



BC Cancer Agency

Systemic Therapy Update

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Website access at <http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate.htm>

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[IN TOUCH](#) phone list is provided if additional information is needed.

EDITOR'S CHOICE

CRITICAL INCIDENT: RAPID INFUSION OF FLUOROURACIL (5FU)

In August 2006, the Alberta Cancer Board released information about a patient death that had resulted from a miscalculation and a programming error of an electronic pump that was to have delivered Fluorouracil over 4 days but instead delivered it over 4 hours.

Root cause analysis

In response to their incident, the Alberta Cancer Board has released on 8 May 2007 a comprehensive Root Cause Analysis involving national participation. The authors have articulated important recommendations for Nurses, Pharmacists and Physicians, as well as administrators and the cancer delivery systems as a whole. The complete report is available on the internet at:

http://www.cancerboard.ab.ca/NR/rdonlyres/D92D86F9-9880-4D8A-819C-281231CA2A38/0/Incident_Report_UE.pdf.

Impact on everyday practice

It is essential that health care professionals are aware of the processes in their departments and ensure that safeguards are put in place to mitigate any risk, including educating staff to increase awareness of this potential risk. The BC Cancer Agency will be forming a working group to formally review these recommendations and to detail a plan for improvements to the ordering, dispensing, calculating and programming of continuous infusions. These recommendations will be communicated to oncology health professionals in BC as soon as they are available. In addition, the agency will be involved in a national committee to examine the need for Canada-wide standards and policies for these types of infusions.

Fiona Bees, RN, MSc
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What are cancer care providers interested in learning more to better meet patient's psychosocial needs?

This was one of the guiding questions behind the Psychosocial Oncology Learning Needs Assessment, which was offered on-line to care providers in the regional and community cancer centres throughout British Columbia in the summer of 2006. Among the 267 participants who completed the survey were radiation therapists, dietitians, physicians, pharmacists, psychosocial oncology professionals (e.g., social workers, psychiatrists, psychologists), nurses, administrative and research staff.

Topics of interests

Overall, survey participants wanted more learning opportunities about the following topics:

1. Cultural aspects of cancer care
2. Symptom management
3. Treating the anxious patient
4. Self-care of the professional
5. Care of elderly patients
6. Basic medical issues in cancer care
7. Ethical issues surrounding cancer care

Cancer care providers in the community centres tended to endorse most, if not all, the above topics as important, while those in the regional centres were more selective in identifying their learning needs.

Health professionals involved in direct patient care were more likely to be interested in psychosocial topics. Within this group, there were also some discipline-specific preferences. For example, pharmacists were less likely to mention the assessment of psychosocial needs. Physicians were less likely to mention symptom management and cultural aspects of care as key learning needs. However, nurses in both regional and community cancer centres were interested in a wide variety of topics.

Learning format

This survey also included questions about preferred learning format, barriers to learning and access to technology. In general, the local in-service was the most endorsed learning format and time constraints were the biggest barrier to learning. Access to technology (computers, high speed internet, VCR and DVD players, etc.) was fairly good across both the regional and community centres of British Columbia.

The Psychosocial Oncology Learning Needs Assessment is a first step in setting continuing education priorities for a wide range of cancer care providers. Next steps include:

- disseminating the results of this survey and
- following up with focus groups and
- conducting individual interviews to clarify our understanding of learning needs, relevancy to practice, and how best to meet these needs.

To find out more about upcoming learning opportunities or for more information, please contact Heather Rennie at (604) 930-4055 local 4530 or at hrennie@bccancer.bc.ca.

