Systemic Therapy Update



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For health professionals who care for cancer patients

Available online at www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate

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EDITOR'S CHOICE

HIGHLIGHTS OF NEW AND REVISED PROTOCOLS

Several **new** agents or indications have been added to the benefit list, including:

- Azacitidine for intermediate-2 and high risk myelodysplastic syndrome
- **Degarelix** for advanced prostate cancer
- **Temozolomide** for melanoma with brain metastases.

For more information about Azacitidine and Degarelix, see under Drug Update in this issue.

The **Head and Neck Tumour Group** has reorganized the protocols so that the protocol codes can better reflect the tumour subsites and treatment intents.

The **Lung Tumour Group** has introduced four more patient information handouts for the chemotherapy regimens. This means that nearly two-thirds of all lung chemotherapy protocols now have accompanying information for the patients.

DRUG UPDATE

Azacitidine, a pyridimine analogue used for myelodysplastic syndrome (MDS), is a new program requested for funding for the fiscal year 2010/11 (see May 2010 issue of Systemic Therapy Update). Starting 1 July 2010, the BCCA will fund azacitidine 75 mg/m² given subcutaneously for 7 consecutive days for transplant ineligible patients with intermediate-2 or high risk MDS according to the International Prognostic Scoring System (protocol ULKMDSA). This is based on clinical evidence of improved overall survival compared to supportive care.

The manufacturer's Vidaza® Access Program is closed to registration for new patients starting 1 July 2010 (tel: 1-877-384-3292, <u>Vidaza@assistprogram.com</u>). For patients who have been accessing azacitidine via this program:

- 1. BCCA will cover for patients starting 1 July 2010 if:
 - their azacitidine treatment fulfills the BCCA criteria (see above),
 - the patients were registered with the Vidaza® Access Program on or after 1 April 2010, and
 - the requests have been approved by the BCCA Compassionate Access Program (CAP).
- 2. Vidaza® Access Program will continue to cover for patients if:
 - their azacitidine treatment does not fulfill the BCCA criteria, or
 - the patients were registered with the Vidaza® Access Program prior to 1 April 2010.

Degarelix is a Luteinizing Hormone Releasing Hormone (LHRH) antagonist used for the treatment of advanced prostate cancer. It suppresses testosterone production to castrate level similar to that seen with the LHRH agonists. However, it has the advantage of inducing testosterone suppression at a faster rate and without the initial surge in testosterone production ("flare") associated with LHRH agonists. Currently, degarelix is available as a monthly subcutaneous depot injection.

Aminolevulinic acid and methyl aminolevulinate are topical photosensitizing agents used in combination with photodynamic therapy (PDT) to treat actinic keratoses and other skin cancers (e.g., squamous cell carcinoma, basal cell carcinoma). Following topical application, photoactive porphyrins (PAPs) accumulate in the target lesions and form singlet molecular oxygen when exposed to light, causing local cytotoxic effects on the light-exposed lesions.

BENEFIT DRUG LIST

The following treatment programs have been added to the benefit drug list effective 1 July 2010:

- Aminolevulinic acid topical solution 20% and methyl aminolevulinate cream (both class I) as topical therapy for skin cancer with PDT (photodynamic therapy) (SMPDT)
- Azacitidine (case-by-case) as therapy of myelodysplastic syndrome with International Prognostic Scoring System (IPSS) intermediate-2 and high risk (ULKMDSA)
- **Degarelix** (class I) as therapy for prostate cancer using LHRH antagonist degarelix (GUPLHRHA)
- **Temozolomide** (class II) as palliative therapy for malignant melanoma with brain metastases when other treatment modalities are not advisable (SMAVTMZ)

CANCER DRUG MANUAL

Tocilizumab Interim Monograph has been developed. Tocilizumab is a new humanized anti-human IL-6 antibody supplied for compassionate use in the treatment of multi-centric Castleman disease, an

uncommon lymphoproliferative disorder. It is dosed at 4-8 mg/kg IV every two weeks. The most commonly reported adverse reactions are upper respiratory tract infections, nasopharyngitis, headache, hypertension, and increased ALT. Other highlights of the document include:

- Infusion reactions can occur rarely. The most frequently reported event occurring during infusion was hypertension. Clinically significant reactions requiring treatment discontinuation were reported in less than 1%.
- Gastrointestinal perforation has been reported, primarily as a complication of diverticulitis. New abdominal symptoms should be evaluated promptly.
- Multiple sclerosis and chronic inflammatory demyelinating polyneuropathy have been rarely reported in studies.

Tocilizumab has now been added to the Chemotherapy Preparation and Stability Chart.

Alemtuzumab Patient Handout has been revised to remove all references to the ampoule formulation, as alemtuzumab is now available as a vial.

Bevacizumab Monograph has been revised to include glioblastoma (brain tumour) as a new Health Canada indication.

