Systemic Therapy Update

BC Cancer Agency
CARE + RESEARCH
An agency of the Provincial Health Services Authority

August 2016
Volume 19, Number 8

For Health Professionals Who Care For Cancer Patients

Inside This Issue:

EDITOR'S CHOICE

NEW PROGRAMS

The BCCA Provincial Systemic Therapy Program has approved the following new programs effective 1 August 2016:

Gynecology:

Treatment of High-Risk Gestational Trophoblastic Neoplasia using Etoposide, Methotrexate, Leucovorin, Dactinomycin, Cyclophosphamide, and Vincristine (GOTDEMACO) – Gestational Trophoblastic Neoplasia (GTN) is a rare group of malignancies that are characterized by the abnormal proliferation of the placental tissue following pregnancy. These tumours are generally highly chemo-sensitive, and the goal of treatment is to achieve a cure. Drug resistance occurs in about 15% to 20% of high-risk GTN, so multi-agent chemotherapy regimens are recommended.[1,2]

EDITOR'S CHOICE

Previously, the BCCA standard of care for patients with high-risk GTN was treatment with MACE (Methotrexate, Actinomycin D, Cisplatin, Etoposide and leucovorin) (UGOTDHR). BCCA has now approved EMA-CO (Etoposide, Methotrexate, Actinomycin D [dactinomycin], Cyclophosphamide and ONCOVIN® [vincristine]) to replace MACE as the standard therapy. EMA-CO is currently the most widely used first-line regimen for high-risk GTN world-wide. Retrospective studies reported primary remission rates ranging from 54% to 91%, and overall survival (OS) rates between 75% to 100% with the use of EMA-CO.[2,3] Common toxicities include myelosuppression, dermatitis, gastrointestinal toxicities, and neuropathy.[1]

References:
1. Turan T, Karacay O, Tulunay G, et al. Results with EMA/CO (etoposide, methotrexate, actinomycin D, cyclophosphamide, vincristine) chemotherapy in gestational trophoblastic neoplasia. Int J Gynecol Cancer 2006;16:1432-1438.
2. Deng L, Zhang J, Wu T, et al. Combination chemotherapy for primary treatment of high-risk gestational trophoblastic tumour (review). Cochrane Database of Syst Rev 2013;1:CD005196.
3. Aligrangis C, Roshan A, Short D, et. al. J Clin Oncol 2013;31:280-286.

Melanoma:

Combination Therapy with Trametinib and Dabrafenib for BRAF V600 Mutation-Positive Unresectable or Metastatic Melanoma (USMAVDT) – Patients with BRAF V600 mutation-positive advanced melanoma at the BCCA has traditionally been treated with single-agent BRAF-targeted therapy (dabrafenib or vemurafenib), or checkpoint inhibitors (ipilimumab, pembrolizumab, nivolumab, or combination). The BCCA has now approved combination therapy using trametinib (a mitogen-activated extracellular kinase (MEK) inhibitor) plus dabrafenib as the preferred first-line treatment, or after prior treatment with checkpoint inhibitors. Single-agent dabrafenib or vemurafenib are still available for patients with a contraindication to combination BRAF/MEK-targeted therapy. A BCCA Compassionate Access Program (CAP) approval is required. Please note that BCCA will only fund ONE COURSE of BRAF/MEK-targeted therapy (single agent or in combination); sequential use of these agents will NOT be funded.

Approval of this new treatment program is based on two randomized controlled trials that demonstrated superior overall survival (hazard ratio of approximately 0.70 in both studies) with trametinib-dabrafenib compared to single-agent dabrafenib or vemurafenib.[1,2] Combination therapy demonstrated comparable rates of grades 3 and 4 toxicities, and lower rates of hyper-proliferative cutaneous adverse events, including cutaneous squamous cell carcinomas. The most commonly reported grades 3 and 4 toxicities in the combination therapy arm included fever, hypertension, and elevated transaminases. Most of the quality of life measures appeared to be either stable or improved compared to monotherapy.[3] Further information about the pharmacology and toxicity profile of trametinib can be found in the Cancer Drug Manual section below.

References:
1. Long GV, Stroyakovskiy D, Gogas H, et al. Dabrafenib and trametinib versus dabrafenib and placebo for Val600 BRAF-mutant melanoma: a multicenter, double-blind, phase 3 randomised controlled trial. Lancet 2015;386:444-451.
2. Robert C, Karaszewska B, Schachter J, et al. Improved overall survival in melanoma with combined dabrafenib and trametinib. N Engl J Med 2015;372:30-39.
3. Schadendort D, Amonkar MM, Stroyakovskiy D, et al. Health-related quality of life impact in a randomized phase III study of the combination of dabrafenib and trametinib versus dabrafenib monotherapy in patients with BRAF V600 metastatic melanoma. Eur J Cancer 2015;51:833-840.

