Systemic Therapy Update

Volume 3, Number 3

for health professionals who care for cancer patients

March 2000

INSIDE THIS ISSUE

- Changes in 1st Therapy of Metastatic Prostate Cancer
- Benefit Drug List LHRH Agonists
- Protocol Update BRAVDOC, CNB, ENMITO, GIRALT, GOOVETO, SMAJLEV
- Pre-Printed Order Update BRAJCMFPO, BRAVCMFPO, GIFUR2
- Patient Education Numerous handouts available on BCCA H-drive and Fax-Back service
- Drug Update BCG dose clarification

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

CHANGES IN 1ST LINE THERAPY OF METASTATIC PROSTATE CANCER

The B.C. Cancer Agency GU Tumour Group has notified the urologists in B.C. regarding the approved gradual replacement of cyproterone (CPA) plus diethylstilbestrol (DES) as first line therapy of metastatic prostate cancer by the LHRH agonists. It is very important that this change is as gradual as possible during this fiscal year (to 31 March, 2000) since there is no new funding to support the roll over in policy. Except in cases of toxicity related to CPA/DES, patients should finish their existing supplies before making the switch to LHRH agonists. The GU tumour group also emphasised that maximal androgen blockade using continuous antiandrogen therapy with medical or surgical castration does not significantly prolong survival and is therefore no longer indicated. Currently, three LHRH agonists are available in the following depot formulations for prostate cancer:

Table: LHRH agonists for prostate cancer

AGENT		DOSING INTERVAL
Buserelin (Suprefact®)	6.3 mg	every 2 months
_	9.45 mg	every 3 months
Goserelin (Zoladex®)	3.6 mg	every 4 weeks
	10.8 mg	every 12 weeks
Leuprolide (Leupron®)*	7.5 mg	every month
	22.5 mg	every 3 months
	30 mg	every 4 months

^{* 3.75} mg 1-monthly and 11.25 mg 3-monthly injectables, both indicated for endometriosis, are NOT reimbursable. Prescribers should always specify the dose and dosing interval of the injectables to avoid confusion.

These agents are considered therapeutically interchangeable. To avoid the initial flare phenomenon associated with the use of LHRH agonists, it is recommended that CPA 100 mg bid to continue for 3 weeks after the first LHRH agonist injection. If the patient has been off CPA/DES for a break, any antiandrogen can be used. For more details, please refer to the letter from the GU Tumour Group. As well, the BCCA Pharmacy has prepared a letter to the patient regarding this change over. Copies of both letters can be obtained via Fax-Back.

BENEFIT DRUG LIST

The LHRH agonists have been approved to be changed from 2nd to 1st line treatment of metastatic prostate cancer effective 21 February, 2000. All LHRH agonists are now Class I drugs on the Benefit Drug List. A Class II form is no longer required before these drugs are to be dispensed at a radiation cancer centre or reimbursed to a community hospital.

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

PROTOCOL UPDATE

Protocol codes for treatments requiring "Undesignated Indication" approval prior to use are prefixed with the letter \mathbf{U} .

- INDEX to BCCA Protocol Summaries revised monthly (includes tumour group, protocol code, indication, drugs, last revision date and version)
- BRAVDOC revised (tests clarified, hepatic dysfunction precaution and reference added):
 Palliative therapy for metastatic breast cancer using docetaxel.
- CNB new: Suppressive therapy for prolactinomas using bromocriptine
- ENMITO revised (reformatted, prednisone deleted, fludrocortisone added): Treatment of adrenal cortical cancer with mitotane
- GIRALT revised (calculated creatinine clearance for elderly patients added): Palliative treatment of symptomatic advanced or metastatic colorectal cancer using raltitrexed in patients with previous fluorouracil toxicity
- GOOVETO _ revised (reformatted, clarifications in eligibility and exclusion criteria, hypotension precautions added, liver function creatinine, tests and abdominopelvic imaging deleted): Treatment of relapsed/progressive ovarian, fallopian tube or primary peritoneal cancer with etoposide
- SMAJLEV revised (reformatted, agranulocytosis precaution and reference added, scheduled to close April 2000): Adjuvant

therapy for high risk malignant melanoma using levamisole.

PRE-PRINTED ORDER UPDATE

Vancouver Cancer Centre has prepared the following pre-printed orders for chemotherapy protocol:

- BRAJCMFPO: Adjuvant therapy for premenopausal high-risk breast cancer using cyclophosphamide (oral), methotrexate and fluorouracil
- BRAVCMFPO: Palliative therapy for advanced breast cancer using cyclophosphamide (oral), methotrexate and fluorouracil
- GIFUR2 revised: Combined modality adjuvant therapy for high risk rectal carcinoma using fluorouracil, leucovorin, and radiation therapy
- GUBEP revised: Bleomycin, etoposide, cisplatin for nonseminoma germ cell cancers

PATIENT EDUCATION

Patient Education Handouts this is a reminder that handouts for a number of chemotherapy drugs and treatment protocols are on the BCCA H-drive (H:\everyone\systemic\chemo\Pt_Educ) as well as available on the Fax-Back service:

Anastrozole	Dexamethasone
Bicalutamide	Docetaxel
 BRAJAC 	 Gemcitabine
 BRAJCAF 	Irinotecan
 BRAJCEF 	Letrozole
 BRAJCMF 	 Octreotide
 BRAJCMFO 	Pamidronate
 BRAJTAM 	Raltitrexed
BRAVCAF	Rituximab
 BRAVCMF 	Topotecan
BRAVTAM	Trastuzumab
Capecitabine	Vinorelbine
 Clodronate 	 Warfarin

An index of these handouts is kept at BCCA H-drive (<u>H:\everyone\systemic\chemo\Pt Educ\index</u>). These handouts were not included in the last revision of the BCCA Cancer Drug Manual (2nd ed, 1994). They are currently in the process of being posted on the BCCA Website.

