Provincial Health Services Authority

Systemic Therapy Update

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For Health Professionals Who Care for People with Cancer

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Editor's Choice

New Programs

BC Cancer Provincial Systemic Therapy has approved the following new treatment programs effective 01 September 2026. Full details of all treatment programs are available in the **Chemotherapy Protocols** section of the BC Cancer website.

Neuro-Oncology

Vorasidenib for Astrocytoma or Oligodendroglioma with *IDH-1* or *IDH-2* Mutation (UCNVORA) – The BC Cancer Neuro-Oncology Tumour Group is introducing vorasidenib for grade 2 astrocytoma or oligodendroglioma with a susceptible *IDH-1* or *IDH-2* mutation in patients who are not in immediate need of radiotherapy/chemotherapy following surgical intervention. Vorasidenib is an oral small molecule inhibitor of IDH1 and IDH2 with penetration across the blood-brain barrier. For more information, please see the Cancer Drug Manual section in this issue. BC Cancer Compassionate Access Program (CAP) approval is required.

Editor's Choice

The randomized, controlled phase III INDIGO trial demonstrated that, when compared to active surveillance alone, vorasidenib resulted in a significant improvement in imaging-based progression-free survival (PFS) and time to next intervention in patients with grade 2 oligodendroglioma or astrocytoma with a susceptible *IDH1* or *IDH2* mutation.[1,2] There was a low rate of discontinuation due to adverse events, and the overall side effect profile of vorasidenib was considered manageable. Adverse events that were more common with vorasidenib than with placebo were driven primarily by elevations in liver enzymes (ALT, AST) and diarrhea.

Gastrointestinal

Durvalumab, Docetaxel, Oxaliplatin, Fluorouracil and Leucovorin for Neoadjuvant-Adjuvant Treatment of Resectable Gastric, Gastroesophageal Junction and Esophageal Adenocarcinoma (GIGAJDFLOD) – The BC Cancer Gastrointestinal Tumour Group is introducing durvalumab in combination with FLOT chemotherapy (docetaxel, oxaliplatin, infusional fluorouracil and leucovorin) for treatment of patients with resectable gastric, gastroesophageal junction (GEJ) and esophageal adenocarcinoma in the neoadjuvant/adjuvant setting:

Neoadjuvant phase	**Durvalumab, docetaxel, oxaliplatin, fluorouracil, leucovorin**
Surgery / Resection	
Adjuvant combination phase	**Durvalumab, docetaxel, oxaliplatin, fluorouracil, leucovorin**
Adjuvant monotherapy phase	**Durvalumab**

The randomized, double-blind phase III MATTERHORN trial evaluated perioperative durvalumab when added to FLOT chemotherapy versus FLOT plus placebo in patients with resectable gastric or GEJ adenocarcinoma.[3,4,5] Durvalumab plus FLOT achieved a significant improvement in overall survival (OS), event-free survival (EFS) and pathological complete response (pCR) over FLOT alone. The safety profile was consistent with the known profiles of each agent, with no new safety signals identified. The rate of grade 3 or 4 treatment-emergent adverse events (TEAEs) was similar between groups; the most frequently reported grade 3 or 4 TEAEs were neutropenia, diarrhea and decreased white blood cell count.

Gynecologic Oncology

Durvalumab with Carboplatin-Paclitaxel for MSI-H or dMMR Endometrial Cancer (GOEAVDUCAT) – The BC Cancer Gynecologic Oncology Tumour Group is introducing durvalumab in combination with carboplatin-paclitaxel chemotherapy for first-line treatment of patients with advanced, metastatic or recurrent microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) endometrial cancer. Following 6 cycles of durvalumab-chemotherapy, durvalumab monotherapy is continued as maintenance until disease progression. This protocol represents an additional treatment option to pembrolizumab-chemotherapy (GOEAVPCAT, GOEAVPPNC) or dostarlimab-chemotherapy (GOEAVDCAT, GOEAVDPNC) for patients with advanced MSI-H/dMMR endometrial cancer.

