

Systemic Therapy Update

Volume 1, Number 6 for health professionals who care for cancer patients December 1998

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

CANCER DRUG MANUAL ONLINE

The BC Cancer Agency is pleased to announce that the Cancer Drug Manual is now available through the BCCA website (www.bccancer.bc.ca). The entire manual is accessible by selecting "Health Care Providers" from the homepage. Patient information pages are located separately from the drug monographs. Selecting "Patient/Public" from the homepage brings up the patient information pages only. To help you find the information you need, the website Cancer Drug Manual provides an alphabetic contents and an index linking to the information, as well as a navigation bar on each page to help you link quickly to the various features offered.

The information mounted on the website is as published in the 2nd Edition of 1994, with the following revisions. The appendix dealing with the prevention and management of extravasation was revised (September 1997) and the paclitaxel monograph and patient handout were updated (November 1998). A plan to review and revise the existing drug monographs and to provide monographs for new agents is being developed.

The Cancer Drug Manual was created to assist health care professionals caring for cancer patients undergoing treatment with cytotoxics, hormones or biological response modifiers. It is designed primarily for pharmacists and nurses in general practice, and may also be of interest to the family physician who is treating a patient in consultation with an oncologist. Efforts have been made to include information specific to the use of these drugs in the child with cancer. The monographs were written, reviewed and edited by pharmacists practicing in oncology settings, and reviewed by oncologists and an oncology nurse clinician.

For those who do not have access to the Internet, or who wish to supplement the electronic manual with a hardcopy, the Cancer Drug Manual (2nd Edition) 1994 is still available. Please submit a purchase order or cheque payable to BC Cancer Agency and send to BC Cancer Agency, Provincial Systemic Therapy Program, 600 West 10th Avenue, Vancouver, BC V5Z 4E6. Cost is \$85, plus \$7.50 mailing/handling costs, plus 5.95 GST (total \$98.45).

A. Dianne Kapty, BSc(Pharm) Editor, Cancer Drug Manual

BCCA WEBSITE

www.bccancer.bc.ca

The BCCA Website offers or will offer several other manuals and databases for care providers and patients that are worth investigating.

For Care Providers: Cancer Management Manual (under revision), Cancer Drug Manual, Drug Protocols (in preparation)

For Patients and the Public: Cancer Information Database, Cancer Drug Information, BC Community (Cancer) Resources Guide and Unconventional Cancer Therapies

There is additional information for patients and care providers planned for the BCCA website during the coming year. The *Cancer Management Manual* will be expanded to include improved information on

cancer prevention, protocol information for patients and information relating to the Agency's Communities Oncology Network and Program. The *BC Cancer Statistics Report*, the *BCCA Annual Report* and a *Cancer Curriculum File* (for B.C. grade 12 students and teachers) will also be added to the website.

The BC Cancer Agency will rely more and more on its website to disseminate new and needed information to health professionals and the public in British Columbia. Internet information is relatively low cost, easily revised and disseminated and is becoming universally available. Come and visit us.

David Noble BCCA Cancer Information Centre Leader

CLINICAL TRIAL UPDATE

Phase I/II Study of G3139 (Antisense Oligonucleotide Directed to BcI-2) and Mitoxantrone in Hormone Refractory Prostate Cancer

Bcl-2 gene overexpression is associated with hormone resistant prostate cancer and resistance to chemotherapy. G3139 is an antisense agent that inhibits Bcl-2 by binding to a specific sequence in the messenger RNA. In this study, G3139 is given as a 14-day ambulatory continuous IV infusion every 28 days and Mitoxantrone is given IV bolus on day 8. Treatment continues for 6 cycles and is offered to patients with the following eligibility criteria:

- prostate cancer having progressed on androgen ablative therapy
- radiologic or clinical evidence of metastatic disease
- ECOG performance status 0-1 and life expectancy ≥12 weeks
- no prior chemotherapy or strontium
- PSA > 20 ng/mL at study entry

This study is conducted at the Vancouver Cancer Centre (patients should live within 1-2 hours travel time while on the study protocol). The trial has just commenced and Phase I dose escalation continues. A protocol summary is available by Fax request. For additional information, please contact Dr. Kim Chi at (604)-877-6000.

PROTOCOL UPDATE

- **CNTAM** revised (dose change, interim version) tamoxifen for patients with recurrent brain tumours which are resistant to first line chemotherapy
- **CNTAMCAR** revised (dose change, interim version) in-house phase II pilot study utilizing carboplatin and high dose tamoxifen
- **GIENDO2** revised (pretreatment test clarified) palliative therapy for pancreatic endocrine tumours using streptozocin and doxorubicin
- **GIFUR2** new, combined modality adjuvant therapy for high risk rectal carcinoma using fluorouracil, leucovorin, and radiation therapy
- MYHDC new, single dose cyclophosphamide priming therapy for multiple myeloma prior to autologous stem cell transplant

PREPRINTED ORDERS

Revised VCC preprinted orders are available for:

- **BRAJCEF** (VCC, revision)
- **LYRITUX** (VCC, final version)

NURSING PRACTICE TIPS

Cancer-Related Fatigue

Fatigue is a common symptom experienced by approximately 80% of individuals with cancer and can have a negative impact on many aspects of the person's life. But how is cancer-related fatigue different from the fatigue experienced by all of us at different times?

Normal vs Chronic Fatigue

Normal fatigue is what we all feel at the end of the day which is usually relieved by a good night sleep. Cancer-related fatigue is usually associated with chronic fatigue. Chronic fatigue occurs over time and increases in duration and intensity despite a good night sleep.

