO): Palliative therapy for advanced breast cancer using cyclophosphamide (oral), methotrexate and fluorouracil.

**BRAVNAV** revised: Palliative therapy for metastatic breast cancer using vinorelbine (Navelbine®).

**GIFUA** revised: Curative combined modality therapy for carcinoma of the anal canal using mitomycin, infusional fluorouracil and radiation therapy.

**GIFUFA** revised: Palliative therapy of advanced colorectal cancer using leucovorin and fluorouracil.

**GIFUR2** revised: Combined modality adjuvant therapy for high risk rectal carcinoma using fluorouracil, leucovorin, and radiation therapy.

**GIPGEM** revised: Palliative chemotherapy for pancreatic adenocarcinoma cancer using gemcitabine.

**GIRAI** revised: Adjuvant therapy for rectal carcinoma using fluorouracil + leucovorin + XRT.

**HNFUA** revised: Split course radiation therapy combined with mitomycin C + 5-FU as initial treatment for advanced head and neck cancer (Interim version).

**HNFUFA** revised: 5-fluorouracil and leucovorin for recurrent head and neck cancer.

**SAVAC** (outpatient) revised: Adjuvant therapy for patients with newly diagnosed Ewing's Sarcoma/Peripheral Neuroectodermal Tumour (PNET) or Rhabdomyosarcoma using vincristine,

doxorubicin (Adriamycin®) & cyclophosphamide (This is alternated with SAVIM).

**GOOVTOP** revised: Treatment of relapsed/progressive epithelial ovarian, fallopian tube or primary peritoneal cancer using topotecan.

**LYRITUX** revised: Treatment of lymphoma with rituximab.

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

### FOCUS ON TEMOZOLOMIDE

Temozolomide (Temodal®) was approved for commercial use in Canada in November, 1999 for the treatment of primary high grade gliomas (i.e., anaplastic astrocytoma and glioblastoma multiforme) which have recurred or progressed after standard therapy. A Phase II trial of temozolomide in patients with relapsed anaplastic astrocytoma demonstrated tumour shrinkage in 35% of patients and stable disease in 26% of patients, as well as a beneficial effect on quality of life during objective response.<sup>1</sup> Temozolomide in a Phase II trial in patients with glioblastoma multiforme produced an objective response in 11% of patients, and stable disease in 47% of patients.<sup>2</sup> When compared to procarbazine in glioblastoma multiforme, temozolomide improved quality of life and 6-month overall survival (60% vs 44% for procarbazine,  $p=.019$ ).<sup>3</sup> Adverse effects were reported as being acceptable in all these trials.

Temozolomide is a synthetic alkylating agent which, when taken orally, is rapidly and non-hepatically metabolized to the same active component as dacarbazine (DTIC). Unlike some drugs used to treat central nervous system malignancies, temozolomide is virtually unaffected by interactions with food or other drugs. It rapidly crosses the blood-brain barrier and does not require dose modifications for renal or hepatic dysfunction.

Temozolomide is taken daily on days 1 to 5 of a 28-day cycle. Capsules should not be opened or chewed. The usual starting dose in adults is 150 mg/m<sup>2</sup>/day for the first 5-day cycle. Depending on haematological recovery, the dose may be increased to 200 mg/m<sup>2</sup>/day or decreased by 50 mg/m<sup>2</sup>/day in subsequent cycles. Myelosuppression is the dose-

limiting toxicity but is not cumulative. Nausea (41%), fatigue (23%) and headache (11%) are common, manageable adverse effects.

At BCCA, temozolomide is a Class II drug approved for use in children with brain tumours and adults with recurrent grade III or IV gliomas previously treated with or failing nitrosourea-based chemotherapy. Adults' Karnofsky Performance Status must be over 50.

Marianne Moore, BSc(Pharm)  
Vancouver Cancer Centre  
Reviewed by Brian Thiessen, MD

#### References:

1. J Clin Oncol 1999; 17(9):2762-71.
2. Cancer Chemother Pharmacol 1997;40:484-8.
3. Br J Cancer. 2000;83:588-93.

### CORRECTION

CMLIFNCYT is used for chronic myeloid leukemia rather than chronic lymphocytic leukemia as stated in the October Systemic Therapy Update.

#### Editorial Review Board

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	<a href="#">BRAVNAV</a>	<a href="#">GIPGEM</a>	<a href="#">HNFUFA</a>
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