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DRUG UPDATE

Dasatinib (SPRYCEL®), an oral antineoplastic agent, has recently been granted conditional approval by Health Canada. Dasatinib 70 mg BID is indicated for the treatment of adults with chronic, accelerated, or blast phase chronic myeloid leukemia (CML) with resistance or intolerance to prior therapy including imatinib. To access this drug, the BC Cancer Agency has set up the following interim process:

- Physician should obtain approval from the BCCA Compassionate Access Program (CAP)/Undesignated Indication Request. This will help evaluate the use of dasatinib in BC and future reimbursement policies of the BCCA.
- Patient should be enrolled in the PATHWAYS to SPRYCEL® Program (tel. 1-866-949-9924, fax 1-866-949-9925) set up by the manufacturer Bristol-Myers Squibb. The program will help the patient investigate third party coverage options. If these are not available, the patient will be provided with free supply of the drug. Note that this supply will only be distributed via the pharmacies of the BCCA regional cancer centres.

CANCER DRUG MANUAL

Pemetrexed Monograph and Handout have been revised to reflect the use of single-agent pemetrexed. Previous information was based on its use in combination with cisplatin, a standard regimen for mesothelioma patients. Pemetrexed is now being used as a single agent in the treatment of non-small cell lung cancer (NSCLC), and there are notable differences in the frequency of certain toxicities. The incidence of nausea, vomiting, and fatigue are significantly lower with single agent use. Alopecia, previously unreported, occurs in about 6% of patients treated with pemetrexed alone. Please refer to the [May issue of Systemic Therapy Update](#) for more information on the use of pemetrexed in treatment of NSCLC.

Prednisone and Dexamethasone Handouts have been revised. In March, we revised our cautionary statement regarding ASA and thrombocytopenia; please refer to the [March issue of Systemic Therapy Update](#) for more information on this. The prednisone and dexamethasone handouts refer to ASA in the context of dyspepsia and ulcer prevention, rather than thrombocytopenia. However, the same concerns are valid in this situation, and the statements have been made consistent.

Chemotherapy Preparation and Stability Chart has been revised to clarify pemetrexed dilution with preservative diluent.

NURSING RESOURCES OF THE MONTH

The Breast Cancer Nursing Education Resource (BCNER) is a web-based resource developed to enhance the knowledge and skills of British Columbia nurses who are experienced in the care of patients with breast cancer (<http://www.bccancer.bc.ca/HPI/CE/Nursing/breastcancer/default.htm>.)

It can be used in the clinical setting to find key and evidence-based information related to many issues, including breast cancer pathology, current treatment recommendations, symptom management, and patient resources.

A menu provides access to information about key elements of breast cancer patient care throughout 12 phases of the illness trajectory, from prevention through to death and bereavement. The information provided relates to commonly asked questions by women with breast cancer. BCNER provides the user with direct links to key and related areas on the BCCA website (especially in the areas of treatment) as well as to other useful external web-based resources.

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Breast Cancer Nursing Education Resource
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Welcome to the Breast Cancer Nursing Education Resource (BCNER)

This resource was developed to enhance the knowledge and skills of British Columbia nurses who are experienced in the care of patients with breast cancer. It can be used in the clinical setting to find key and evidence-based information related to many issues, including breast cancer pathology, current treatment recommendations, symptom management, and patient resources.

The 12 sections of the resources reflect the key points along the breast cancer journey¹. We have built the first 10 sections. You can access the information either by clicking on the relevant circle to the right or by using the index of topics down the left-hand side of this page.

The creation and maintenance of the BCNER was made possible through a unrestricted grant from Sanofi-Aventis.

Please contact us at bcner@bccancer.bc.ca if you have any questions.

REFERENCES:
1. Image adapted from *Interdisciplinary Oncology Education Curriculum: Focusing on Patient Needs*. S. Lamont, T. Truitt, A. Syme, Jan. 2004

Patient Need Domains

- Informational
- Physical
- Psychological
- Spiritual
- Practical
- Social

Because it was designed for nurses' direct reference in the clinical area, the development team suggests creating a shortcut on the computer to facilitate access to this resource.

If you have comments or questions about the resource please send them to bcner@bccancer.bc.ca if you have any questions.

