

For Health Professionals Who Care for People with Cancer

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Resources and Contact Information

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New Programs

BC Cancer Provincial Systemic Therapy has approved the following new treatment programs effective 01 October 2026. Full details of all treatment programs are available in the [Chemotherapy Protocols](#) section of the BC Cancer website.

Breast

Trastuzumab Deruxtecan for HER2-Low and HER2-Ultralow Metastatic Breast Cancer (BRAVLUENH) – The BC Cancer Breast Tumour Group is implementing treatment with trastuzumab deruxtecan, a HER2-targeted antibody-drug conjugate, for patients with HER2-low and HER2-ultralow metastatic breast cancer. Patients with HER2-low disease were previously eligible for trastuzumab deruxtecan under BRAVENH; existing HER2-low patients may complete treatment using BRAVENH. HER2-ultralow expression is defined as immunohistochemical (IHC) analysis of '0' with membrane staining and represents a subset of the metastatic breast cancer population previously categorized as HER2-negative and managed with either capecitabine or taxane-based chemotherapy as standard initial therapy. See treatment protocol for full eligibility criteria.

In the open-label, randomized phase III DESTINY-Breast06 trial, trastuzumab deruxtecan demonstrated improved median progression-free survival (PFS) compared with physician's choice of standard first-line chemotherapy in both the intention-to-treat (HER2-low and HER2-ultralow), and HER2-ultralow subgroup populations.^{1,2} The most common treatment-emergent adverse events occurring more commonly in the trastuzumab deruxtecan group were nausea, alopecia, anemia, vomiting, diarrhea and constipation. Interstitial lung disease or pneumonitis occurred in more patients in the trastuzumab deruxtecan group. Overall, no new safety signals were observed.

Leukemia and BMT

Quizartinib for *FLT3*-ITD Mutation-Positive Acute Myeloid Leukemia – The BC Cancer Leukemia and BMT Tumour Group is implementing first-line therapy with quizartinib for patients with FMS-like tyrosine kinase 3 internal tandem duplication (*FLT3*-ITD)-positive acute myeloid leukemia (AML). Quizartinib is an oral *FLT3* inhibitor that is administered as part of a multiphase regimen. Two protocols have been developed as outlined below. BC Cancer Compassionate Access Program (CAP) approval is required.

ULKAMLQUI	Quizartinib in combination with standard induction and consolidation chemotherapy ➤ prescribed by Leukemia/BMT Program physicians and delivered at VGH
LKAMLQMTN	Quizartinib maintenance therapy following consolidation ➤ treatment initiated by Leukemia/BMT Program physicians

ECG monitoring is required weekly throughout treatment; an **alert card** for the risk of **QT interval prolongation** has been developed for patients receiving quizartinib. The alert card can be found in the [Cancer Drug Manual](#)® Drug Index.

The randomized, double-blind phase III QuANTUM-First trial compared quizartinib to placebo, both in combination with induction and consolidation chemotherapy, followed by single-agent maintenance therapy in patients with *FLT3*-ITD-positive newly diagnosed AML.^{3,4} Quizartinib significantly increased overall survival (OS) and relapse free survival (RFS). The most common grade 3-4 adverse events in both groups were febrile neutropenia, hypokalemia and pneumonia, as well as neutropenia in the quizartinib group. The incidence of QT prolongation was higher with quizartinib than placebo; most events were asymptomatic, grade 1 or 2, and were manageable with quizartinib dose modification and correction of electrolyte abnormalities.

Lung

Amivantamab for Treatment of Advanced *EGFR* Exon 20 Insertion Mutation-Positive NSCLC (LUAVAMI) –

The BC Cancer Lung Tumour Group is implementing therapy with amivantamab, a bispecific *EGFR*-MET antibody, for the second-line treatment of unresectable or metastatic non-small cell lung cancer (NSCLC) in the *EGFR* exon 20 insertion mutation-positive population. This regimen represents a new targeted option for patients who have progressed on or after platinum-based chemotherapy in the advanced setting. Amivantamab dosing is escalated over cycle 1 and thereafter follows a fixed dose based on baseline patient weight.

In the open-label, single-arm phase I CHRYSALIS trial amivantamab demonstrated a clinically meaningful benefit based on overall response rate and median duration of response in patients with locally advanced or metastatic NSCLC with activating *EGFR* exon 20 insertion mutations whose disease has progressed on or after platinum-based chemotherapy.^{5,6} The most common treatment-related adverse events were rash, infusion-related reactions and paronychia. The most common grade 3-4 adverse events were hypokalemia, rash, pulmonary embolism, diarrhea and neutropenia. The safety profile of amivantamab was consistent with the expected on-target toxicities associated with inhibition of *EGFR* and MET.