BCG dose clarification – The dose of BCG is sometimes described as mg weight of organisms. It can also be described as colony forming units (CFU), which represents the viable organisms in the material. The Pacis® (Montréal substrain) dose was commonly referred to as 120 mg. The 50 mg OncoTICE® (TICE substrain) is labelled as 1-8 x 10⁸ CFU. To avoid confusion, it is recommended that the dose for OncoTICE® be written as 1-8 x 10⁸ CFU, and not as 50 mg. Ordering in CFU will allow the pharmacist preparing the dose to make an exact match between the product label and the prescription.

Editorial Review Board

Mário de Lemos, PharmD (Editor)

Sharon Allan, MD Sandi Broughton, BA(Econ), MSc Jack Chritchley, MD Linda Yearwood, MSN Lynne Nakashima, PharmD Kelly Uyeno, CGA

Gigi Concon (Secretary)

IN TOUCH BC Cancer Agency	www.bccancer.bc.ca (604)-877-6000	bulletin@bccancer.bc.ca Toll-Free 1-(800)-663-3333
J .	` '	, ,
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
Pharmacy Professional Practice	(604)-877-6098 Ext 2247	Toll-Free 1-(800)-663-3333 Ext 2247
Provincial Systemic Therapy Program	(604)-877-6098 Ext 2247	Toll-Free 1-(800)-663-3333 Ext 2247
Francis Hu, CON Pharmacist	(604)-877-6098 Ext 2515	francish@bccancer.bc.ca
Mário de Lemos, Update Editor	(604)-877-6098 Ext 2288	mdelemos@bccancer.bc.ca
Robin O'Brien, Drug Information	(604)-877-6098 Ext 3028	robrien@bccancer.bc.ca

BCCA SYSTEMIC THERAPY UPDATE FAX REQUEST FORM

FAX (604) 877-0585 bulletin@bccancer.bc.ca

TO SUBSCRIBE: FAX OR EMAIL YOUR REQUEST OR CALL @ 877-6098 LOCAL 2247

FOR URGENT REQUESTS PLEASE CALL (604) 877-6098 LOCAL 2247 OR TOLL-FREE IN BC 1-800-663-3333 LOCAL 2247 PLEASE FEEL FREE TO MAKE COPIES FOR YOUR COLLEAGUES

I WOULD PREFER TO RECEIVE THIS INFORMATION VIA:

☐ E-mail (Word 6.0)		@				
☐ Fax	()	Attn:				
IPDATES Please ☑ Fax-Back information below:						
☐ All items						
Patient Handouts						
Anastrazo	ole		Dexamethasone			
Bicalutam	nide		Docetaxel			
BRAJAC			Gemcitabine			
☐ BRAJCAF	F		Irinotecan			
☐ BRAJCE	F		Letrozole			
BRAJCM	F		Octreotide			
BRAJCM	FO		Pamidronate			
BRAJTAN			Raltitrexed			
BRAVCA			Rituximab			
☐ BRAVCM			Topotecan			
☐ BRAVTAI	M		Trastuzumab			
☐ Capecitat	bine		Vinorelbine			
☐ Clodronat			Warfarin			
Pre-Printed Order						
☐ BRAJCM						
	BRAVCMFPO					
ł	☐ GIFUR2					
	GUBEP					
☐ Index: Pre-Printed Orders						
	Protocol Summaries:					
☐ BRAVDO	OC .					
	□ CNB					
GIRALT						
GOOVET						
	□ SMAJLEV					
☐ Index: Protocol Summaries (current month)						
Reimbursement						
	rug List (21 Feb 2000)					
│	orm (21 Feb 2000)					

RADIATION CANCER CENTRE ACCESS

BULLETIN UPDATES	LOCATION		
Patient Handouts:	H:\everyone\systemic\chemo\Pt_Educ		
	anastrozole	dexamethasone	
	bicalutamide	docetaxel	
	<u>brajac</u>	<u>gemcitabine</u>	
	<u>brajcaf</u>	<u>irinotecan</u>	
	<u>brajcef</u>	<u>letrozole</u>	
	<u>brajemf</u>	<u>octreotide</u>	
	<u>brajemfo</u>	<u>pamidronate</u>	
	<u>brajtam</u>	raltitrexed	
	<u>bravcaf</u>	<u>rituximab</u>	
	<u>bravemf</u>	topotecan	
	<u>bravtam</u>	<u>trastuzumab</u>	
	<u>capecitabine</u>	vinorelbine	
	clodronate	warfarin	
Index of Patient Educ Handouts	H:\everyone\systemic\chemo\Pt_Educ\Index\Index_NT		
Pre-Printed Orders	H:\everyone\systemic\chemo\Orders\		
	Breast\ <u>brajcmfpo</u>		
	Breast\ <u>bravcmfpo</u>		
	GI\ <u>gifur2</u>		
	GU\gubep		
Index of Pre-Printed Orders	H:\everyone\systemic\chemo\Orders\VCC\ <u>Index</u>		
Protocol Summaries	H:\everyone\systemic\chemo\Protocol		
	Breast\bravdoc		
	CNS\CNB		
	Endocrine\enmito		
	Gl\giralt		
	GO\gooveto		
	Melanoma\smajlev		
Index of Protocol	H:\everyone\systemic\chemo\Protocol\Index\Index_NT or		
Summaries	Index W6		
Reimbursement	H:\everyone\systemic\chemo\Reimburs		
Benefit Drug List	Benefit		
Class 2 Form	Class2		

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

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