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

Breast Tumour Group:

- two new treatments via the BCCA Compassionate Access Program/Undesignated Request (UBRAJDC, UBRAVPG)
- a new protocol-specific patient handout for the adjuvant use of FEC plus docetaxel regimen (BRAJFECD)
- clarification that HER-2 status score for trastuzumab treatment should be greater or equal to 2 (not greater than 2)

Lymphoma Tumour Group:

- addition of information to omit rituximab for peripheral blood lymphocyte count greater than $30 \times 10^9/L$ in several rituximab-based protocols (LYCHOPR, LYCVPR, ULYRICE, LYRITUX)

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

The **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" approval are prefixed with the letter U.

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

CODE	Protocol	PPPO	Patient Handout	Protocol Title
UBRAJDC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adjuvant Therapy for Breast Cancer Using Docetaxel and Cyclophosphamide
BRAJFECD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Adjuvant Therapy for Breast Cancer Using Fluorouracil, Epirubicin and Cyclophosphamide and Docetaxel.
UBRAVPG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Palliative Therapy for Metastatic Breast Cancer using Cisplatin and Gemcitabine

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
BRAJACTT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>HER-2 status clarified in Eligibility</i>	Adjuvant Therapy for Breast Cancer using Doxorubicin and Cyclophosphamide followed by Paclitaxel and Trastuzumab
BRAJACTTG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>HER-2 status clarified in Eligibility</i>	Adjuvant Therapy for Breast Cancer using Dose Dense Therapy: Doxorubicin and Cyclophosphamide followed by Paclitaxel and Trastuzumab
BRAJDTFEC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Booking appointments clarified, HER-2 status clarified in Eligibility</i>	Adjuvant Therapy for Breast Cancer Using Docetaxel and Trastuzumab, and Fluorouracil, Epirubicin and Cyclophosphamide

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
BRAJTR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>HER-2 status clarified in Eligibility</i>	Adjuvant Therapy for Breast Cancer using Trastuzumab following the Completion of Chemotherapy (Sequential)
BRAVCAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Duration and number of treatment cycle clarified</i>	Therapy of Metastatic Breast Cancer using Capecitabine (XELODA®)
BRAVTPC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>HER-2 status clarified in Eligibility</i>	Palliative Therapy for Metastatic Breast Cancer using Trastuzumab (HERCEPTIN®), Paclitaxel and Carboplatin as First-Line Treatment for Advanced Breast Cancer
BRAVTR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>HER-2 status clarified in Eligibility</i>	Palliative Therapy for Metastatic Breast Cancer using Trastuzumab
BRAVTRAD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Cycle 1 administration schedule revised, HER-2 status clarified in Eligibility</i>	Therapy for Metastatic Breast Cancer using Trastuzumab (HERCEPTIN®) and Docetaxel as First-Line Treatment for Recurrent Breast Cancer
BRAVTRAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>HER-2 status clarified in Eligibility</i>	Palliative Therapy for Metastatic Breast Cancer using Trastuzumab (HERCEPTIN®) and Paclitaxel as First-Line Treatment for Recurrent Breast Cancer
BRAVTRNAV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Trastuzumab infusion and observation clarified, HER-2 status clarified in Eligibility</i>	Palliative Therapy for Metastatic Breast Cancer using Trastuzumab (HERCEPTIN®) and Vinorelbine
BRLAACDT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Cycle 1 administration schedule revised</i>	Treatment of Locally Advanced Breast Cancer using Doxorubicin and Cyclophosphamide followed by Docetaxel (TAXOTERE®) and Trastuzumab
GIEFUP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Fluorouracil dosing cycle clarified</i>	Combined Modality Therapy for Locally Advanced Esophageal Cancer using Cisplatin, Infusional Fluorouracil and Radiation Therapy
KSVB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Numbering of dose modifications corrected</i>	Palliative Therapy for Kaposi's Sarcoma Using Vinblastine Alternating with Vincristine
ULYALEM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>CMV screening tests revised</i>	Treatment of Fludarabine-Refractory B-Chronic Lymphocytic Leukemia (B-CLL) and T-Prolymphocytic Leukemia (T-PLL) with Alemtuzumab
LYCHOPR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Addition of info to omit rituximab when peripheral blood lymphocyte count greater than $30 \times 10^9/L$</i>	Treatment of Lymphoma with Doxorubicin, Cyclophosphamide, Vincristine, Prednisone and Rituximab (CHOP-R)
LYCVPR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Addition of info to omit rituximab when peripheral blood lymphocyte count greater than $30 \times 10^9/L$</i>	Treatment of Advanced Indolent Lymphoma using Cyclophosphamide, Vincristine, Prednisone and Rituximab (CVP-R)
LYGDP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Clarification of cisplatin dosing when given on day 1</i>	Treatment of Lymphoma with Gemcitabine, Dexamethasone and Cisplatin

