



For Health Professionals Who Care For Cancer Patients

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EDITOR'S CHOICE

NEW PROGRAMS

The Provincial Systemic Therapy Program has approved the following programs effective 1 December 2014:

Dabrafenib for BRAF Mutation Positive Unresectable or Metastatic Melanoma (USMAVDAB) –

Dabrafenib is an oral BRAF kinase inhibitor selective for tumour cells expressing mutated BRAF V600 proteins. Approximately 40-60% of metastatic melanomas carry this mutation. In phase III trial involving 250 treatment-naïve patients with BRAF V600 mutation-positive metastatic unresectable or metastatic melanoma, dabrafenib was associated with increased progression free survival (PFS) (6.7 vs. 2.9 mos, HR 0.35) and response rate (52% vs. 17%) compared to Dacarbazine. [Hauschild *et al. Lancet* 2012] Indirect comparison suggests that dabrafenib may have a lower incidence of phototoxicity and new primary malignancies than vemurafenib, which is currently funded by BCCA in this setting. However, higher rates of palmar-plantar erythrodysesthesia, pyrexia and hyperglycemia have been reported for dabrafenib. Of note, the BCCA will only approve up to one anti-BRAF therapy (vemurafenib or dabrafenib) for this indication.

EDITOR'S CHOICE

Radium-223 (XOFIGO®) for Castration Resistant Metastatic Prostate (UGUPRAD) – Current therapeutic options for this patient population include hormonal therapy (abiraterone, enzalutamide) and chemotherapy (docetaxel). For patients who have failed or are not otherwise eligible for these systemic therapies, radium-223 may palliate symptomatic bone metastases. In a phase III trial, radium-223 was associated with increased overall survival (14 vs. 11 months) and delayed time to first skeletal related event (13.6 vs. 8.4 months) compared to placebo [Nilsson S, et al. *Lancet Oncol* 2007;8:587]. Therapy with radium-223 was well tolerated, with a lower rate of overall and serious adverse events than the placebo group. A BCCA Compassionate Access Program application is required for each patient.

Temozolomide for Elderly Patients with Glioblastoma Multiforme (GBM) with MGMT Promoter Methylation (CNTEMM) – Current standards of chemoradiotherapy are not always well tolerated in older patients with GBM, particularly in those over age 70, whereby there is no supporting data that combined chemoradiotherapy is more effective than less intensive therapies. In one phase III trial involving 412 patients over the age of 65, temozolomide was shown to be non-inferior to radiation alone in overall survival (9.6 vs. 8.6 mos) and even-free survival (4.7 vs. 3.3 mos). [Wick et al. *Lancet* 2012;13:707] In the subgroup of 75 patients with MGMT promoter methylation, temozolomide was associated with longer event-free survival (8.4 vs. 4.6 mos) and a trend of longer overall survival.

REVISED PROGRAMS

The Provincial Systemic Therapy Program has revised the following program effective 1 December 2014:

Trastuzumab Emtansine (KADCYLA®) for HER2 Positive Metastatic Breast Cancer (UBRAVKAD) – The eligibility has been revised to include patients who were started or had completed at least two lines of anti-HER2 therapy prior to the BCCA implementation of the UBRAVKAD protocol on 1 May 2014. This means that current patients who have progressed during or after previous HER2-targeted therapy prior to 1 May 2014, but who have not received trastuzumab emtansine (KADCYLA®) will also be eligible regardless of the number of lines of therapy that patient has had for metastatic breast cancer.

Modified PCV for Brain Tumours (CNMODPCV) – The eligibility has been revised to include patients with incompletely resected low grade gliomas as well as patients over age 40 and with completely resected low grade gliomas. The chemotherapy regimen should start two weeks after radiotherapy. In a recent phase III study, addition of PCV chemotherapy after radiation was associated with increased overall survival (13.3 vs. 7.8 yrs, HR = 0.59) and progression free survival (10.4 vs. 4.0 yrs, HR = 0.50). [Buckner JC et al. *J Clin Oncol* 2014;32:5s (abstr 2000)]

HIGHLIGHTS OF CHANGES IN PROTOCOLS, PPPOs AND PATIENT HANDOUTS

Capecitabine-Based Gastrointestinal Protocols and PPPOs – These have been revised to clarify the need and frequency of INR monitoring in patients who are on concurrent warfarin (see Medication Safety Corner in this issue).

