



# Systemic Therapy Update

Volume 4, Number 1 *for health professionals who care for cancer patients* January 2001  
Available on website <http://bccancer.com/providerhome.cfm>

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

## SYSTEMIC THERAPY UPDATE

The **INDEX** to the BCCA Systemic Therapy Update is available by fax or email.

## BENEFIT DRUG LIST

**Anastrozole:** Effective 01 January 2001, anastrozole is reimbursed for first line hormonal treatment of postmenopausal metastatic breast cancer that recurred while on adjuvant tamoxifen or within one year after adjuvant tamoxifen.

**Letrozole:** Effective 01 January 2001, letrozole is reimbursed for first line hormonal treatment of postmenopausal metastatic breast cancer that recurred while on adjuvant tamoxifen or within one year after adjuvant tamoxifen.

**Pamidronate:** Pamidronate is reimbursed only for multiple myeloma and bone metastases associated with breast cancer. Requests for reimbursement for other indications should be directed to Pharmacare for consideration under the special authority process.

**Vinorelbine:** Effective 01 January 2001, vinorelbine no longer requires undesignated indication approval for more than 6 cycles in metastatic breast cancer.

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

The current Benefit Drug List is available on the Communities Oncology Network website at <http://bccancer.com/providerhome.cfm>

## PEC PROPOSALS

The following systemic therapy proposals were submitted to the Priorities and Evaluation Committee (PEC) for consideration as new programs. These treatments are not reimbursed at this time unless undesignated indication approval is obtained prior to use.

### Breast

- adjuvant CEF (cyclophosphamide, epirubicin, fluorouracil) for locally advanced breast cancer
- exemestane as 2<sup>nd</sup> or 3<sup>rd</sup> line hormonal treatment for postmenopausal metastatic breast cancer

### Gastrointestinal

- adjuvant combined modality treatment of gastric cancer with chemotherapy (fluorouracil and leucovorin) and radiation
- capecitabine or raltitrexed as an alternative for 1<sup>st</sup> line treatment of metastatic colorectal cancer

### Genitourinary

- gemcitabine and cisplatin for advanced transitional cell carcinoma of the urothelium

### Leukemia

- anagrelide as 2<sup>nd</sup> line treatment for thrombocytosis associated with myeloproliferative disorders

### Lymphoma

- CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) plus rituximab as standard treatment for diffuse large B-cell lymphoma

### Melanoma

- adjuvant high dose interferon for T4, N1 or resected recurrent N+ malignant melanoma
- temozolomide as 1<sup>st</sup> or 2<sup>nd</sup> line treatment for metastatic malignant melanoma

### PROTOCOL UPDATE

Protocol codes for treatments requiring “Undesignated Indication” approval prior to use are prefixed with the letter **U**.

- **INDEX to BCCA Protocol Summaries** revised monthly (includes tumour group, protocol code, indication, drugs, last revision date and version)
- **BRAJTAM** revised (tests, precautions): Adjuvant therapy for breast cancer using tamoxifen.
- **BRAVANAS** revised (eligibility): Palliative therapy for metastatic breast cancer using anastrozole.
- **BRAVCAP** revised (treatment, hand-foot grading, renal dysfunction, warfarin monitoring): Palliative therapy for metastatic breast cancer using capecitabine.
- **BRVLET** revised (eligibility): Palliative therapy for metastatic breast cancer using letrozole.
- **BRAVNAV** revised (eligibility, treatment cycles): Palliative therapy for metastatic breast cancer using vinorelbine.
- **BRAVTAM** revised (tests, precautions): Palliative therapy for metastatic breast cancer using tamoxifen.
- **GOOVCATR** new: Second line treatment using paclitaxel and carboplatin for epithelial ovarian cancer relapsing after primary treatment.
- **GUBEP** revised (tests, stat holiday/weekend scheduling, references): Bleomycin, etoposide

and cisplatin for nonseminoma germ cell tumours.

- **GUEP** revised (tests, stat holiday/weekend scheduling, references): Etoposide and cisplatin for germ cell tumours.
- **MYPAM** revised (tests): Treatment of multiple myeloma with pamidronate.