EDITOR'S CHOICE

REVISED PROGRAMS

The BCCA Provincial Systemic Therapy Program has revised the following program effective 1 August 2016:

Breast:

Effective **August 1, 2016 to April 15, 2017**, the BCCA is temporarily expanding the eligibility criteria for the Oncotype DX® Breast Cancer Assay to include **microscopic disease (0.3-2 mm deposit) of a single lymph node** in hormone receptor-positive, HER2-negative early breast cancer **(irrespective of the grade of the primary tumour)**. The rationale for this program expansion is due to emerging evidence suggesting that disease involving micrometastases in a single lymph node demonstrates similar prognostic and predictive behaviour as node-negative disease.

This temporary expansion of indication is done in collaboration with Genomic Health and the BCCA Compassionate Access Program (CAP). It allows for a period to collect data on this expanded population for permanent program expansion considerations. All other eligibility criteria for the Oncotype DX® test remain unchanged (see figure 1). There will also be absolutely NO exceptions made for other node-positive disease. Please note that extra-nodal extension is not an exclusion criterion if the pathology report classifies the disease as microscopic involvement of a single lymph node.

Please continue to follow the usual process of BCCA CAP approval, patient consent, and Genomic Health requisition. This information will be updated shortly on the BCCA Laboratory Services website and BCCA Cancer Management Guidelines. For questions related to the temporary program expansion, please contact Dr. Stephen Chia, BCCA Breast Tumour Group Chair (email: schia@bccancer.bc.ca).

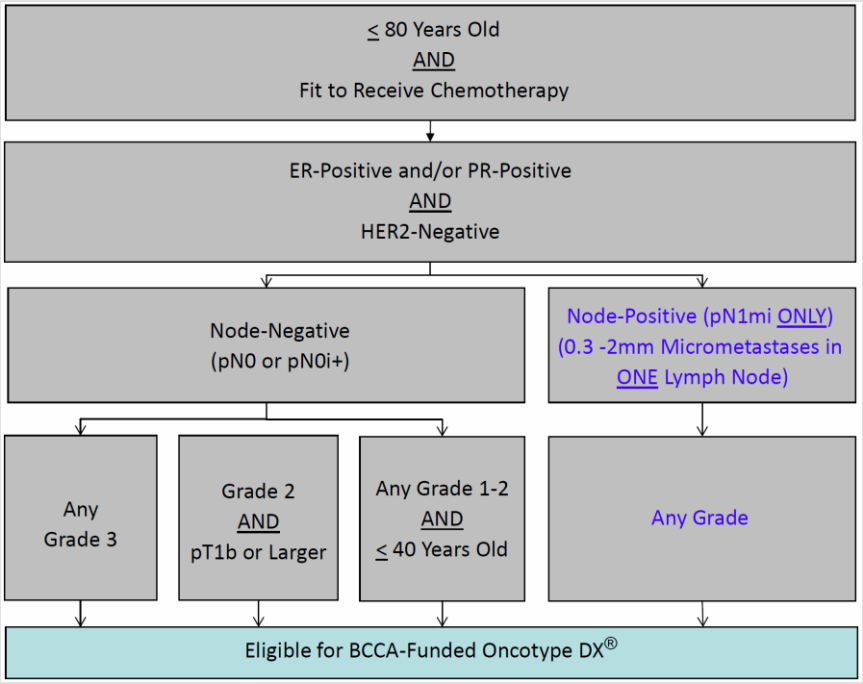

Figure 1. Revised eligibility criteria for BCCA-funded Oncotype DX® breast cancer assay (effective August 1, 2016 to April 15, 2017).

Drug Update

New Filter Requirements for Paclitaxel-nab (ABRAXANE®) Administration

Effective 1 August 2016, all **paclitaxel-nab (ABRAXANE®)** preparations must be administered using a **15-micron filter**. This practice change resulted from previous reports of thin proteinaceous strands being observed in the final paclitaxel-nab preparations. These strands are formed from an interaction between the drug and the silicone oil lubricant used in some syringes and IV bags. The 15-micron filter will remove these strands without affecting the physicochemical properties of the preparation. Filtration will also eliminate the need for routine visual inspection of the final product, and the need to check for the presence of silicone oil in the medical devices used for drug preparation.