Weekly Paclitaxel Therapy for Metastatic Breast Cancer – The current protocol BRAVT7 for weekly paclitaxel is being replaced with a new protocol BRAVTW. The new regimen is based on the results of the E2100 study [Miller K et al. *N Engl J Med* 2007;357:2666] and the CALGB 40502 Study [Rugo HS et al. *J Clin Oncol* 2012;30:CRA1002]. It has a slightly higher dose at 90 mg/m² and is given every 3 weeks out of 4 weeks, thus

HIGHLIGHTS OF CHANGES IN PROTOCOLS, PPPOs AND PATIENT HANDOUTS

reducing the number of visits for treatment.

During the transition period from BRAVT7 to BRAVTW, heightened awareness regarding the dose and frequency of treatment will be required. Existing patients should complete their current cycle of treatment on BRAVT7, then switch to BRAVTW at the start of their next cycle.

Translated Protocol Patient Handouts – Chinese and Punjabi translations are now available for a number of Protocol Patient Handouts (see affected handouts in the table [below](#)). This is part of an ongoing BCCA pilot project to address the needs of non-English speaking patients throughout the province.

“Save the date: Dilution of all Vinca Alkaloids in Minibag Effective 1 February 2015” – Vinca alkaloids, when given *inadvertently* by intrathecal route, can result in death. While most reported incidents related to vinCRiStine, fatalities have occurred due to vinBLASStine as well.¹⁻³ In the 2014-2015 targeted best practices for medication safety in hospitals, the US Institute for Safe Medication Practices (ISMP) recommends that all vinca alkaloids be dispensed in minibags.⁴

Currently, vinCRiStine and vinorelbine are dispensed in minibags at BCCA. Effective 1 February 2015, this practice will expand to include ALL vinca alkaloids. Corresponding changes will be updated in the protocols, PPPOs, monographs and chemotherapy preparation and stability chart of the Cancer Drug Manual. The affected protocols are all vinBLASStine-based regimens:

GUBCV	LYABVD
GUMVAC	LYCVPPABO
BUVEIP	SAMV
KSVB	

References

1. World Health Organization. Information Exchange System: Alert No. 115 (QSM/MC/IEA.115). Geneva, Switzerland: World Health Organization; 2007 Jul 18 [cited 2014 Jul 14]. 2p. Available from: www.who.int/medicines/publications/drugalerts/Alert_115_vincristine.pdf
2. Death and neurological devastation from intrathecal vinca alkaloids: Prepared in syringes = 120; Prepared in minibags = 0. ISMP Medication Safety Alert Acute Care [Internet]. 2013 Sep 5 [cited 2014 Jul 14]. Available from: www.ismp.org/Newsletters/acutecare/showarticle.aspx?id=58

MEDICATION SAFETY CORNER

MONITORING INR OF PATIENTS ON CONCURRENT CAPECITABINE AND WARFARIN

Patient Safety Learning Summary – Patient had been taking warfarin prior to commencing capecitabine and did not have INR monitored as frequently as needed. This led to a serious complication.

What were the contributing factors / systems issues identified?

- No standardization of warfarin management, INR frequency monitoring or checkboxes for protocol.
- Language in patient handout does not indicate the requirement to have INR if diarrhea occurs while taking capecitabine and warfarin.
- Failure to order INR blood test when patient developed diarrhea.
- No communication to GP by MRP when patient developed diarrhea.
- Healthcare providers did not recognize potential concern of patient having severe diarrhea while taking warfarin and capecitabine.
- Irregular monitoring of INR by GP.

MEDICATION SAFETY CORNER

What actions were taken?

- Review all pre-printed orders with capecitabine to standardize management of patients on warfarin during and post chemotherapy treatment.
- Review and revise symptom management guidelines for diarrhea to ensure that the management of patients on warfarin is included.
- Review pharmacy standard work to ensure that the patient is informed regarding the need for more frequent INR blood tests while on capecitabine.

This report has been prepared at the direction of the Quality Council/ Patient Safety Committee. The information may be privileged under section 51 of the British Columbia Evidence Act. It has been abstracted from an actual critical incident review, but identifying information has been removed or modified in order to circulate to health care providers and organizations to promote learning from critical incidents.