Amivantamab and Lazertinib for First-Line Treatment of Advanced *EGFR* Mutation-Positive NSCLC (LUAVAMLA) –

The BC Cancer Lung Tumour Group is introducing treatment with amivantamab in combination with lazertinib, a third-generation *EGFR* tyrosine kinase inhibitor, for patients with newly diagnosed locally advanced or metastatic NSCLC with *EGFR* exon 19 deletions or exon 21 L858R substitution mutations. Disease must not be amenable to curative surgery or chemoradiation. Lazertinib follows a fixed dose, whereas the amivantamab dose is escalated over cycle 1 and thereafter follows a fixed dose based on baseline patient weight. Venous thromboembolism has been reported, and anticoagulant prophylaxis is recommended for the first four months of treatment. Patients are eligible for either LUAVAMLA or osimertinib-based regimens (LUAVOSIF, LUAVPPOS), but not sequential use of these treatments.

The randomized, controlled phase III MARIPOSA trial demonstrated that amivantamab plus lazertinib improved PFS and OS compared with osimertinib monotherapy in this patient population.^{7,8,9} Predominant adverse events were *EGFR*-related. Adverse events of grade 3 or higher were more common with amivantamab plus lazertinib than with osimertinib, particularly skin-related events, venous thromboembolism and infusion-related events.

Durvalumab with Tremelimumab and Chemotherapy for First-Line Treatment of Advanced NSCLC – The BC Cancer Lung Tumour Group is implementing durvalumab in combination with tremelimumab and chemotherapy for the first-line treatment of patients with advanced NSCLC not amenable to curative-intent treatment. Patients may have tumour with squamous cell or non-squamous cell histology, but with no sensitizing *EGFR* mutation or *ALK* genomic tumour aberrations. The new treatment programs use a combination of durvalumab, tremelimumab and chemotherapy for cycles 1-6, followed by durvalumab monotherapy from cycle 7 until disease progression.

LUAVPCDT	Squamous cell NSCLC	durvalumab and tremelimumab with	paclitaxel, carboplatin
LUAVPGDT	Squamous cell NSCLC		platinum, gemcitabine
LUAVPPDT	Non-squamous cell NSCLC		platinum, pemetrexed

The randomized, open-label phase III POSEIDON trial demonstrated that durvalumab and tremelimumab plus chemotherapy improved PFS and OS in patients with metastatic NSCLC with no sensitizing *EGFR*

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mutations or *ALK* genomic tumour aberrations, compared to chemotherapy alone.^{10,11} Although the overall incidence of adverse events was similar between treatment arms, the reported grade 3-4 immune-mediated adverse events were higher in the durvalumab-tremelimumab-chemotherapy group.

Lymphoma

Acalabrutinib and Venetoclax for Previously Untreated CLL or SLL (LYCLLACALV) – The BC Cancer Lymphoma Tumour Group is implementing acalabrutinib in combination with venetoclax for patients presenting with previously untreated chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL). This fixed-duration oral regimen consists of acalabrutinib administered for two cycles as lead-in, followed by 12 cycles of acalabrutinib-venetoclax for a total of 14 cycles. This regimen offers an alternative treatment option to ibrutinib-venetoclax for first-line treatment of CLL or SLL.

In the open-label, randomized, controlled phase III AMPLIFY trial in patients with previously untreated CLL, acalabrutinib-venetoclax demonstrated significant improvement in PFS compared with investigator's choice of chemoimmunotherapy.^{12,13} Selected adverse events of clinical interest that occurred more frequently in the acalabrutinib-venetoclax group included infection, hemorrhage, cardiac events, hypertension and second primary cancer. The safety profile of the combination of acalabrutinib-venetoclax was consistent with the known profiles of the individual drugs and no new safety signals were observed.

Acalabrutinib, Bendamustine and Rituximab for Treatment of Mantle Cell Lymphoma (LYMCABENDR) – The BC Cancer Lymphoma Tumour Group is implementing acalabrutinib in combination with bendamustine and rituximab (BR) for patients with previously untreated mantle cell lymphoma (MCL) who are ineligible for autologous stem cell transplant. Treatment consists of 6 cycles of acalabrutinib, bendamustine and rituximab, followed by rituximab maintenance for 2 years and acalabrutinib until disease progression.

The double-blind, placebo-controlled phase III ECHO trial evaluated the efficacy and safety of acalabrutinib plus BR compared to placebo plus BR in patients with previously untreated transplant-ineligible MCL.^{14,15} The combination of acalabrutinib with BR significantly improved PFS, with manageable toxicity. The most common adverse events in the acalabrutinib group were nausea, neutropenia, diarrhea, infection and headache.

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Expansion of Existing Programs

BC Cancer Provincial Systemic Therapy has approved expansion of the following treatment program effective 01 October 2026.

Breast

Pembrolizumab for Adjuvant Treatment of Triple-Negative Breast Cancer (BRAJPEM + BRAJPEM6) – The BC Cancer Breast Tumour Group is adding a 6-weekly option (BRAJPEM6) to the existing 3-weekly treatment program (BRAJPEM) for patients with resected triple-negative breast cancer who have completed neoadjuvant treatment. In the 6-weekly option, pembrolizumab is repeated every 6 weeks for 5 cycles, for a combined total of one year of pembrolizumab treatment, including neoadjuvant and adjuvant doses.