All BCCA Protocols and PPPOs containing paclitaxel-nab (ABRAXANE®), as well as the associated Cancer Drug Manual monograph, have been updated to reflect the new filter requirement. Please note that the filter requirements for paclitaxel-nab (ABRAXANE®) and paclitaxel are DIFFERENT:

Paclitaxel-nab (ABRAXANE®)	Paclitaxel
15-micron filter	0.22-micron filter or smaller

The 15-micron filters are NOT interchangeable with the 0.22-micron (or smaller) filters as the use of smaller filters with paclitaxel-nab (ABRAXANE®) may result in blockage of the filter.

To highlight the different filter size requirement for paclitaxel, all paclitaxel-containing Protocols and PPPOs have also been updated to specify the use of **0.22-micron filters or smaller** during **paclitaxel** administration. To see a list of all the updated paclitaxel-nab (ABRAXANE®) and paclitaxel-containing Protocols and PPPOs, please see the *Revised Protocols, PPPOs and Handouts tables* below.

Drug Shortage Update: Etoposide Phosphate

Bristol-Myers Squibb Canada has recently announced a global shortage of etoposide phosphate, a Health Canada Special Access Programme (SAP) drug, which is expected to last until September 2017. Etoposide phosphate is a water-soluble ester of etoposide, and is converted *in vivo* to its active moiety, etoposide. It is NOT interchangeable with etoposide, and is NOT a Benefit Drug of the BCCA. Etoposide phosphate has been infrequently requested through the BCCA Compassionate Access Program (CAP) for exceptional circumstances for patients who are unable to tolerate etoposide. It is recommended that no new patients be started on etoposide phosphate during this time, and that alternative therapies be considered in patients who cannot tolerate regular etoposide.

Please note that this shortage does NOT affect the supply of regular etoposide, which is a BCCA Benefit Drug and is routinely used in various BCCA treatment protocols.

CANCER DRUG MANUAL

NEW MONOGRAPHS AND PATIENT HANDOUTS

Peginterferon Alfa-2a Monograph and **Patient Handout** have been developed, with expert review provided by Dr. Luke Chen (Medical Oncologist, BCCA Leukemia/BMT Tumour Group). Peginterferon alfa-2a is used in patients with chronic myeloid neoplasms who are intolerant to hydroxyurea. Compared with non-pegylated interferons, peginterferon alfa-2a has sustained absorption, allowing for convenient weekly dosing and diminished side effects. It is NOT interchangeable with other interferon formulations. Common side effects include fatigue, flu-like symptoms, headache, myalgia, neutropenia, and diarrhea. Although rare, it is associated with potentially life-threatening neuropsychiatric, autoimmune, ischemic, and infectious disorders.

Trametinib Monograph and **Patient Handout** have been developed, with expert review provided by Dr. Kerry Savage (Medical Oncologist) and Robert Tillmanns (Pharmacist) of the BCCA Skin/Melanoma Tumour Group. Trametinib is an inhibitor of mitogen-activated extracellular signal-regulated kinase 1 and 2 (MEK1 and MEK2), and is indicated for BRAF V600 mutation-positive advanced melanoma (see Editor's Choice section for further information on its clinical indication). Skin and cardiac toxicities (including reduced left ventricular ejection fraction) have been reported and may require dosage adjustments or interruptions. Ocular effects, such as retinal pigment epithelial detachment (RPED) and retinal vein occlusion (RVO) have also been reported. Cardiac and ophthalmic exams should be performed at baseline; other toxicities should be reassessed periodically during therapy.

REVISED MONOGRAPHS AND PATIENT HANDOUTS

Highlights of key changes and/or updates to the Monographs and Patient Handouts are listed below:

Denosumab Monograph:

- *Uses* section – added giant cell tumour of the bone to Health Canada-approved indications
- *Special Precautions* section – updated information on the use of denosumab in children and pregnant women
- *Parenteral Administration* and *Dosing* sections – updated to include new USANADENO BCCA Protocol

Oxaliplatin Monograph and Handout:

- *Interactions table* – clarified that warfarin interaction has been reported only when oxaliplatin and 5-fluorouracil are given together, but not with oxaliplatin alone; removed interaction from Patient Handout

Paclitaxel-nab Monograph:

- *Solution Preparation and Compatibility* and *Parenteral Administration* – updated to include use of 15-micron filter for drug administration

BENEFIT DRUG LIST

NEW PROGRAMS

The following programs have been added to the BCCA Benefit Drug List effective 1 August 2016:

Protocol Title	Protocol Code	Benefit Status
Therapy for High-Risk Gestational Trophoblastic Neoplasia (GTN) Using Etoposide, Methotrexate, Leucovorin (Folinic Acid), DACTINomycin, Cyclophosphamide and vinCRIStine	GOTDEMACO	Class I
Treatment of BRAF V600 Mutation-Positive Unresectable or Metastatic Melanoma Using daBRAfenib and Trametinib	USMAVDT	Restricted

REVISED PROGRAMS

Effective 1 August 2016, the following BCCA treatment programs have been reclassified from **Class II** to **Class I** status on the BCCA Benefit Drug List:

Drug	Tumour Site	Protocol Title	Protocol Code
Paclitaxel	Breast	Adjuvant Therapy for Breast Cancer Using DOXOrubicin and Cyclophosphamide Followed by PACLitaxel and Trastuzumab	BRAJACTT
		Adjuvant Therapy for Breast Cancer Using Dose-Dense Therapy: DOXOrubicin and Cyclophosphamide Followed by PACLitaxel and Trastuzumab	BRAJACTTG
		Palliative Therapy for Metastatic Breast Cancer using Trastuzumab, PACLitaxel and CARBOplatin as First-Line Treatment for Advanced Breast Cancer	BRAVTPCARB
		Palliative Therapy for Metastatic Breast Cancer Using Trastuzumab and PACLitaxel as First-Line Treatment for Advanced Breast Cancer	BRAVTRAP
	Gynecology	Treatment Of Advanced Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma Using CARBOplatin and Weekly PACLitaxel	GOOVDDCAT
Paclitaxel-nab (ABRAXANE®)	Breast	Palliative Therapy for Metastatic Breast Cancer Using Nanoparticle, Albumin-Bound (nab)-PACLitaxel (ABRAXANE®)	BRAVABR
Peginterferon alfa-2a	Leukemia	Peginterferon Alfa-2a Therapy of Chronic Myeloid Neoplasms and Hypereosinophilic Syndrome	LKPEGIFN
Pemetrexed	Lung	Second-Line Treatment of Advanced Non-Small Cell Lung Cancer (NSCLC) with Pemetrexed	LUAVPEM
		First-Line Treatment of Advanced Non-Small Cell Lung Cancer (NSCLC) with Platinum and Pemetrexed	LUAVPP
		Treatment of Malignant Mesothelioma with Platinum and Pemetrexed	LUMMPP
Pertuzumab	Breast	Palliative Therapy for Metastatic Breast Cancer Using Pertuzumab, Trastuzumab, and DOCEtaxel as First-Line Treatment for Advanced Breast Cancer	BRAVPTRAD
Raltitrexed	Gastrointestinal	Palliative Therapy for Unresectable or Metastatic Colorectal Cancer Using Raltitrexed	GIRALT
Sunitinib	Sarcoma	Second-Line Treatment of Advanced C-Kit Positive Gastrointestinal Stromal Cell Tumours (GISTs) After Imatinib Using Sunitinib	SAAVGS

BENEFIT DRUG LIST

Trastuzumab	Breast	Adjuvant Therapy for Breast Cancer Using DOXOrubicin and Cyclophosphamide Followed by PACLitaxel and Trastuzumab	BRAJACTT
		Adjuvant Therapy for Breast Cancer Using Dose-Dense Therapy: DOXOrubicin and Cyclophosphamide Followed by PACLitaxel and Trastuzumab	BRAJACTTG
		Adjuvant Therapy for Breast Cancer Using DOCEtaxel, CARBOplatin, and Trastuzumab	BRAJDCARBT
		Adjuvant Therapy for Breast Cancer Using DOCEtaxel and Trastuzumab, and Fluorouracil, Epirubicin and Cyclophosphamide	BRAJDTFEC
		Adjuvant Therapy for Breast Cancer Using Fluorouracil, Epirubicin and Cyclophosphamide Followed by DOCEtaxel and Trastuzumab	BRAJFECDT
		Adjuvant Therapy for Breast Cancer Using Trastuzumab, DOCEtaxel and Cyclophosphamide	BRAJTDC
		Adjuvant Therapy for Breast Cancer Using Trastuzumab Following the Completion of Chemotherapy (Sequential)	BRAJTR
		Palliative Therapy for Metastatic Breast Cancer Using Pertuzumab, Trastuzumab, and DOCEtaxel as First-Line Treatment for Advanced Breast Cancer	BRAVPTRAD
		Palliative Therapy for Metastatic Breast Cancer Using Trastuzumab, PACLitaxel and CARBOplatin as First-Line Treatment for Advanced Breast Cancer	BRAVTPCARB
		Palliative Therapy for Metastatic Breast Cancer Using Trastuzumab	BRAVTR
		Palliative Therapy for Metastatic Breast Cancer Using Trastuzumab and DOCEtaxel as First-Line Treatment for Advanced Breast Cancer	BRAVTRAD
		Palliative Therapy for Metastatic Breast Cancer Using Trastuzumab and PACLitaxel as First-Line Treatment for Advanced Breast Cancer	BRAVTRAP
		Palliative Therapy for Metastatic Breast Cancer Using Trastuzumab and Vinorelbine	BRAVTRVIN
		Treatment of Locally Advanced Breast Cancer Using DOXOrubicin and Cyclophosphamide Followed by DOCEtaxel and Trastuzumab	BRLAACDT
	Gastrointestinal	Palliative Treatment of Metastatic or Inoperable, Locally Advanced Gastric or Gastroesophageal Junction Adenocarcinoma Using CISplatin, Capecitabine and Trastuzumab	GIGAVCCT
		Palliative Treatment of Metastatic or Inoperable, Locally Advanced Gastric or Gastroesophageal Junction Adenocarcinoma Using CISplatin, Infusional Fluorouracil and Trastuzumab	GIGAVCFT
		Continuation of Palliative Treatment of Metastatic or Inoperable, Locally Advanced Gastric or Gastroesophageal Junction Adenocarcinoma Using Trastuzumab	GIGAVTR