DRUG UPDATE

SHORTAGE OF MITOMYCIN

A temporary shortage of drug supply is expected until March 2015. Mitomycin is used with concurrent radiotherapy in two combined modality protocols for anal cancer with curative intent (GIFUART, GICART). It is also an alternative intravesical agent to Bacillus Calmette-Guérin (BCG) vaccine for superficial transitional cell bladder cancer (GUBMITO). Potential alternative chemotherapy agents for anal cancer are being reviewed. For alternative intravesical agents for bladder cancer, see the October issue of the [Systemic Therapy Update](#).

CANCER DRUG MANUAL

NEW MONOGRAPHS AND PATIENT HANDOUTS

Afatinib Monograph and **Patient Handout** have been developed with expert review provided by Dr. Chris Lee (Medical Oncologist, BCCA Lung Tumour Group) and Alysha Bharmal (Pharmacist, BCCA Lung Tumour Group). Afatinib is a second generation, irreversible tyrosine kinase inhibitor indicated for the first line treatment of EGFR mutation-positive advanced non-small cell lung cancer (BCCA Protocol ULUAVAFAT). Afatinib is taken orally, on an empty stomach (either one hour before or three hours after food). Common side effects of afatinib include diarrhea, paronychia, and skin reactions such as rash, pruritus and dermatitis acneiform. Onset of diarrhea usually occurs with the first 2 weeks of treatment; close monitoring and early intervention is essential to prevent the development of more severe diarrhea. Early intervention is also beneficial for the management of skin related adverse events. Exposure to sun may aggravate skin reactions; therefore, patients should be counselled to wear sun protection during treatment.

Dabrafenib Monograph and **Patient Handout** have been developed. Dabrafenib is an oral, small molecule inhibitor of BRAF serine-threonine kinase, selective to BRAF-V600 mutations. Similar to other BRAF inhibitors (e.g. vemurafenib), it is used for the treatment of BRAF V600 mutation-positive unresectable or metastatic melanoma (BCCA Protocol USMAVDAB). Dabrafenib should not be used in patients with wild-type BRAF melanoma. Compared to vemurafenib, dabrafenib has a higher incidence of pyrexia, palmar-plantar erythrodysesthesia syndrome, and hyperglycemia, but is associated with less photosensitivity,

CANCER DRUG MANUAL

arthralgia and fatigue. New primary melanomas and secondary malignancies, including cutaneous squamous cell carcinoma and non-cutaneous malignancies, have been reported with dabrafenib.

REVISED MONOGRAPHS, PATIENT HANDOUTS AND HAZARDOUS DRUG LIST

Bleomycin Monograph:

- *Side Effects* – acute arthritis has been deleted as it is no longer included in standard references and there have been no cases in the published literature.

Nab-Paclitaxel Monograph:

- *Solution Preparation* – filtration instructions have been added for the rare occurrence of proteinaceous strands in the final compounded product

Sorafenib Monograph:

- *Side Effects* – osteonecrosis of the jaw has been added based on rare reports in postmarketing surveillance.

CONTINUING PROFESSIONAL DEVELOPMENT

ELEARNING SUPPORT FOR ONCOLOGY NURSING CERTIFICATION 2015

Have you been thinking of formally recognizing your oncology nursing knowledge through specialty certification? The Canadian Nurses Association (CNA) certification is the only nationally recognized specialty certification in Canada. Certification exams occur annually in 20 specialty areas of nursing practice – Oncology being one of these areas.

If you have applied to write the Oncology Certification Exam on 18 April 2015, then you are invited to participate in a virtual study group via the PHSA Learning Hub starting in January 2015. Some of the advantages of specialty certification include formal recognition in the workplace and university credit towards your nursing degree. More information on eligibility criteria and how to apply can be found at: [CNA certification \(http://nurseone.ca/en/certification\)](http://nurseone.ca/en/certification)

BENEFIT DRUG LIST

NEW PROGRAMS

The following programs have been added to the [Benefit Drug List](#) effective 1 December 2014:

Protocol Title	Protocol Code	Benefit Status
Therapy for Newly Diagnosed Malignant Brain Tumours with MGMT Methylation in Elderly Patients using Temozolomide	CNTEM60	Class II
Therapy for Metastatic Castration Resistant Prostate Cancer Using Radium-223	UGUPRAD	Restricted