Causes of Cancer-Related Fatigue

The exact cause of fatigue in the individual with cancer is unknown. Possible causes include:

• **Greater energy needs:** Cancer may cause the body to become overactive so that it needs more energy. Some cancer treatments also make the body use more energy.

- Toxic products of cancer cells: Cancer cells set free toxic products when chemotherapy or radiation destroy them. The body then requires more energy to rid itself of these products.
- Side effects of the disease or treatment:
 Poor appetite and nutrition, lack of sleep, pain, nausea and vomiting, lack of physical exercise and low white and/or red cell count can lead to or worsen fatigue.

Helping with Fatigue

- **Assessment:** As with any other type of symptom management, assessment is the first priority. And, as with other symptoms, fatigue is subjective. In the patient information booklet entitled *Your Bank to Energy Savings*, a patient self-assessment questionnaire for fatigue is a good place to start.
- **Education:** Individuals with cancer need to know that fatigue is one of the most common symptoms experienced. They also need to understand what fatigue is and the possible causes. One of the most common misconceptions of people receiving cancer treatment is that their fatigue will resolve as soon as the treatment ends. Fatigue begins to decrease 2-3 months after curative treatment and normal energy levels can take months or years to return.
- Interventions: Although the following interventions may seem to be more common sense than "cutting edge", they can have a significant impact on individuals suffering from cancer-related fatigue. The premise underlying these interventions is that of a "bank of energy savings". Individuals with cancer are asked to think of their energy stores as a bank. A balance needs to be maintain between energy spent and energy saved/available. As nurses, we can assist individuals to:
- 1. Set realistic expectations on a daily/weekly basis.
- 2. Set priorities.
- 3. Plan their activities for the day/week/month.
- 4. Pace themselves to accomplish their plan.

5. Control side effects of the disease and/or treatment.

A great source to assist with and follow up on your assessment and teaching related to fatigue is the booklet already mentioned above, *Your Bank to Energy Savings*. It covers specific areas such as problems with memory and concentration, and information on exercise and its positive effects on fatigue. Further references are also noted. If you want to find out more information on fatigue or the CANO Fatigue Initiative, you can contact CANO Head Office, 111 Peter St., Ste. 219, Toronto, Ontario M5V 2H1, Phone: 416-596-6565, Fax 416-596-1808.

Linda Yearwood Regional Nursing Leader, Education and Practice Vancouver Cancer Centre

References

- 1. Ashbury, F. A Canadian survey of cancer patients' experiences. Are their needs being met? Toronto, Centre for Behavioural Research and Program Evaluation, National Cancer Institute of Canada, 1995-6.
- 2. CANO. Your bank to energy savings: how people with cancer handle fatigue. Toronto, Janssen-Ortho Inc., 1998. Available from Janssen-Ortho.
- 3. Stacey, D. Coping with fatigue: an education session for cancer patients. Can Oncol Nurs J 1998;8:S1-15.

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	Protocol Summaries:							
	G3139 (Antisense Oligonucleotide Directed to Bcl-2) and Mitoxantrone							
	CNTAM							
	CNTAMCAR							
	GIENDO2							
	GIFUR2							
	MYHDC							
	Reimbursement	Reimbursement						
	Benefit Drug L	Benefit Drug List (01 Nov 98)						
	Class 2 Form	Class 2 Form (01 Nov 98)						

RADIATION CANCER CENTRE ACCESS

BULLETIN UPDATES	LOCATION		
Preprinted Orders	H:\everyone\systemic\chemo\Orders		
BRAJCEF	H:\everyone\systemic\chemo\Orders\vcc\breast\BRAJCEF		
LYRITUX	H:\everyone\systemic\chemo\Orders\vcc\lymphoma\LYRITUX		
Protocol Summaries	H:\everyone\systemic\chemo\Protocol		
G3139 study	H:\everyone\systemic\chemo\Update\Dec1998\G3139		
CNTAM	H:\everyone\systemic\chemo\Protocol\cns\CNTAM		
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MYHDC	H:\everyone\systemic\chemo\Protocol\BMT&Leukemia\MYHDC		
Reimbursement	H:\everyone\systemic\chemo\Reimburs		
Benefit Drug List (01 Nov 98)	H:\everyone\systemic\chemo\Reimburs\Benefit.doc		
Class 2 Form (01 Nov 98)	H:\everyone\systemic\chemo\Reimburs\Class2.doc		

For easy access, double-click your systemic chemo icon.

We appreciate your comments. Write us at bulletin@bccancer.bc.ca

In Touch	www.bccancer.bc.ca	bulletin@bccancer.bc.ca
BC Cancer Agency	(604)-877-6000	Toll-Free 1-(800)-663-3333
Cancer Centre for the Southern Interior (CCSI)	(250) 712-3900	Toll-Free 1-(888)-563-7773
Fraser Valley Cancer Centre (FVCC)	(604)-930-2098	
Vancouver Cancer Centre (VCC)	(604)-877-6000	Toll-Free 1-(800)-663-3333
Vancouver Island Cancer Centre (VICC)	(250) 370-8228	Toll-Free 1-(800)-670-3322
Communities Oncology Network	(604) 877-6098 Ext 2744	Toll-Free 1-(800)-663-3333 Ext 2744
Nursing Professional Practice	(604)-877-6098 Ext 2623	Toll-Free 1-(800)-663-3333 Ext 2623
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