Practice Standards and Policies

All Systemic Therapy policies and procedures are on the BC Cancer page of [Shared Health Organizations Portal \(SHOP\)](#).

Coming in November, December: Dose Banding Updates

Over the past year, BC Cancer has introduced dose banding for a number of drugs, with standardized dose bands being integrated into protocols, provincial preprinted orders (PPPOs) and the Cerner system. By standardizing doses within the acceptable dose variance specified in **Systemic Therapy Policy III-10: Systemic Therapy Treatment Delivery Process**, dose banding minimizes the need to open extra vials for small dose adjustments. This approach reduces drug wastage, allowing for significant cost avoidance.

Drug volume of individual vials is an important consideration in determining dose bands. In practice, withdrawal of the full labelled volume is not always possible. The planned **paclitaxel NAB (November)** dose banding update is a result of consistent feedback on the extractable volume from paclitaxel NAB vials. The planned **durvalumab (December)** dose banding update will maximize use of available vial sizes. Protocols and PPPOs will be updated; these changes will not impact Cerner PowerPlans.

[Dose Banding Tables](#) for all dose banding-approved drugs are posted in the Cancer Drug Manual® Appendix.

Practice Standards and Policies

Infusion-Related Drug Reaction Management Coverage Update

Systemic Therapy **Policy III-60: Infusion-Related Drug Reaction Management Physician or Nurse Practitioner Coverage During Delivery of Selected Systemic Therapy Drugs** has been updated:

- Observation requirement for **tremelimumab** has been updated in the **Policy III-60 Appendix**
- Policy III-60 Appendix is in the [Cancer Drug Manual®](#) Appendix and is linked through [SHOP](#)

High-Alert Medications Policy Updates

Provincial Systemic Therapy has updated the **High-Alert Medications (HAM) Policy**:

- The policy now complies with 2024 Accreditation Canada Required Organization Practices and 2025 Required Safety Practices for high-alert medications and high-potency/high-dose format opioids
- The HAM list is now unified across Vancouver Coastal/Provincial Health Services/Providence Health Authorities (VPP) after a review of ISMP Canadian High-Alert Medications
- The policy now lists high-concentration and high-total-dose opioid formulations available at BC Cancer
- Note that BC Cancer continues to evaluate drugs for the [Oncology High-Alert Medications List](#)

Specific updates to the HAM Policy include:

Appendix A: High-Alert Medications List

added new drugs to high-alert medications list

Appendix D: High-Alert Medications (Labelling, Storage and Wardstock Requirements)

added new HAM drugs; Provincial Systemic Therapy Network (PSTN) approval required for wardstock exceptions

Appendix E: PSTN-Approved Exceptional Wardstock Storage Indications and Locations

updated and standardized all clinical area names to reflect Omnicell naming convention

Appendix F: High-Concentration and High-Total-Dose Opioid Formulations Available at BC Cancer

Appendix F added

Appendix G: Automated Dispensing Cabinet (ADC) Alerts

removed table 1, which listed all medications on Independent Double Check (IDC) list and how alerts are programmed in Omnicell

Drug Update

All Systemic Therapy policies and procedures are on the BC Cancer page of [Shared Health Organizations Portal \(SHOP\)](#).

Trametinib Storage

The trametinib manufacturer's product monograph was recently revised with updated storage conditions, from 2-8°C in refrigerator (previously) to **20-25°C at room temperature** (new). This update was based on new stability and quality data and unrelated to a product formulation change.

Drug Update

As the product with revised storage requirements enters the market, products labelled with different storage requirements will be on the market concurrently for a period of time, until all refrigerator-labelled product is depleted. As such, BC Cancer made the decision to move all trametinib stock, regardless of storage conditions on product labelling, to room temperature storage.

The CDM trametinib monograph, trametinib patient handout and Auxiliary Label List, as well as applicable protocol patient handouts, have been updated to reflect trametinib storage at room temperature.

Coming in November: Gemcitabine in D5W to Reduce Vein Irritation

Gemcitabine is classified as an irritant in the BC Cancer Extravasation Hazard Table. Available evidence suggests that dilution in **D5W**, rather than NS, **reduces vein irritation when gemcitabine is administered by peripheral IV infusion**. Gemcitabine is compatible with both solutions. An optional concurrent administration of D5W solution may further reduce irritation (similar to oxaliplatin protocols).

In **November**, BC Cancer will implement the following updates in all IV gemcitabine-containing treatment protocols, PPPOs and Cerner PowerPlans:

- Gemcitabine diluent will change from NS to D5W
- For moderate vascular pain during gemcitabine peripheral administration, an optional concurrent D5W infusion will be available

Coming in November, December: Pembrolizumab Shorter Duration Infusion

The current BC Cancer standard for pembrolizumab administration is a 30-minute IV infusion; this is based on the manufacturer product monograph. This duration was selected during drug development as a general measure to prevent infusion-related reactions (IRRs), despite limited pharmacological rationale. Based on two recently published studies, implementation of a shorter duration 10-minute IV infusion has been proposed as a safe and feasible alternative to enhance workflow efficiency and save chair time, without compromising clinical outcomes. Evaluating the transition from a 30-minute to a 10-minute IV infusion, both studies concluded that the shorter 10-minute infusion was safe, well-tolerated and time efficient.

