

for health professionals who care for cancer patients February 2009 Volume 12, Number 2 Website access at http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate.htm

#### **INSIDE THIS ISSUE**

- Editor's Choice New INFUSOR<sup>™</sup> Guide for Patients on Continuous Fluorouracil Infusion
- Drug Update Multiple Myeloma REVLIMID® Access Program (MMRAP)
- Highlights of Changes in Protocols, Pre-Printed Orders and Patient Handouts – Gynecological Tumour Group: Relapsed/Progressing Ovarian Cancer
- Cancer Management Guidelines Guide for Early . Detection of Oral Cancer
- BC Cancer Agency Website Help Us Improve Userbility

- Cancer Drug Manual Dactinomycin Monograph and Patient Handout, Chemotherapy Preparation and Stability Chart
- List of New and Revised Protocols, Pre-Printed Orders and Patient Handouts: New: LUAVPG Revised: BRAJACTTG, GOENDCAT, GOOVDOC, GOOVETO, GOOVGEM, GOOVLDOX, GOOVTAX3, GOOVTOP, GOOVVIN, GOTDHR, HNDE, HNM, HNTSH, ULUAVERL, LYCHLOR, LYCHOP, LYCHOPR, LYCODOXMR, LYCVPR, LYFLUDR, LYGDP, LYIVACR, LYRITUX
- Website Resources

IN TOUCH phone list is provided if additional information is needed.

# **EDITOR'S CHOICE:**

# New INFUSOR<sup>™</sup> Guide for Patients on Continuous Fluorouracil Infusion

Two new resources have been developed by BC Cancer Agency, Nursing to support teaching patients about INFUSOR<sup>TM</sup>.

1. Patient Teaching Standards: Managing at Home with an Elastomeric Infusion Device. This document describes what a nurse will teach a patient about the device before discharge.

It is included in <u>Nursing Practice Reference C-252</u> as Appendix 7 and it is intended for nursing education (www.bccancer.bc.ca/HPI/Nursing/References/NursingBCCA/C-252).

2. Your INFUSOR <sup>™</sup> – a Guide for Patients is the standard information sheet for patients. It describes how the device works, how and when to check that it is infusing, how to carry it, how to manage unexpected leaks, and when and who to call for professional help.

This information is posted on the webpages of the relevant protocols, many of which involve treatment of colorectal cancer (www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Gastrointestinal). Cross-reference to this guide will be gradually added to patient handouts to all protocols that contain infusional fluorouracil.

### DRUG UPDATE – MULTIPLE MYELOMA REVLIMID® ACCESS PROGRAM (MMRAP)

Celgene Canada has now closed its Multiple Myeloma REVLIMID® Access Program (MMRAP), the program which provided compassionate supply of lenalidomide to patients with multiple myeloma. Therefore, any patients who are now started on lenalidomide for multiple myeloma must either be third party funded or self pay. These patients still need to be registered in RevAid® program, which manages the distribution of lenalidomide as well as investigates third party drug coverage for patients (more details in the October 2008 issue of the Update www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate).

### HIGHLIGHTS OF CHANGES IN PROTOCOLS, PRE-PRINTED ORDERS AND PATIENT HANDOUTS

The **Gynecological Tumour Group** has revised all protocols for relapsed/progressing ovarian cancer. There is a new preface section providing the following key points to guide physicians in selecting protocols based on platinum sensitivity and on response to previous treatment:

- In *platinum sensitive* disease: The preferred treatment for this population consists of patients receiving doublet therapy with carboplatin plus either a taxane or gemcitabine.
- In *platinum resistant* disease (i.e., cancer progresses within six months of completing a platinumcontaining treatment protocol): The preferred treatment for this population consists of patients receiving single agent carboplatin, as it is the least toxic and most convenient choice of the equally efficacious agents available.
- In *platinum refractory* disease (i.e., cancer progresses while being treated with a platinum): The preferred treatment for this population consists of choosing between available agents based upon toxicity profile and convenience of dosing regimen. Only one of gemcitabine, topotecan, or pegylated liposomal doxorubicin will be reimbursed in any one patient. Subsequently, if a patient is thought likely to benefit from one of the other two, a request should be submitted to the BCCA Compassionate Access Program (CAP).
- Patients not expected to benefit from further therapy after second or subsequent rounds of chemotherapy can be identified by the following formula: "day 1 of treatment N to day of progression on treatment N+1 is less than or equal to 6 months", where N+1 is defined as the subsequent line of treatment. They should be offered symptomatic management or investigational protocols.