Cetuximab has been revised to include normal saline as a flushing solution in the **Chemotherapy Preparation and Stability Chart.**

MEDICATION SAFETY - MEDICATION INCIDENTS INVOLVING CANCER CHEMOTHERAPY AGENTS

The Institute on Safe Medication Practices (ISMP) of Canada has recently published an overview of chemotherapy-related incidents. The overview has found that the narrative information from voluntary incident reports is an essential factor for improving safety procedures in chemotherapy delivery. This finding effectively reinforces the importance for all healthcare professionals to voluntarily report medication errors.

ISMP Canada further analyzed over 450 chemotherapy-related incidents reported by institutions across the country during 2002-2009. Seven main themes were revealed, each pertaining to a process within the system of providing cancer chemotherapy. Of these seven themes, notable examples include: administration of medication, dispensing, monitoring, and prescribing.

Within these main themes, a few of the subthemes (specific errors) reported were: incorrect dose, incorrect rate, incorrect medication, omission of dose, and incorrect patient. Recognizing subtheme trends and identifying key contributing factors will spotlight opportunities for system improvement and safeguards, such as eliminating the use of dangerous abbreviations. While these findings are an impetus for changing the way we provide chemotherapy to our patients, more work is needed to identify preferred practices within our medication-use system.

This ISMP Canada Safety Bulletin, March 16, 2010 (Volume 10, number 1), can be found at: http://www.ismp-canada.org/download/safetyBulletins/ISMPCSB2010-01-CancerChemotherapyAgents.pdf

Submitted by: Marney McKay, BScPharm, Pharmacy CON Educator Vancouver Centre – BC Cancer Agency BC Cancer Agency Protocol Summaries, Provincial Pre-Printed Orders (PPPOs) and Patient Handouts are revised periodically. New, revised or deleted protocols, PPPOs and patient handouts for this month are listed below. Protocol codes for treatments requiring "Compassionate Access Program" (previously Undesignated Indications Request) approval are prefixed with the letter U.

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

CODE	Protocol	PPPO	Patient Handout	Protocol Title	
GUPLHRHA	V	V		Therapy for Prostate Cancer Using LHRH Antagonist Degarelix	
UHNAVDOC	$\overline{\mathbf{A}}$	V		Treatment of Recurrent or Metastatic Squamous Cell Carcinoma of the Head and Neck with Docetaxel	
HNAVP		V		Palliative Chemotherapy for Advanced Head and Neck Squamous Cell Carcinoma with Weekly Cisplatin	
UHNAVPD	\square	V		Treatment of Recurrent or Metastatic Squamous Cell Carcinoma of the Head and Neck with Cisplatin and Docetaxel	
UHNLADCF	V	V		Palliative Treatment of Metastatic or Locally Advanced Squamous Cell Carcinoma of the Head and Neck with Docetaxel, Cisplatin and Infusional Fluorouracil	
UHNNAVCAP		V		Treatment Of Recurrent Or Metastatic Nasopharyngeal Cancer With Capecitabine	
UHNNAVPC		V		Treatment of Recurrent or Metastatic Nasopharyngeal Carcinoma with Carboplatin and Paclitaxel	
ULKMDSA	$\overline{\mathbf{A}}$	V		Therapy of Myelodysplastic Syndrome using Azacitidine	
LUAVDC			V	Treatment of Advanced Non-Small Cell Lung Cancer with Cisplatin and Docetaxel	
LUAVDOC			V	Second-Line Treatment of Advanced Non-Small Cell Lung Cancer (NSCLC) with Docetaxel	
LUMMVIN			V	Treatment of Malignant Mesothelioma with Vinorelbine	
LUSCCAV			V	Treatment of Extensive Small Cell Lung Cancer (SCLC) with Cyclophosphamide, Doxorubicin and Vincristine (CAV)	
SMAVTMZ	V	V		Palliative Therapy for Malignant Melanoma with Brain Metastases	
SMPDT	V	V		Topical Therapy for Skin Cancer with PDT (Photodynamic Therapy)	