Starting in November, BC Cancer will **standardize the pembrolizumab IV infusion time to 10 minutes**. The 10-minute infusion can be initiated from cycle 1, given the low incidence of serious IRRs (< 1%) reported.

Applicable treatment protocols, PPPOs and Cerner PowerPlans will be updated accordingly. Implementation will be carried out in two phases, based on tumour site:

Implementation	Treatment protocols
November	<i>Breast, Gastrointestinal, Genitourinary, Lung</i>
December	<i>Gynecology, Head and Neck, Lymphoma, Skin and Melanoma, Tumour Agnostic</i>

All documents are available in the [Cancer Drug Manual[®]](#) on the BC Cancer website.

Revised Documents

Amivantamab Monograph

Common Trade Names: updated with SC brand name

Special Precautions > Caution bullets: updated premedication bullet; added a bullet for ILD/pneumonitis

Side Effects table: added administration-related reactions following SC administration; added injection site reactions following SC administration

Side Effects paragraph: added a paragraph about administration-related reactions with SC administration

Supply and Storage: added brand name to existing IV formulation; updated with SC formulation

Additional information: section added including information about hyaluronidase

Parenteral Administration: added information for SC route

Dosage Guidelines: added new BC Cancer protocols (LUAVAMI, LUAVAMLA); added SC dosing

Capecitabine Monograph

Side Effects paragraph: updated the cardiotoxicity paragraph

Docetaxel Monograph and Patient Handout

Side Effects table: added enterocolitis

Side Effects paragraph: added a paragraph about enterocolitis

Dosage guidelines > Concurrent radiation: updated dosing information; added BC Cancer protocol (HNLADOCRT); bolded and italicized BC Cancer standard dosing

Patient Handout “Check with your healthcare team as soon as possible” bullets: added uncontrolled nausea, vomiting or diarrhea

Lazertinib Monograph and Patient Handout

Header and footer: removed “interim” designation

Dosage Guidelines: added new BC Cancer protocol (LUAVAMLA); bolded and italicized BC Cancer standard dosing

Patient Handout: *Header and footer:* removed “interim” designation

Lorlatinib Monograph and Patient Handout

Side Effects paragraph: updated the hyperlipidemia paragraph

Special Precautions > Caution bullet: added a bullet for severe hepatic impairment

Dosage Guidelines > Dosage in hepatic failure: updated dosing information

Patient Handout (*Header and footer*): removed “interim” designation

Quizartinib Monograph, Patient Handout and Alert Card

Header: removed “interim” designation

Side Effects paragraph: updated QTc prolongation paragraph

Interactions: added grapefruit juice interaction; updated theoretical interactions

Dosage Guidelines: added new BC Cancer protocols (LKAMLQMTN, ULKAMLQUI); bolded and italicized BC Cancer standard dosing

Patient Handout:

Bulleted section (first page): added information related to patient alert card and to grapefruit interaction

Header and footer: removed “interim” designation

Alert Card: patient alert card has been developed for the risk of QT interval prolongation

Cancer Drug Manual[®]

Trametinib Monograph and Patient Handout

Supply and Storage: removed “refrigerate” recommendation and updated with “store at room temperature”

Patient Handout (Storage bullet): revised to remove “refrigerate” recommendation and updated with “store at room temperature”

Auxiliary Label List

The [Auxiliary Label List](#) has been updated:

Quizartinib: added “grapefruit juice interaction” label

Trametinib: removed “keep in refrigerator” label; added “do not use after” label

Oncology High-Alert Medications

Balstilimab and **botensilimab** have been added to the [Oncology High-Alert Medications](#) list.

Cancer Drug Manual[®] User’s Guide

The **Cancer Drug Manual[®] User’s Guide** has been updated to clarify that the *Dosage Guidelines* section in Cancer Drug Manual[®] (CDM) drug monographs provides the common starting doses, dosage ranges and routes of administration. The *Dosage Guidelines* section may also include starting dosage recommendations for patients with pre-existing conditions that are likely to affect pharmacokinetics (e.g., hepatic or renal impairment). For dose adjustments required during treatment, users should refer to the BC Cancer treatment protocol by which the patient is being treated. The *Dosage Guidelines* section serves as a general reference to support clinical decision-making; clinical context should be considered when assessing the need for dose modifications. This update is intended to support consistent interpretation and application of the *Dosage Guidelines* section provided within the CDM drug monographs.