### **CANCER DRUG MANUAL**

**Dactinomycin Monograph and Patient Handout** have been completely revised and updated. Expert review was provided by Dr. Paul Hoskins (Gynecologic Oncology Tumour Group) and Dr. Jeff Davis (Pediatric Oncologist). Highlights of the changes to the monograph include:

- a more detailed side effects table, now including anemia and flu-like syndrome
- a new caution statement on concurrent radiation therapy

Highlights of the handout changes include:

 addition of management strategies for anemia-related tiredness, increased sensitivity to sunlight, and flu-like syndrome

### **Chemotherapy Preparation and Stability Chart**

brand of dactinomycin revised

### **CANCER MANAGEMENT GUIDELINES – EARLY DETECTION OF ORAL CANCER**

**Guideline for Early Detection of Oral Cancer in BC** has been developed by a multidisciplinary team of the BC Oral Cancer Prevention Program, made up of clinicians and scientists from the BC Cancer Agency. This guideline is intended to provide guidance about the appropriate use of oral cancer screening techniques and to help dentists make informed decisions about screening for oral cancer in practice. It should be used to facilitate clinical decision-making. The guideline is available at:

 $\underline{www.bccancer.bc.ca/HPI/CancerManagementGuidelines/HeadnNeck/Dentistry/Guideline+for+Early+Detection+of+Oral+CancerManagementGuidelines/HeadnNeck/Dentistry/Guideline+for+Early+Detection+of+Oral+CancerManagementGuidelines/HeadnNeck/Dentistry/Guideline+for+Early+Detection+of+Oral+CancerManagementGuidelines/HeadnNeck/Dentistry/Guideline+for+Early+Detection+of+Oral+CancerManagementGuidelines/HeadnNeck/Dentistry/Guideline+for+Early+Detection+of+Oral+CancerManagementGuideline+for+Early+Detection+of+Oral+CancerManagementGuidelines/HeadnNeck/Dentistry/Guideline+for+Early+Detection+of+Oral+CancerManagementGuideline+for+Aarly+Detection+of+Oral+CancerManagementGuideline+for+Aarly+Detection+for+Aarly+Detection+for+Aarly+Detection+for+Aarly+Detection+for+Aarly+Detection+for+Aarly+Detection+for+Aarly+Det$ 

## BC CANCER AGENCY WEBSITE – HELP US TO IMPROVE USERBILITY

The BC Cancer Agency website plays a key role in the delivery of clinical care such as the chemotherapy protocols, drug information and our Cancer Management Guidelines. It is crucial that clinical care information is easy to find and navigate. The Agency is now looking for volunteers to test how easy it is to use our website. The testing takes approximately 15 minutes, is completely anonymous, and can be done from any computer with a web connection on your own time. Tests will take place during February and March 2009. If you're interested, please contact Helen Fan at <u>hfan@bccancer.bc.ca</u> or tel (604) 877-6000 ext 4813, with your name and email address, and what describes you best with the following (choose more than one if you need to):

- Cancer patient
- Friend or family of cancer patient
- Member of the general public
- Family doctor
- Professional healthcare provider specializing in cancer
- Professional healthcare provider, not specializing in cancer
- Student (inc. postgraduates)
- Professional academic
- Researcher
- Journalist
- Other (please specify)

### LIST OF NEW AND REVISED PROTOCOLS, PRE-PRINTED ORDERS AND PATIENT HANDOUTS

**BC Cancer Agency Protocol Summaries, Provincial Pre-Printed Orders (PPPOs) and Patient Handouts** are revised periodically. New and revised protocols, PPPOs and patient handouts for this month are listed below. Protocol codes for treatments requiring "Compassionate Access Program" (previously Undesignated Indication 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
LUAVPG			$\checkmark$	Treatment of Advanced Non-Small Cell Lung Cancer with Cisplatin and Gemcitabine

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
BRAJACTTG	V	V		Treatment interval clarified, references added	Adjuvant Therapy for Breast Cancer Using Dose Dense Therapy: Doxorubicin and Cyclophosphamide Followed by Paclitaxel and Trastuzumab
GOENDCAT	Ø			Eligibility, Tests, Treatment, Precautions and Dose Modifications sections revised	Treatment of Primary Advanced or Recurrent Endometrial Cancer Using Carboplatin And Paclitaxel (GO 95 01)
GOOVDOC	V			Preface added, Eligibility, Exclusions, Tests, Treatment and Dose Modifications revised	Treatment Of Relapsed/Progressing Epthelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma Using Docetaxel
GOOVETO				Preface added, Eligibility, Exclusions, Tests, Treatment and Dose Modifications revised	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma Using Etoposide