The randomized, controlled phase III DUO-E trial evaluated durvalumab in combination with carboplatin and paclitaxel followed by durvalumab maintenance, compared with placebo plus carboplatin and paclitaxel followed by placebo maintenance in patients with primary advanced or recurrent endometrial cancer.[6,7] In a subgroup of patients with primary advanced or recurrent dMMR endometrial cancer who were candidates for systemic therapy, durvalumab plus chemotherapy improved median OS and median PFS. The safety profile of the durvalumab group was found to be manageable with no unexpected toxicities.

Editor's Choice

Genitourinary

Durvalumab-Chemotherapy for Neoadjuvant/Adjuvant Therapy of Muscle-Invasive Bladder Cancer – The BC Cancer Genitourinary Tumour Group is implementing durvalumab-based therapy for patients with resectable muscle invasive bladder cancer (MIBC). Patients with no prior systemic treatment for MIBC are eligible to receive neoadjuvant durvalumab in combination with platinum and gemcitabine chemotherapy (GUBNADURPG). Following completion of neoadjuvant treatment and resection, patients proceed to adjuvant treatment with durvalumab (GUBAJDUR):

GUBNADURPG	**Neoadjuvant Durvalumab, Platinum and Gemcitabine**
	Surgery / Resection
GUBAJDUR	**Adjuvant Durvalumab**

The randomized phase III NIAGARA trial in patients with MIBC demonstrated that neoadjuvant durvalumab in combination with gemcitabine-cisplatin, followed by adjuvant durvalumab as monotherapy after radical cystectomy, resulted in a significant improvement in pCR, EFS and OS compared to neoadjuvant gemcitabine-cisplatin and no adjuvant therapy after radical cystectomy.[8,9] Adverse events were consistent with known safety profiles, with no new safety signals identified.

Lung

Durvalumab for Limited Stage Small Cell Lung Cancer (LUSCDUR) – The BC Cancer Lung Tumour Group is implementing durvalumab monotherapy for patients with limited stage small cell lung cancer (LS-SCLC) whose disease has not progressed following platinum-based chemoradiation treatment (LUSCPERT or LUSCEPORT).

The randomized, controlled phase III ADRIATIC trial compared durvalumab versus placebo in patients with LS-SCLC who did not experience disease progression after definitive, platinum-based chemoradiation.[10,11] Durvalumab following chemoradiation significantly improved OS and PFS. The safety profile of durvalumab was consistent with known toxicities of immune checkpoint inhibitors.

References:

1. Mellinghoff IK, van den Bent MJ, Blumenthal DT, et al. Vorasidenib in *IDH1*- or *IDH2*-mutant low-grade glioma. *N Engl J Med* 2023;389(7):589-601. https://doi.org/10.1056/NEJMoa2304194
2. Canada's Drug Agency (CDA-AMC). Reimbursement Recommendation. Vorasidenib (Voranigo®). *Canadian Journal of Health Technologies* 2025;5(12):1-15. https://doi.org/10.51731/cjht.2025.1303
3. Jangjigian YY, Al-Batran S-E, Wainberg ZA, et al. Perioperative durvalumab in gastric and gastroesophageal junction cancer. *N Engl J Med* 2025;393(3):217-230. https://doi.org/10.1056/NEJMoa2503701
4. Tabernero J, Al-Batran SE, Wainberg ZA, et al. LBA81 Final overall survival (OS) and the association of pathological outcomes with event-free survival (EFS) in MATTERHORN: a randomised, phase III study of durvalumab (D) plus 5-fluorouracil, leucovorin, oxaliplatin and docetaxel (FLOT) in resectable gastric/gastroesophageal junction (G/GEJ) adenocarcinoma. *Ann Oncol* 2025;36 (Suppl 2):S1623-S1624. https://doi.org/10.1016/j.annonc.2025.09.096
5. Canada's Drug Agency (CDA-AMC). Reimbursement Review. Durvalumab (Imfinzi®). *Canadian Journal of Health Technologies* 2026;6(6):1-47. https://doi.org/10.51731/cjht.2026.1463
6. Westin SN, Moore K, Chon HS, et al. Durvalumab plus carboplatin/paclitaxel followed by maintenance durvalumab with or without olaparib as first-line treatment for advanced endometrial cancer: the phase III DUO-E trial. *J Clin Oncol* 2024;42(3): 283-299. https://doi.org/10.1200/JCO.23.02132
7. Canada's Drug Agency (CDA-AMC). Reimbursement Recommendation. Durvalumab (Imfinzi®). *Canadian Journal of Health Technologies* 2025;5(5):1-29. https://doi.org/10.51731/cjht.2025.1133
8. Powles T, Catto JWF, Galsky MD, et al. Perioperative durvalumab with neoadjuvant chemotherapy in operable bladder cancer. *N Engl J Med* 2024;391(19):1773-1786. https://doi.org/10.1056/NEJMoa2408154
9. Canada's Drug Agency (CDA-AMC). Reimbursement Recommendation. Durvalumab (Imfinzi®). *Canadian Journal of Health Technologies* 2026;6(1):1-13. https://doi.org/10.51731/cjht.2026.1334