Continuing Education

Family Practice Oncology Network | Malignant Primary Brain Tumours

The Family Practice Oncology Network (FPON) is pleased to announce a webinar with Dr. Rebecca Harrison on **Malignant Primary Brain Tumours: Guidance for Primary Care**. The webinar is Thursday 15 October 2026, from 0800-0900h, as part of the accredited, complimentary FPON webcasts.

By the end of the session, participants will be able to:

- Identify signs and symptoms of malignant primary brain tumours
- Briefly contrast the subtypes of gliomas
- Highlight novel treatments, including tumour treating fields and vorasidenib, employed to treat adult gliomas
- Review supportive symptom management of headaches and seizures and cite driving implications

For more information and link to registration, visit:

[FPON Webinar | Malignant Primary Brain Tumours | UBC CPD](#)

Benefit Drug List

New Programs

The following treatment programs have been added to the BC Cancer [Benefit Drug List](#) effective 01 October 2026:

Protocol Title	Protocol Code	Benefit Status
Adjuvant Treatment of Resected Triple-Negative Breast Cancer using 6-Weekly Pembrolizumab	BRAJPEM6	Class I
Palliative Therapy for HER2-Low and HER2-Ultralow Metastatic Breast Cancer using Trastuzumab Deruxtecan (ENHERTU)	BRAVLUENH	Class I
Maintenance Therapy of <i>FLT3</i> -ITD Acute Myeloid Leukemia using Quizartinib	LKAMLQMTN	Class I
Therapy of <i>FLT3</i> -ITD Acute Myeloid Leukemia using Quizartinib in Combination with Induction and Consolidation Chemotherapy	ULKAMLQUI	Restricted
Treatment of <i>EGFR</i> Exon 20 Insertion Mutation-Positive Advanced Non-Small Cell Lung Cancer (NSCLC) with Amivantamab	LUAVAMI	Class I
First-Line Treatment of Advanced Epidermal Growth Factor Receptor (<i>EGFR</i>) Mutation-Positive Non-Small Cell Lung Cancer (NSCLC) with Amivantamab and Lazertinib	LUAVAMLA	Class I
First-Line Treatment of Advanced Squamous Non-Small Cell Lung Cancer with Paclitaxel, Carboplatin, Durvalumab and Tremelimumab	LUAVPCDT	Class I
First-Line Treatment of Advanced Squamous Non-Small Cell Lung Cancer (NSCLC) with Platinum, Gemcitabine, Durvalumab and Tremelimumab	LUAVPGDT	Class I
First-Line Treatment of Advanced Non-Squamous Non-Small Cell Lung Cancer with Platinum, Pemetrexed, Durvalumab and Tremelimumab	LUAVPPDT	Class I
Treatment of Previously Untreated Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma using Acalabrutinib and Venetoclax	LYCLLACALV	Class I
Treatment of Mantle Cell Lymphoma with Acalabrutinib, Bendamustine and Rituximab	LYMCABENDR	Class I

Revised Programs

The following treatment program has been revised on the BC Cancer [Benefit Drug List](#) effective 01 October 2026:

Protocol Title	Protocol Code	Benefit Status
Palliative Therapy for HER2-Positive Metastatic Breast Cancer using Trastuzumab Deruxtecan (ENHERTU)	BRAVENH	Class I

Highlights of New & Revised Protocols, PPPOs and Patient Handouts

BC Cancer Treatment Protocols, Provincial Preprinted Orders (PPPOs) and Patient Handouts are revised periodically. New, revised or deleted protocols, PPPOs and patient handouts for this month are listed below, with document revisions indicated in the respective columns. Protocol codes for treatment requiring BC Cancer Compassionate Access Program (CAP) approval are prefixed with the letter **U**.

NEW Protocols, PPPOs and Patient Handouts (*new documents checked* ☒)