BENEFIT DRUG LIST

Treatment of BRAF V600 Mutation-Positive Unresectable or Metastatic Melanoma Using Dabrafenib	USMAVDAB	Restricted
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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, 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
BRAVTW	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Palliative Therapy for Metastatic Breast Cancer using Weekly PACLitaxel (3 Weeks Out of 4 Weeks Schedule)
CNTEM60	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Therapy for Newly Diagnosed Malignant Brain Tumours with MGMT Methylation in Elderly Patients using Temozolomide
UGUPRAD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Therapy for Metastatic Castration Resistant Prostate Cancer Using Radium-223
USMAVDAB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Treatment of BRAF V600 Mutation-Positive Unresectable or Metastatic Melanoma Using Dabrafenib

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
BRAJACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Eligibility clarified</i>	Adjuvant Therapy for Breast Cancer using DOXOrubicin and Cyclophosphamide followed by PACLitaxel
BRAJACTW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Eligibility clarified</i>	Adjuvant therapy for Early Breast Cancer Using DOXOrubicin and Cyclophosphamide Followed by Weekly PACLitaxel
UBRAJDAC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Eligibility clarified</i>	Adjuvant Therapy for Breast Cancer using Cyclophosphamide, DOXOrubicin and DOCEtaxel
BRAJFECD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Eligibility clarified</i>	Adjuvant Therapy for Breast Cancer Using Fluorouracil, Epirubicin and Cyclophosphamide and DOCEtaxel
BRAJFECDT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Eligibility clarified</i>	Adjuvant Therapy for Breast Cancer Using Fluorouracil, Epirubicin and Cyclophosphamide Followed by DOCEtaxel and Trastuzumab (HERCEPTIN)
UBRAVKAD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Eligibility updated</i>	Palliative Therapy for Metastatic Breast Cancer Using Trastuzumab Emtansine

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
CNMODPCV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Eligibility, treatment and dose modifications information updated for low grade gliomas</i>	Modified PCV Chemotherapy Of Brain Tumours Using Procarbazine, Lomustine and vinCRISTine
GIAJCAP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Warfarin monitoring updated</i>	Adjuvant Therapy of Colon Cancer using Capecitabine
GIAJCAPOX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Warfarin monitoring updated</i>	Adjuvant Combination Chemotherapy for Stage III and Stage IIB Colon Cancer Using Oxaliplatin and Capecitabine
GIAVCAP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Warfarin monitoring updated</i>	Palliative Therapy of Advanced Colorectal Cancer using Capecitabine
GIAVTZCAP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Warfarin monitoring updated</i>	Palliative Therapy of Metastatic Neuroendocrine Cancer Using Temozolomide and Capecitabine
GICAPIRI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Warfarin monitoring updated</i>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan and Capecitabine in Patients Unsuitable for GIFOLFIRI
GICAPOX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Warfarin monitoring updated</i>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Oxaliplatin, and Capecitabine
GICART	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Warfarin monitoring updated</i>	Curative Combined Modality Therapy for Carcinoma of the Anal Canal using mitoMYcin, Capecitabine and Radiation Therapy
GICIRB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Warfarin monitoring updated</i>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan, Bevacizumab and Capecitabine
UGICOXB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Warfarin monitoring updated</i>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Oxaliplatin, Bevacizumab and Capecitabine
GICPART	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Warfarin monitoring updated</i>	Curative Combined Modality Therapy for Carcinoma of the Anal Canal using CISplatin, Capecitabine and Radiation Therapy
GIGAJCC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Warfarin monitoring updated</i>	Adjuvant Chemotherapy of Gastric Cancer patients with D2 Resection (node negative) or ineligible for adjuvant chemoradiation, using CISplatin and Capecitabine
GIGAJCPRT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Warfarin monitoring updated</i>	Adjuvant Chemotherapy of Gastric Cancer patients with Completely Resected Gastric Cancer using CISplatin and Capecitabine and Radiation Therapy
GIGAVCC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Warfarin monitoring updated</i>	Palliative Therapy for Metastatic or Locally Advanced Gastric Cancer using CISplatin and Capecitabine
GIGAVCCT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Warfarin monitoring updated</i>	Palliative Treatment of Metastatic or Inoperable, Locally Advanced Gastric or Gastroesophageal Junction Adenocarcinoma Using CISplatin, Capecitabine and Trastuzumab (HERCEPTIN)