### CANCER MANAGEMENT MANUAL

The Cancer Management Manual is available on BCCA website <http://www.bccancer.bc.ca/cmm/>.

### DRUG UPDATE

#### Capecitabine and Renal Dysfunction

The capecitabine product monograph currently includes a statement that capecitabine had not been studied in severe renal dysfunction. However, the U.S. manufacturer recently issued a warning regarding renal impairment with capecitabine as follows:

##### Severe renal dysfunction (CrCl <30 mL/min)

- Capecitabine is contraindicated. These patients had a high rate of grade 3-4 adverse events and should not be treated.

##### Moderate renal dysfunction (CrCl 30-50 mL/min)

- Dose reduction is required. These patients also had a high rate of grade 3-4 adverse events and should be given 75% doses.

##### Mild renal dysfunction (CrCl >50 mL/min)

- Full doses can be used. These patients had slightly more adverse events and withdrawals but can be given 100% doses.

**BRAVCAP**, the protocol summary for metastatic breast cancer using capecitabine, was revised to reflect these recommendations.

Robin O'Brien, PharmD, BCOP  
BCCA Drug Information Specialist

## NURSING PRACTICE TIPS

### Assessing & Managing Venous Irritation Associated with Vinorelbine

Vinorelbine was developed to treat a wide variety of cancer tumours. Unfortunately, venous irritation such as injection site reactions, local reactions or superficial phlebitis can occur with administration of this drug. Patients receiving vinorelbine may experience symptoms including erythema, pain at the injection site, vein discolouration, and tenderness along the vein.

A nursing research study done in 1995 compared 2 infusion times: 6-10 minutes versus 20-30 minutes. This was to see if a longer infusion time might decrease the above noted symptoms. As noted by the authors, a potential confounding factor in this study was that the concentration of drug in the solution was not controlled; therefore, different amounts of solution were given at each rate. However, they also noted that if a decreased concentration would be expected to cause less venous irritation, then the incidence should have decreased when vinorelbine was mixed with the most solution (100 mL). This did not occur.

The study supported the manufacturer's recommendation to administer vinorelbine as a 6–10 minute infusion to reduce vein irritation. However, it is also interesting to note that all patients in the study received 100 mL of fluid before the vinorelbine and 400 mL after. Also, it is interesting to note that none of the doses were given IV push through a side arm.

If you want to read more about this study, it can be found in *Oncology Nursing Forum* 1995; 22:707-710.

Linda Yearwood, MSN RN  
Chair, Nursing Practice Council

## COMMUNITIES ONCOLOGY NETWORK

### National Community Cancer Conference And Partners in Cancer Care 2000

News, reports and results of the conferences held on May 13-14, 2000 and November 23, 2000 are available on the Communities Oncology Network website at <http://bccancer.com/conferences.cfm>. Of particular interest is the interpretation of the relevance and performance questionnaire from the 4th National Community Cancer Conference. Delegates were asked to assess each of 41 statements that arose from the conference deliberations. The aim was to identify statements relevant to the successful delivery of quality cancer care and to identify where system performance was low. It is expected that those responsible for planning and delivering cancer services will place these community cancer issues high on their provincial agendas.

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	<a href="#">BRAVANAS</a> <a href="#">GOOVCATR</a>
	<a href="#">BRAVCAP</a> <a href="#">GUBEP</a>
	<a href="#">BRAVLET</a> <a href="#">GUEP</a>
	<a href="#">BRAVNAV</a> <a href="#">MYPAM</a>
Index of Protocol Summaries	<a href="#">Index_NT</a> or <a href="#">Index_W6</a>
Reimbursement	H:\everyone\systemic\chemo\Reimburs
Benefit Drug List (01 January 2001)	<a href="#">BenefitList.doc</a>
Class 2 Form (01 January 2001)	<a href="#">Class2.doc</a>
Systemic Therapy Update Index	<a href="#">Jan-Dec_NT.doc</a>

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

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