Protocol Code	Protocol Title	Protocol	PPPO	Handout
BRAJPEM6	Adjuvant Treatment of Resected Triple-Negative Breast Cancer using 6-Weekly Pembrolizumab	☒	☒	☐
BRAVLUENH	Palliative Therapy for HER2-Low and HER2-Ultralow Metastatic Breast Cancer using Trastuzumab Deruxtecan (ENHERTU)	☒	☒	☐
LKAMLQMTN	Maintenance Therapy of <i>FLT3</i> -ITD Acute Myeloid Leukemia using Quizartinib	☒	☒	☐
ULKAMLQUI	Therapy of <i>FLT3</i> -ITD Acute Myeloid Leukemia using Quizartinib in Combination with Induction and Consolidation Chemotherapy	☒	☒	☐
LUAVAMI	Treatment of <i>EGFR</i> Exon 20 Insertion Mutation-Positive Advanced Non-Small Cell Lung Cancer (NSCLC) with Amivantamab	☒	☒ 2 x PPPOs	☒
LUAVAMLA	First-Line Treatment of Advanced Epidermal Growth Factor Receptor (<i>EGFR</i>) Mutation-Positive Non-Small Cell Lung Cancer (NSCLC) with Amivantamab and Lazertinib	☒	☒ 2 x PPPOs	☒
LUAVPCDT	First-Line Treatment of Advanced Squamous Non-Small Cell Lung Cancer with Paclitaxel, Carboplatin, Durvalumab and Tremelimumab	☒	☒	☐
LUAVPGDT	First-Line Treatment of Advanced Squamous Non-Small Cell Lung Cancer (NSCLC) with Platinum, Gemcitabine, Durvalumab and Tremelimumab	☒	☒	☐
LUAVPPDT	First-Line Treatment of Advanced Non-Squamous Non-Small Cell Lung Cancer with Platinum, Pemetrexed, Durvalumab and Tremelimumab	☒	☒	☐
LYCLLACALV	Treatment of Previously Untreated Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma using Acalabrutinib and Venetoclax	☒	☒ 4 x PPPOs	☐
LYMCABENDR	Treatment of Mantle Cell Lymphoma with Acalabrutinib, Bendamustine and Rituximab	☒	☒ 4 x PPPOs	☐
SAVACM	Inpatient: Treatment of Sarcomas with Pelvic Primaries or Chemotherapy-Induced Hematuria using Vincristine, Doxorubicin, Cyclophosphamide and Mesna	☐	☒ <i>Inpatient PPPO now on BC Cancer website</i>	☐
SCMESNA	For inpatient SAVACM treatment	☐	☒ <i>Inpatient PPPO now on BC Cancer website</i>	☐

REVISED Protocols, PPPOs and Patient Handouts (*revisions in respective columns*)

Protocol Code	Protocol Title	Protocol	PPPO	Handout
BR Breast				
UBRAJOLA	Treatment of BRCA-Mutated High-Risk Early Breast Cancer using Olaparib	<i>Eligibility notes and physician contact information updated</i>	---	---
BRAJPEM	Adjuvant Treatment of Resected Triple-Negative Breast Cancer using Pembrolizumab	<i>Eligibility notes and treatment updated)</i>	---	---
BRAVENH	Palliative Therapy for HER2-Positive Metastatic Breast Cancer using Trastuzumab Deruxtecan (ENHERTU)	<i>Title and eligibility updated; dose modification clarified</i>	---	---
BRPCTAC	Neoadjuvant Therapy for Triple-Negative Breast Cancer using Pembrolizumab with Carboplatin and Weekly Paclitaxel Followed by Doxorubicin and Cyclophosphamide	<i>Eligibility notes and treatment notes updated</i>	---	---
BRPCWTAC	Neoadjuvant Therapy for Triple-Negative Breast Cancer using Pembrolizumab, Weekly Carboplatin and Weekly Paclitaxel, Followed by Doxorubicin and Cyclophosphamide	<i>Eligibility notes and treatment notes updated</i>	---	---
GI Gastrointestinal				
GIATZB	First-Line Treatment of Advanced Hepatocellular Carcinoma using Atezolizumab and Bevacizumab	<i>Treatment and precautions updated</i>	<i>Treatment updated</i>	---
GIGFLODOC	Perioperative Treatment of Resectable Adenocarcinoma of the Stomach, Gastroesophageal Junction or Lower 1/3 Esophagus using Docetaxel, Oxaliplatin, Infusional Fluorouracil and Leucovorin	---	---	<i>Updated filgrastim instructions</i>
GITREMDUR	First-Line Treatment of Advanced Hepatocellular Carcinoma using Tremelimumab and Durvalumab	<i>Observation requirement updated</i>	<i>Observation requirement updated</i>	---
GO Gynecologic Oncology				
GOEAVDUCAT	Treatment of Microsatellite Instability-High or Mismatch Repair-Deficient Endometrial Cancer using Durvalumab with Carboplatin and Paclitaxel	---	<i>Treatment interval clarified</i>	---
GOOVCATX	Primary Treatment of Visible Residual (Extreme Risk) Invasive Epithelial Ovarian, Fallopian Tube or Peritoneal Cancer using Carboplatin and Paclitaxel	<i>Exclusion criteria updated</i>	---	---
GOOVDOC	Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal or Fallopian Tube Carcinoma using Docetaxel	---	<i>Formatting</i>	---
GU Genitourinary				
GUBDDMVAC	Neoadjuvant Treatment of Urothelial Cancer using Dose-Dense Methotrexate, Vinblastine, Doxorubicin and Cisplatin	<i>Contact physicians updated</i>	---	---

REVISED Protocols, PPPOs and Patient Handouts (*revisions in respective columns*)