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
ULYRICE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Addition of info to omit rituximab when peripheral blood lymphocyte count greater than $30 \times 10^9/L$</i>	Treatment of Relapsed or Refractory Advanced Stage Aggressive B-Cell Non-Hodgkin's Lymphoma with Ifosfamide, Carboplatin, Etoposide and Rituximab
LYRITB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Filter description revised</i>	Palliative Therapy For Lymphoma Using Radioimmunotherapy: Tositumomab-Priming for ^{131}I Tositumomab (BEXXAR®)
LYRITUX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Addition of info to omit rituximab when peripheral blood lymphocyte count greater than $30 \times 10^9/L$</i>	Treatment of Lymphoma with Single Agent Rituximab
LYRITZ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Second rituximab dose changed from day 8 to 9 to allow enough time to send radioactive drug to the hospital</i>	Therapy For Lymphoma Using Radioimmunotherapy: Rituximab-Priming for Ibritumomab ^{90}Y (ZEVALIN®)

COMMUNITIES ONCOLOGY NETWORK (CON) EXPANDED ONCOLOGY PHARMACY INFORMATION ON WEBSITE

In February 2007, the information on the [Communities Oncology Network](#) page on the BC Cancer Agency website was restructured to include an interactive map by Health Authorities to easily locate the various hospitals in the province providing cancer care to patients. This section now includes expanded information about **oncology pharmacy services** provided by these hospitals such as specific services, BCCA benefit drugs dispensed to patients for home use or parenteral chemotherapy for ambulatory patients. To find out which services are provided in a community follow the above link, choose the appropriate Health Authority, the towns/cities that provide oncology services. The pharmacy services provided are indicated under the pharmacy contact information. To access these webpages, copy and paste this link
<http://www.bccancer.bc.ca/RS/CommunitiesOncologyNetwork/cservices/default.htm>

We appreciate your ongoing support to keep the information on this site updated. Please send any changes to the information on the website to Gigi Concon at gconcon@bccancer.bc.ca.

CONTINUING EDUCATION

BC Cancer Agency Annual Cancer Conference 2007 Mark your calendar! This year's conference will be held on 29 November – 1 December, at the Westin Bayshore Resort & Marina in Vancouver. The theme of the 2007 conference is “*Technology and Innovation – Bench to Bedside*”.

Stay tuned for more information about the conference.

ERRATA

Lung Protocol LUCAV, LUAVCAV In the May 2007 issue, the revised protocol LUCAV was erroneously referred to LUAVCAV.

Expert Reviewer for Cancer Drug Manual Affiliation of Dr. John Shepherd In the May 2007 issue, the primary affiliation of Dr. John Shepherd should have been Leukemia/Bone Marrow Transplantation Program instead of Lymphoma Tumour Group.

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, CLASS II, COMPASSIONATE ACCESS PROGRAM (UNDESIGNATED INDICATION)	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	www.bccancer.bc.ca/ChemoProtocols
CANCER CHEMOTHERAPY PRE-PRINTED ORDERS	www.bccancer.bc.ca/ChemoProtocols under the index page of each tumour site
SYSTEMIC THERAPY PROGRAM POLICIES	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Policies
UNCONVENTIONAL CANCER THERAPIES MANUAL	under Patient/Public Info, Unconventional Therapies

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