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10. Cheng Y, Spigel DR, Laktionov KK, et al. Durvalumab after chemoradiotherapy in limited-stage small-cell lung cancer. *N Engl J Med* 2024;391:1313-1327. https://doi.org/10.1056/NEJMoa2404873
11. Canada's Drug Agency (CDA-AMC). Reimbursement Recommendation. Durvalumab (Imfinzi®). *Canadian Journal of Health Technologies* 2025;5(8):1-22. https://doi.org/10.51731/cjht.2025.1210

Medication Safety Alert

BC Cancer Cautions Against Ivermectin and Fenbendazole for Cancer Treatment

BC Cancer advises against the use of ivermectin or fenbendazole for the treatment of cancer, or as adjuncts to standard anticancer therapy, outside the context of a well-designed clinical trial. This is consistent with position of the American Society of Clinical Oncology (ASCO).[1]

Lack of Evidence for Efficacy

To date, there is no robust, peer-reviewed clinical evidence demonstrating that ivermectin or fenbendazole, alone or in combination, is effective for the treatment of any human malignancy. Although some preclinical laboratory and animal studies have suggested effects in cancer cells, these findings alone do not translate into evidence of clinical benefit in patients with cancer.

Potential Risks of Toxicities

High doses of ivermectin have been associated with neurologic and systemic toxicities, including ataxia, confusion, seizures, coma, hypotension, hepatotoxicity, and death.[1] Since both ivermectin and fenbendazole are metabolized through hepatic CYP450 pathways, they may interact with systemic anticancer therapies, potentially increasing their toxicity or reducing their effectiveness.[1] Note that fenbendazole is a veterinary medication that is not approved for human use in Canada, the US, or the European Union. Therefore, its dosing in humans is uncertain and any supply obtained for human use may have uncertain quality or purity.

Communications with Patients

Given increasing patient exposure to online and social media misinformation and anecdotal claims regarding these agents, members of the healthcare team are encouraged to routinely ask about the use of complementary and alternative therapies, provide evidence-based counselling, and engage in respectful, patient-centred discussions that maintain trust while addressing safety concerns. Patient information about ivermectin and fenbendazole is available through the American Cancer Society.[2,3]

References:

1. ASCO Clinical Notice: Recommending Against Ivermectin and Fenbendazole for Cancer Treatment, Outside of Clinical Trials, 26 May 2026. Available at: https://connection.asco.org/do/asco-clinical-notice-recommending-against-ivermectin-and-fenbendazole-cancer-treatment Accessed on: 15 July 2026.
2. American Cancer Society. What to Know About Ivermectin. Available at: https://www.cancer.org/cancer/latest-news/what-to-know-about-ivermectin.html Accessed on: 15 July 2026.
3. American Cancer Society. What to Know About Fenbendazole. Available at: https://www.cancer.org/cancer/latest-news/what-to-know-about-fenbendazole.html Accessed on: 15 July 2026.

Cancer Drug Manual©

All documents are available in the **Cancer Drug Manual©** on the BC Cancer website.

New Documents

The **Vorasidenib Monograph** and **Patient Handout** have been developed with expert review provided by Dr. Rebecca Harrison (medical oncologist, BC Cancer Neuro-Oncology Tumour Group) and Jelena Mucovic (tumour group pharmacist representative, BC Cancer Provincial Pharmacy). Vorasidenib is an orally administered small molecule inhibitor that targets IDH1 and IDH2. It is used in the treatment of astrocytoma or oligodendroglioma with a susceptible *IDH1* or *IDH2* mutation. Dosing is based on body weight. The recommended dose is 40 mg once daily for patients weighing at least 40 kg, and 20 mg once daily for patients weighing less than 40 kg.