CODE	Protocol	РРРО	Patient Handout	Changes	Protocol Title
GOOVGEM	V	Ø		Preface added, Eligibility, Exclusions, Tests, Treatment and Dose Modifications revised in protocols; Tests revised in PPPO	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma Using Gemcitabine
GOOVLDOX	V			Preface added, Eligibility, Exclusions, Tests, Dose Modifications and Precautions revised	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma Using Pegylated Liposomal Doxorubicin
GOOVTAX3	V	V		Preface added, Eligibility, Exclusions, Tests, Dose Modifications and Precautions revised in protocols; Tests revised in PPPO	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma Using Paclitaxel
GOOVTOP	V			Preface added, Eligibility, Exclusions, Tests, Treatment and Dose Modifications revised	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma Using Topotecan
GOOVVIN	V			Preface added, Eligibility, Exclusions, Tests, Premedications, Treatment and Dose Modifications revised	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritonial, or Fallopian Tube Carcinoma Using Vinorelbine
GOTDHR	N			All d-actinomycin spellings changed to dactinomycin	Therapy for High Risk Gestational Trophoblastic Cancer
HNDE	V	V		Tests, Treatment and Dose Modifications clarified	Treatment of Recurrent and Metastatic Nasopharyngeal Cancer using Cisplatin and Etoposide
ним	V			Dose Modifications for hematological toxicities and renal function clarified	Head and Neck Cancer Using Methotrexate as Standard Therapy
HNTSH	V			Title and Eligibility revised, Treatment clarified	Radioiodine Imaging and Treatment in Patients with Thyroid Cancer using Thyrotropin Alpha
ULUAVERL	V			Exclusions and Tests revised for hepatic impairment	Treatment of Advanced Non-Small Cell Lung Cancer (NSCLC) with Erlotinib
LYCHLOR	V	V		Dosing and eligibility clarified	Therapy for Indolent Lymphoma and Chronic Lymphocytic Leukemia Using Chlorambucil
LYCHOP		V		Reminder for non-PVC equipment clarified	Treatment of Lymphoma with Doxorubicin, Cyclophosphamide, Vincristine and Prednisone

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
LYCHOPR	V	V		Revised dosing for peripheral blood lymphocyte counts above 30 x 10 <sup>9</sup> /L, reminder for non-PVC equipment clarified	Treatment of Lymphoma with Doxorubicin, Cyclophosphamide, Vincristine, Prednisone and Rituximab (CHOP-R)
LYCODOXMR	V			Revised dosing for peripheral blood lymphocyte counts above 30 x 10 <sup>9</sup> /L	Treatment of Burkitt Lymphoma and Leukemia (ALL-L3) with Cyclophosphamide, Vincristine, Doxorubicin, Methotrexate, Leucovorin (CODOX-M) and Rituximab
LYCVPR	V			Revised dosing for peripheral blood lymphocyte counts above 30 x 10 <sup>9</sup> /L	Treatment of Advanced Indolent Lymphoma using Cyclophosphamide, Vincristine, Prednisone and Rituximab (CVP-R)
LYFLUDR	V			Revised dosing for peripheral blood lymphocyte counts above 30 x 10 <sup>9</sup> /L	Treatment of Chronic Lymphocytic Leukemia or Prolymphocytic Leukemia with Fludarabine and Rituximab
LYGDP		Ø		Clarification of when to proceed based on bloodwork	Treatment of Lymphoma with Gemcitabine, Dexamethasone and Cisplatin (GDP)
LYIVACR	V			Revised dosing for peripheral blood lymphocyte counts above 30 x 10 <sup>9</sup> /L	Treatment of Burkitt Lymphoma and Leukemia (ALL-L3) with Ifosfamide, Mesna, Etoposide, Cytarabine (IVAC) and Rituximab
LYRITUX	V			Revised dosing for peripheral blood lymphocyte counts above 30 x 10 <sup>9</sup> /L	Treatment of Lymphoma with Single Agent Rituximab

### WEBSITE RESOURCES

The following are available on the BC Cancer	Agency website (www.bccancer.bc.ca) under the Health		
Professionals Info section:			
REIMBURSEMENT AND FORMS: BENEFIT DRUG LIST,	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms		
CLASS II, BC CANCER AGENCY COMPASSIONATE			
ACCESS PROGRAM (UNDESIGNATED INDICATION)			
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 AND PROTOCOL PATIENT HANDOUTS			
SYSTEMIC THERAPY PROGRAM POLICIES	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Policies		
SYSTEMIC THERAPY UPDATE	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate		
COMPLEMENTARY AND ALTERNATIVE CANCER THERAPIES	under Patient/Public Info, Complementary Therapies		

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FRASER VALLEY CENTRE (FVCC)	( )	Toll-Free 1-(800) 523-2885			
VANCOUVER CENTRE (VCC)	(604) 877-6000	Toll-Free 1-(800) 663-3333			
VANCOUVER ISLAND CENTRE (VICC)	(250) 519-5500	Toll-Free 1-(800) 670-3322			