Protocol Code	Protocol Title	Protocol	PPPO	Handout
UGUPAVOABI	Treatment for Metastatic Castration-Resistant Prostate Cancer using Olaparib with Abiraterone and Prednisone	<i>Contact physician updated</i>	---	---
LU Lung				
LUAVATZ	Treatment of Advanced Non-Small Cell Lung Cancer using Atezolizumab	<i>Treatment and precautions updated</i>	<i>Treatment updated and tests clarified</i>	---
LUAVLOR	Treatment of ALK-Positive Advanced Non-Small Cell Lung Cancer (NSCLC) with Lorlatinib	<i>Dose modifications and precautions updated for hepatic impairment</i>	---	---
ULUAVPPAF	First-Line Treatment of Advanced Non-Small Cell Lung Cancer (NSCLC) with Carboplatin, Pemetrexed and Amivantamab	<i>Dose modifications updated</i>	< 80 kg and ≥ 80 kg PPPOs <i>Pre-treatment metrics updated</i>	---
ULUAVPPAMI	Treatment of Advanced Non-Small Cell Lung Cancer (NSCLC) with Carboplatin, Pemetrexed and Amivantamab	<i>Dose modifications updated</i>	< 80 kg and ≥ 80 kg PPPOs <i>Pre-treatment metrics updated</i>	---
LUSCATPE	Treatment of Extensive Stage Small Cell Lung Cancer (SCLC) with Atezolizumab, Platinum and Etoposide	<i>Treatment, contact information and precautions updated; tests clarified</i>	<i>Treatment updated and tests clarified</i>	---
LY Lymphoma				
LYDARCBDF	Treatment of Previously Untreated Light Chain Amyloidosis and Not Eligible for Stem Cell Transplant using Daratumumab, Cyclophosphamide, Bortezomib and Dexamethasone	<i>Steroid instructions and physician contact information updated</i>	<i>Steroid section and daratumumab premedications updated</i>	<i>Dexamethasone instructions updated</i>
ULYOGGEMOX	Treatment of Lymphoma using Obinutuzumab, Glofitamab, Gemcitabine and Oxaliplatin	<i>Treatment schema updated</i>	---	---
MY Myeloma				
MYDARBD	Treatment of Relapsed and Refractory Multiple Myeloma with Daratumumab in Combination with Bortezomib and Dexamethasone with or without Cyclophosphamide	<i>Steroid instructions and physician contact information updated</i>	IV Cycle 1, IV Cycle 2+, SC PPPOs <i>Steroid section and/or daratumumab premedications updated</i>	<i>Dexamethasone instructions updated</i>
MYDARCBDF	Treatment of Previously Untreated Multiple Myeloma and Not Eligible for Stem Cell Transplant using Daratumumab, Cyclophosphamide, Bortezomib and Dexamethasone	<i>Steroid instructions and physician contact information updated</i>	IV Cycle 1, IV Cycle 2+, SC PPPOs <i>Steroid section and/or daratumumab premedications updated</i>	---

REVISED Protocols, PPPOs and Patient Handouts (*revisions in respective columns*)

Protocol Code	Protocol Title	Protocol	PPPO	Handout
MYDARLD	Treatment of Relapsed and Refractory Multiple Myeloma with Daratumumab in Combination with Lenalidomide and Dexamethasone with or without Cyclophosphamide	<i>Steroid instructions and physician contact information updated</i>	IV Cycle 1, IV Cycle 2+, SC PPPOs <i>Steroid section and/or daratumumab premedications updated</i>	<i>Dexamethasone instructions updated</i>
MYDARLDF	Treatment of Previously Untreated Multiple Myeloma and Not Eligible for Stem Cell Transplant using Daratumumab, Lenalidomide and Dexamethasone	<i>Steroid instructions and physician contact information updated</i>	IV Cycle 1, IV Cycle 2+, SC PPPOs <i>Steroid section and/or daratumumab premedications updated</i>	---
MYDBLDFTE	Treatment of Previously Untreated Multiple Myeloma and Eligible for Stem Cell Transplant using Daratumumab, Bortezomib, Lenalidomide and Dexamethasone	<i>Steroid instructions and physician contact information updated</i>	Induction, Consolidation and Maintenance PPPOs <i>Steroid section and/or daratumumab premedications updated</i>	---
MYDBLDFTI	Treatment of Previously Untreated Multiple Myeloma Ineligible for Stem Cell Transplant using Daratumumab, Bortezomib, Lenalidomide and Dexamethasone	<i>Steroid instructions and physician contact information updated</i>	Cycles 1 to 8 and Cycle 9+ PPPOs <i>Steroid section and daratumumab premedications updated</i>	---
UMYISACARD	Therapy of Multiple Myeloma using Carfilzomib, Dexamethasone and Isatuximab with or without Cyclophosphamide	---	Cycle 2+ PPPO <i>Isatuximab premedications updated</i>	---
UMYISAPOMD	Therapy of Multiple Myeloma using Pomalidomide, Dexamethasone and Isatuximab with or without Cyclophosphamide	---	Cycle 2+ PPPO <i>Isatuximab premedications updated</i>	---
SA Sarcoma				
SAAJGI	Adjuvant Treatment of C-Kit-Positive High-Risk Gastrointestinal Stromal Cell Tumours using Imatinib	<i>Supportive medications, dose modifications, precautions and physician contact information updated</i>	---	---
SAAVGI	Treatment of Advanced C-Kit-Positive and C-Kit-Negative Gastrointestinal Stromal Cell Tumours (GISTs) using Imatinib	<i>Supportive medications, dose modifications, precautions and physician contact information updated</i>	---	---