Highlights from these documents include:

- **Hepatotoxicity**, including hepatic failure and necrosis, has been reported; frequent monitoring may be required in patients with pre-existing hepatic impairment
- Female adolescent patients (12 years of age or older) weighing 40 to 50 kg may be at increased risk of adverse reactions as higher exposure is predicted compared with adults

Vorasidenib has been added to the **Auxiliary Label List** and evaluated for the **BC Health Authorities Provincial Hazardous Drug List**.

Revised Documents

Afatinib Monograph and Patient Handout

Supply and Storage: added Sandoz and Marcan brands; updated *Additional information* with blister card packaging format for all brands

Patient Handout *(Storage* bullet): updated by removing information relating to blister card packaging

Cytarabine Monograph

Side Effects paragraph: removed ophthalmic dexamethasone dosing

Durvalumab Monograph

Uses: updated with gastric cancer and endometrial cancer

Dosage Guidelines: updated with new BC Cancer protocols (GIGAJDFLOD, GOEAVDUCAT, GUBAJDUR, GUBNADURPG, LUSCDUR)

Irinotecan Monograph and IV & Oral Patient Handouts

Interactions: updated with theoretical grapefruit juice interaction for oral irinotecan

Solution Preparation and Compatibility: added *Additional information* for irinotecan oral solution

Dosage Guidelines: added instructions to take on empty stomach for oral dosage section

Patient Handout IV:

Header and Footer: revised from “irinotecan” to “irinotecan (for intravenous use)”

Title/Banner: revised from “irinotecan” to “irinotecan IV injection”

Throughout: updated template wording

Patient Handout Oral:

NEW: adapted irinotecan patient handout for oral use

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Header and Footer: indicate "irinotecan (for oral use)"
Title/Banner: indicates "irinotecan injection solution for oral use"
Auxiliary Label List: added irinotecan injection solution for oral use

Leucovorin Monograph
Supply and Storage: added JAMP and Mint oral brands

Selpercatinib Monograph and Capsule & Tablet Patient Handouts
Supply and Storage: added tablet formulation
Patient Handout Capsule:
Header and Footer: revised from "selpercatinib" to "selpercatinib (capsules)"
Interactions bullet: added rosuvastatin
Check with your healthcare team as soon as possible bullet: added cough and thyroid problems
Patient Handout Tablet:
NEW: adapted selpercatinib capsule patient handout for the tablet formulation
Header and Footer: revised from "selpercatinib" to "selpercatinib (tablets)"

Continuing Education

Family Practice Oncology Network | Androgen Deprivation Therapy in Prostate Cancer

The Family Practice Oncology Network (FPON) is pleased to announce a webinar with Dr. Justin Bhullar on **Androgen Deprivation Therapy in Prostate Cancer: Mitigating Treatment-Related Toxicities and Addressing Questions on Testosterone Therapy and Prostate Cancer Risk**. The webinar takes place Thursday 17 September 2026, from 0800-0900h, as part of the accredited, complimentary FPON webcasts.

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

- Explain how the treatment of prostate cancer contributes to symptoms of androgen deprivation.
- Recognize symptoms related to androgen deprivation therapy.
- Apply management strategies for androgen deprivation-related symptoms.
- Discuss whether testosterone therapy impacts prostate cancer risk.

For more information and link to registration, visit:
FPON Webinar | Androgen Deprivation Therapy in Prostate Cancer | UBC CPD

Benefit Drug List

New Programs

The following treatment programs have been added to the BC Cancer **Benefit Drug List** effective 01 September 2026:

Protocol Title	Protocol Code	Benefit Status
Therapy for Grade 2 Astrocytoma or Oligodendroglioma with *IDH-1* or *IDH-2* Mutation using **Vorasidenib**	**UCNVORA**	Restricted
Neoadjuvant-Adjuvant Treatment of Resectable Gastric, Gastroesophageal Junction and Esophageal Adenocarcinoma using **Durvalumab**, **Docetaxel**, **Oxaliplatin**, **Infusional Fluorouracil** and **Leucovorin**	**GIGAJDFLOD**	Class I
Treatment of Microsatellite Instability-High or Mismatch Repair Deficient Endometrial Cancer using **Durvalumab** with **Carboplatin** and **Paclitaxel**	**GOEAVDUCAT**	Class I
Adjuvant Treatment of Resected Muscle-Invasive Bladder Cancer using **Durvalumab**	**GUBAJDUR**	Class I
Neoadjuvant Treatment of Muscle-Invasive Bladder Cancer using **Durvalumab**, **Platinum** and **Gemcitabine**	**GUBNADURPG**	Class I
Treatment of Limited Stage Small Cell Lung Cancer (LS-SCLC) using **Durvalumab**	**LUSCDUR**	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
UCNVORA	Therapy for Grade 2 Astrocytoma or Oligodendroglioma with *IDH-1* or *IDH-2* Mutation using Vorasidenib	☑	☑	☐
GIGAJDFLOD	Neoadjuvant-Adjuvant Treatment of Resectable Gastric, Gastroesophageal Junction and Esophageal Adenocarcinoma using Durvalumab, Docetaxel, Oxaliplatin, Infusional Fluorouracil and Leucovorin	☑	☑	☐
GOEAVDUCAT	Treatment of Microsatellite Instability-High or Mismatch Repair Deficient Endometrial Cancer using Durvalumab with Carboplatin and Paclitaxel	☑	☑	☐
GUBAJDUR	Adjuvant Treatment of Resected Muscle-Invasive Bladder Cancer using Durvalumab	☑	☑	☐
GUBNADURPG	Neoadjuvant Treatment of Muscle-Invasive Bladder Cancer using Durvalumab, Platinum and Gemcitabine	☑	☑	☐
LUSCDUR	Treatment of Limited Stage Small Cell Lung Cancer (LS-SCLC) using Durvalumab	☑	☑	☐
SMILALD	Treatment of In-Transit Melanoma using Intralesional Aldesleukin (IL-2)	☐	☑	☐

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
BR | Breast				
BRAVGEMT	Palliative Therapy for Metastatic Breast Cancer using Gemcitabine and Paclitaxel	*Hepatic dose modification table and physician contact information updated*	---	---
BRAVPTRAT	Palliative Therapy for Metastatic Breast Cancer using Pertuzumab, Trastuzumab and Paclitaxel as First-Line Treatment for Advanced Breast Cancer	*Hepatic dose modification table corrected*	---	---
BRAVTAX	Palliative Therapy for Metastatic Breast Cancer using Paclitaxel	*Hepatic dose modification table and physician contact information updated*	---	---

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
BRAVTW	Palliative Therapy for Metastatic Breast Cancer using Weekly Paclitaxel (3 Weeks out of 4 Weeks Schedule)	*Hepatic dose modification table and physician contact information updated*	---	---
CN | Neuro-Oncology				
UCNTTF	Therapy of Glioblastoma using Tumour Treating Fields (OPTUNE GIO™)	*Eligibility clarified*	---	---
GI | Gastrointestinal				
GIGAVCOXZ	Palliative Treatment of Metastatic or Locally Advanced Gastric, Gastroesophageal Junction (GEJ) or Esophageal Adenocarcinoma using Capecitabine, Oxaliplatin and Zolbetuximab	*Dose modifications updated*	---	---
GIGAVFFOXZ	Palliative Treatment of Metastatic or Locally Advanced Gastric, Gastroesophageal Junction (GEJ) or Esophageal Adenocarcinoma using Oxaliplatin, Fluorouracil, Leucovorin and Zolbetuximab	*Dose modifications updated*	---	---
GIGFLODOC	Perioperative Treatment of Resectable Adenocarcinoma of the Stomach, Gastroesophageal Junction or Lower 1/3 Esophagus using Docetaxel, Oxaliplatin, Infusional Fluorouracil and Leucovorin	*Filgrastim dosing updated*	*Filgrastim order updated and filgrastim teach order added*	---
GO | Gynecologic Oncology				
GOCABRBEV	Alternative Treatment of Gynecological Malignancies using Bevacizumab, Carboplatin and Paclitaxel NAB	---	*Treatment updated*	---
GOEAVDCAT	Treatment of Endometrial Cancer using Dostarlimab with Carboplatin and Paclitaxel	*Eligibility notes updated*	---	---
GOEAVDPNC	Alternative Treatment of Endometrial Cancer using Dostarlimab with Paclitaxel NAB and Carboplatin	*Eligibility notes updated*	---	---
GOEAVPCAT	Treatment of Advanced or Recurrent Endometrial Cancer using Carboplatin, Paclitaxel and Pembrolizumab	*Eligibility notes updated*	---	---
GOEAVPPNC	Alternative Treatment of Advanced or Recurrent Endometrial Cancer using Pembrolizumab, Paclitaxel NAB and Carboplatin	*Eligibility notes updated*	---	---
GU | Genitourinary				
UGUPLVT	Treatment of Metastatic Castration-Resistant Prostate Cancer using Lutetium (^{177}Lu) Vipivotide Tetraxetan (PLUVICTO)	---	*Return appointment orders updated*	---