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
BMTMM0301	Ø			Renal dose adjustment revised, reference added	Conditioning Therapy for Autologous Stem Cell Transplant using high dose Melphalan in the Treatment of Multiple Myeloma
GIAVPG				References added	First-line Palliative Chemotherapy for Advanced Gallbladder Cancer and Cholangiocarcinoma using Gemcitabine and Cisplatin
GIOCTLAR				Eligibility clarified	Symptomatic Management of Functional Carcinoid and Neuroendocrine Tumors of the GI Tract Using Octreotide
HNAMIRT	V	Ø		Protocol code revised	Radioprotection in Head and Neck Radiation using Amifostine
HNAVFUP	V			Emetogenic potential revised in protocol and aprepitant added to Premedications	Treatment of Advanced Head and Neck Cancer Using Cisplatin and Fluorouracil
HNAVGEM	V	Ø		Protocol code and contact physician revised	Treatment of Loco-regionally Recurrent/Metastatic Nasopharyngeal Cancer not Amenable for Local Curative Therapy with Gemcitabine
HNAVM	V	Ø		Replacing HNM	Treatment of Head and Neck Cancer Using Methotrexate as Standard Therapy
HNAVPE	V	Ø		Replacing HNPE	Intensive Cisplatin and Etoposide Chemotherapy for Recurrent and Metastatic Head and Neck Cancer
HNCAFRT	V			Protocol code and contact physician revised, eligibility and bloodwork clarified	Combined Chemotherapy (Carboplatin and Fluorouracil) and Radiation Treatment for Locally Advanced Squamous Cell Carcinoma of the Head and Neck
HNLACAFRT	\square	V		Replacing HNCAFRT	Combined Chemotherapy (Carboplatin and Fluorouracil) and Radiation Treatment for Locally Advanced Squamous Cell Carcinoma of the Head and Neck
UHNLACETRT	V	Ø		Protocol code and contact physician revised, eligibility tests clarified, postinfusion observation clarified, reference updated	Combined Cetuximab and Radiation Treatment for Locally Advanced Squamous Cell Carcinoma of the Head and Neck
ним	V	Ø		Protocol code and contact physician revised	Treatment of Head and Neck Cancer Using Methotrexate as Standard Therapy
HNNAVGEM	V	V		Replacing HNAVGEM	Treatment of Loco-regionally Recurrent/Metastatic Nasopharyngeal Cancer not Amenable for Local Curative Therapy with Gemcitabine

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
HNOTAMIRT	\square	V		Replacing HNAMIRT	Radioprotection in Head and Neck Radiation using Amifostine
HNOTTSH	\square	V		Replacing HNTSH	Radioiodine Imaging and Treatment in Patients with Thyroid Cancer Using Thyrotropin Alpha
HNPE	Ø	$\overline{\mathbf{A}}$		Protocol code and contact physician revised, emetogenic potential revised, aprepitant added, reference added	Intensive Cisplatin and Etoposide Chemotherapy for Recurrent and Metastatic Head and Neck Cancer
HNTSH	$\overline{\checkmark}$	V		Protocol code and contact physician revised	Radioiodine Imaging and Treatment in Patients with Thyroid Cancer Using Thyrotropin Alpha
LUAJNP	V			Minor typo corrected in renal dosing adjustment	Adjuvant Cisplatin and Vinorelbine Following Resection of Non-Small Cell Lung Cancer
LUSCCAV				Number of treatment cycles clarified	Treatment of Extensive Small Cell Lung Cancer (SCLC) with Cyclophosphamide, Doxorubicin and Vincristine (CAV)
LYCARTOP		V		Refill instructions clarified	Topical Carmustine in Cutaneous T-cell Lymphoma
LYCHOPR		V		Information on peripheral lymphocyte count added	Treatment of Lymphoma with Doxorubicin, Cyclophosphamide, Vincristine, Prednisone and Rituximab.
LYCODOXMR	$\overline{\checkmark}$			Eligibility revised	Treatment of Burkitt Lymphoma and Leukemia (ALL-L3) with Cyclophosphamide, Vincristine, Doxorubicin, Methotrexate, Leucovorin (CODOX-M) and Rituximab
ULYRICE		Ø		Information on peripheral lymphocyte count added	Treatment of Advanced Stage Large B-Cell Non-Hodgkin's Lymphoma with Ifosfamide, Carboplatin, Etoposide and Rituximab
UMYBORTEZ		Ø		Administration route of dexamethasone clarified	Treatment of Multiple Myeloma with Bortezomib and Dexamethasone
UMYMPBOR		Ø		Minor typo corrected in lab section	Treatment of Multiple Myeloma using Melphalan, Prednisone and Weekly Bortezomib
SMDTIC	$\overline{\checkmark}$	Ø		Caution to protect from light clarified	Palliative Therapy for Metastatic Malignant Melanoma Using High Dose Dacarbazine (DTIC)

Website Resources and Contact Information

WEBSITE RESOURCES	www.bccancer.bc.ca
REIMBURSEMENT AND FORMS: BENEFIT DRUG LIST, CLASS II, BC CANCER AGENCY COMPASSIONATE ACCESS PROGRAM	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms
CANCER DRUG MANUAL	www.bccancer.bc.ca/cdm
CANCER MANAGEMENT GUIDELINES	www.bccancer.bc.ca/CaMgmtGuidelines
CANCER CHEMOTHERAPY PROTOCOLS, PRE-PRINTED	www.bccancer.bc.ca/ChemoProtocols
ORDERS, PROTOCOL PATIENT HANDOUTS	
SYSTEMIC THERAPY PROGRAM POLICIES	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Policies
Systemic Therapy Update	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate

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