REVISED Protocols, PPPOs and Patient Handouts (*revisions in respective columns*)

Protocol Code	Protocol Title	Protocol	PPPO	Handout
SAAVGIDD	Treatment of Advanced C-Kit-Positive Gastrointestinal Stromal Cell Tumours (GIST) using 800 mg Dosing of Imatinib	<i>Supportive medications, dose modifications, precautions and physician contact information updated</i>	---	---
SAAVIME3	3-Day Etoposide and Ifosfamide-Mesna for Patients with Advanced Soft Tissue or Bony Sarcomas	<i>Corrections to dose modifications table</i>	---	---
SAAVVIT	Treatment of Recurrent/Refractory Ewing Sarcoma using Vincristine, Temozolomide and Irinotecan	<i>Precautions updated</i>	---	<i>Side effects updated</i>
SAAVVPOIT	Treatment of Recurrent/Refractory Ewing Sarcoma using Vincristine, Temozolomide and Oral Irinotecan	<i>Treatment and precautions updated</i>	<i>Treatment updated</i>	<i>Treatment summary and side effects updated</i>
SAVACM	Treatment of Sarcomas with Pelvic Primaries or Chemotherapy-Induced Hematuria using Vincristine, Doxorubicin, Cyclophosphamide and Mesna	<i>Eligibility, tests, units of measure and contact physician clarified; treatment section updated</i>	<i>Premedications, labs and mesna rounding updated; reference to Vancouver Centre removed; inpatient PPPO made available on BC Cancer website</i>	---
SC Supportive Care				
SCMESNA	For inpatient SAVACM treatment	---	<i>Diluent volume updated; tests and units of measure clarified; premedications, supportive care medications, labs and mesna rounding updated; reference to Vancouver Centre removed; inpatient PPPO made available on BC Cancer website</i>	---
SCNAUSEA	Prevention and Treatment of Chemotherapy-Induced Nausea and Vomiting in Adults	<i>Oral palonosetron removed</i>	---	---
SM Skin and Melanoma				
SMAJDT	Adjuvant Treatment of Stage III and IV, BRAF-Mutated, Fully Resected Melanoma using Dabrafenib and Trametinib	---	---	<i>Trametinib storage updated</i>
SMAVDT	Treatment of BRAF V600 Mutation-Positive Unresectable or Metastatic Melanoma using Dabrafenib and Trametinib	---	---	<i>Trametinib storage updated</i>

REVISED Protocols, PPPOs and Patient Handouts (*revisions in respective columns*)

Protocol Code	Protocol Title	Protocol	PPPO	Handout
SMAVI	Treatment of Advanced C-Kit-Positive Melanoma using Imatinib	<i>Supportive medications, dose modifications, precautions and physician contact information updated</i>	---	---
SMAVTRA	Treatment of BRAF V600 Mutation-Positive Unresectable or Metastatic Melanoma using Trametinib	---	---	<i>Trametinib storage updated</i>

Resources and Contact Information

Resource	Phone	Email / Toll Free / Fax
Systemic Therapy Update: www.bccancer.bc.ca/health-professionals/clinical-resources/systemic-therapy/systemic-therapy-update		
Systemic Therapy Update Editor	604-877-6000 x 672649	bulletin@bccancer.bc.ca
Oncology Drug Information Cancer Drug Manual Editor	604-877-6275	druginfo@bccancer.bc.ca
Pharmacy Oncology Certification	250-712-3900 x 686820	rxchemocert@bccancer.bc.ca
CAP – Compassionate Access Program	604-877-6277	cap_bcca@bccancer.bc.ca fax 604-708-2026
OSCAR – Online System for Cancer Drugs Adjudication and Reimbursement	888-355-0355	oscar@bccancer.bc.ca fax 604-708-2051
Library/Cancer Information	604-675-8003	toll free 888-675-8001 x 8003 requests@bccancer.bc.ca
Library Document Delivery	604-675-8002	requests@bccancer.bc.ca
Pharmacy Professional Practice Professional Practice, Nursing Provincial Systemic Therapy Network	604-877-6000 x 672247 604-877-6000 x 672623 604-877-6000 x 672247	mclin@bccancer.bc.ca BCCancerPPNAdmin@phsa.ca ProvincialSystemicOffice@bccancer.bc.ca
BC Cancer – Abbotsford	604-851-4710	toll free 877-547-3777
BC Cancer – Kelowna	250-712-3900	toll free 888-563-7773
BC Cancer – Prince George	250-645-7300	toll free 855-775-7300
BC Cancer – Surrey	604-930-2098	toll free 800-523-2885
BC Cancer – Vancouver	604-877-6000	toll free 800-663-3333
BC Cancer – Victoria	250-519-5500	toll free 800-670-3322
Community Oncology Network (CON) sites: To update your contact information, please contact: bulletin@bccancer.bc.ca		

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