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
GIGAVECC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warfarin monitoring updated	Palliative Therapy for Metastatic or Locally Advanced Gastric or Esophagogastric Cancer Using Epirubicin, CISplatin and Capecitabine
GIGECC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warfarin monitoring updated	Perioperative Treatment of Resectable Adenocarcinoma of the Stomach, Gastroesophageal Junction or Lower 1/3 Esophagus using Epirubicin, CISplatin and Capecitabine
GIGECF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Return appointment section clarified	Perioperative Treatment of Resectable Adenocarcinoma of the Stomach, Gastroesophageal Junction or Lower 1/3 Esophagus using Epirubicin, CISplatin and Infusional Fluorouracil
UGIPGEMABR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eligibility clarified	First Line Treatment of Locally Advanced and Metastatic Pancreatic Cancer with PACLitaxel-Nab (ABRAXANE®) and Gemcitabine
GIRAJCOX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warfarin monitoring updated	Adjuvant Combination Chemotherapy for Stage III Rectal Cancer Using Oxaliplatin and Capecitabine
GIRCAP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warfarin monitoring updated	Adjuvant Therapy for Stage II and III Rectal Cancer Previously Treated with Preoperative Radiation Therapy using Capecitabine
GIRCRT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warfarin monitoring updated	Combined Modality Adjuvant Therapy for High Risk Rectal Carcinoma using Capecitabine and Radiation Therapy
GIRINFRT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warfarin monitoring updated	Combined Modality Adjuvant Therapy for High Risk Rectal Carcinoma using Capecitabine, Infusional Fluorouracil and Radiation Therapy
LUAVPEM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hypersensitivity precaution clarified	Second-Line Treatment of Advanced Non-Small Cell Lung Cancer With Pemetrexed
ULUAVPMTN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hypersensitivity precaution clarified	Maintenance Therapy of Advanced Non-Small Cell Lung Cancer With Pemetrexed

NEW TRANSLATED PROTOCOL PATIENT HANDOUTS (CHINESE AND PUNJABI):

CODE	Protocol Title
GUBPWRT	Treatment of Locally Advanced Bladder Cancer with Weekly CISplatin and Concurrent Radiation
GUSCPERT	Therapy of Genitourinary Small Cell Tumors with a Platin and Etoposide with Radiation
HNLAPRT	Combined Chemotherapy (CISplatin) and Radiation Treatment for Locally Advanced Squamous Cell Carcinoma of The Head and Neck
HNNLAPRT	Treatment of Locally Advanced Nasopharyngeal Cancer with Concurrent CISplatin and Radiation

WEBSITE RESOURCES AND CONTACT INFORMATION

WEBSITE RESOURCES	www.bccancer.bc.ca
Systemic Therapy Update	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate
Reimbursement & Forms: Benefit Drug List, Class II, 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 Orders, Protocol Patient Handouts	www.bccancer.bc.ca/ChemoProtocols
Systemic Therapy Program Policies	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Policies
CON Pharmacy Educators	www.bccancer.bc.ca/HPI/Pharmacy/ContactUs.htm

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Library/Cancer Information	604.675.8003 Toll Free 888.675.8001 x 8003		requests@bccancer.bc.ca
Pharmacy Professional Practice	250. 519.5574		jkippen@bccancer.bc.ca
Nursing Professional Practice	604.877.6000 x 672623		ilundie@bccancer.bc.ca
OSCAR	888.355.0355	604.708.2051	oscar@bccancer.bc.ca
Compassionate Access Program (CAP)	604.877.6277	604.708.2026	cap_bcca@bccancer.bc.ca
Pharmacy Chemotherapy Certification	250.712.3900 x 686741		rxchemocert@bccancer.bc.ca
BCCA-Abbotsford Centre	604.851.4710 Toll Free 877.547.3777		
BCCA-Centre for the North	250.645.7300 Toll Free 888.775.7300		
BCCA-Fraser Valley Centre	604.930.2098 Toll Free 800.523.2885		
BCCA-Sindi Ahluwalia Hawkins Centre for the Southern Interior	250.712.3900 Toll Free 888.563.7773		
BCCA-Vancouver Centre	604.877.6000 Toll Free 800.663.3333		
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