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
LK | Leukemia and BMT				
ULKBLIN	Treatment of Philadelphia Chromosome (Ph)-Positive or Ph-Negative Refractory or Relapsed Pre-B-Cell Acute Lymphoblastic Leukemia with Blinatumomab	*Contact Information, eligibility, tests, premedications, hydration and treatment updated*	---	---
ULKBLINF	Treatment of Philadelphia Chromosome (Ph)-Negative Pre-B-Cell Acute Lymphoblastic Leukemia using Blinatumomab in Combination with Consolidation Chemotherapy	*Contact information, eligibility, tests, hydration, premedications, treatment and monitoring updated*	---	---
ULKMRDBLIN	Treatment of Pre-B-Cell Acute Lymphoblastic Leukemia with Minimal Residual Disease using Blinatumomab	*Contact information, eligibility, tests, treatment and hydration updated*	---	---
LY | Lymphoma				
LYAVDBV	Treatment of Previously Untreated, Stage III or IV Hodgkin Lymphoma with Doxorubicin, Vinblastine, Dacarbazine and Brentuximab Vedotin	*Pegfilgrastim option added*	*Return appointment orders updated*	*Title, treatment, side effects and instructions updated and clarified*
LYBVAVDBV	Treatment of Previously Untreated, Stage IV Hodgkin Lymphoma with Sequential Brentuximab Vedotin and Doxorubicin, Vinblastine and Dacarbazine in Patients 60 Years or Older	*Pegfilgrastim option added*	**Cycles 3-8 PPPO** *Return appointment orders updated; treatment clarified*	---
LYCHPBV	Treatment of CD30-Positive Peripheral T-Cell Lymphoma (PTCL) with Doxorubicin, Cyclophosphamide, Prednisone (CHP) and Brentuximab Vedotin	*Pegfilgrastim option added*	*Pegfilgrastim option added; return appointment orders clarified*	*Title, treatment, side effects and instructions updated and clarified*
LYPOLABR	Treatment of Relapsed or Refractory Diffuse Large B-Cell Lymphoma and Not Eligible for Transplant using Polatuzumab Vedotin, Bendamustine and Rituximab	*Pegfilgrastim option added*	*Return appointment orders updated*	*Treatment, instructions and side effects updated and clarified*
LYPOLARCHP	Treatment of Lymphoma with Doxorubicin, Cyclophosphamide, Prednisone, Rituximab and Polatuzumab Vedotin	*Pegfilgrastim option added*	*Pegfilgrastim option added*	---
SM | Skin and Melanoma				
SMILALD	Treatment of In-Transit Melanoma using Intralesional Aldesleukin (IL-2)	*Contact physician updated; tests and treatment clarified*	*NEW PPPO*	---

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
SC | Supportive Care				
SCESA	Use of Erythropoiesis-Stimulating Agents (ESAs) in Patients with Cancer	*Protocol deleted/archived*	---	---

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	mlin@bccancer.bc.ca BCCancerPPNAdmin@phsa.ca ProvincialSystemicOffice@bccancer.bc.ca
BC Cancer – Abbotsford BC Cancer – Kelowna BC Cancer – Prince George BC Cancer – Surrey BC Cancer – Vancouver BC Cancer – Victoria	604-851-4710 250-712-3900 250-645-7300 604-930-2098 604-877-6000 250-519-5500	toll free 877-547-3777 toll free 888-563-7773 toll free 855-775-7300 toll free 800-523-2885 toll free 800-663-3333 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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