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

BC Cancer Agency Protocol Summaries, Provincial Pre-Printed Orders (PPPOs) and Patient Handouts are revised periodically. New, revised or deleted protocols, PPPOs and patient handouts for this month are listed

below. Protocol codes for treatment requiring BCCA 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**
GOTDEMACO	☑	☑	☑	Therapy for High-Risk Gestational Trophoblastic Neoplasia (GTN) Using Etoposide, Methotrexate, Leucovorin (Folinic Acid), DACTINomycin, Cyclophosphamide and vinCRIStine
USMAVDT	☑	☑	☑	Treatment of BRAF V600 Mutation-Positive Unresectable or Metastatic Melanoma Using daBRAfenib and Trametinib

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)					
CODE	**Protocol**	**PPPO**	**Patient Handout**	**Changes**	**Protocol Title**
BRAJACT	☑	☑	☐	*TALLman lettering formatted*	Adjuvant Therapy for Breast Cancer Using DOXOrubicin and Cyclophosphamide Followed by PACLitaxel
BRAJACTG	☑	☑	☐	*TALLman lettering formatted*	Adjuvant Therapy for Breast Cancer Using Dose-Dense Therapy: DOXOrubicin and Cyclophosphamide Followed by PACLitaxel
BRAJACTT	☑	☑	☐	*Timing of MUGA updated*	Adjuvant Therapy for Breast Cancer Using DOXOrubicin and Cyclophosphamide Followed by PACLitaxel and Trastuzumab
BRAJACTTG	☑	☑	☐	*Timing of MUGA updated, TALLman lettering formatted*	Adjuvant Therapy for Breast Cancer Using Dose-Dense Therapy: DOXOrubicin and Cyclophosphamide Followed by PACLitaxel and Trastuzumab
BRAJACTW	☑	☑	☐	*TALLman lettering formatted*	Adjuvant Therapy for Early Breast Cancer Using DOXOrubicin and Cyclophosphamide Followed by Weekly PACLitaxel
BRAJDCARBT	☑	☑	☐	*Timing of MUGA updated*	Adjuvant Therapy for Breast Cancer Using DOCEtaxel, CARBOplatin, and Trastuzumab
BRAJFECDT	☑	☑	☐	*Timing of MUGA updated*	Adjuvant Therapy for Breast Cancer Using Fluorouracil, Epirubicin and Cyclophosphamide, Followed by DOCEtaxel and Trastuzumab
BRAJTDC	☑	☑	☐	*Timing of MUGA updated*	Adjuvant Therapy for Breast Cancer Using Trastuzumab, DOCEtaxel and Cyclophosphamide
BRAJTR	☑	☑	☐	*Timing of MUGA updated*	Adjuvant Therapy for Breast Cancer Using Trastuzumab Following the Completion of Chemotherapy (Sequential)
BRAVGEMT	☑	☑	☐	*TALLman lettering formatted*	Palliative Therapy for Metastatic Breast Cancer Using Gemcitabine and PACLitaxel

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)					
CODE	**Protocol**	**PPPO**	**Patient Handout**	**Changes**	**Protocol Title**
BRAVPTRAD	☑	☑	☐	*TALLman lettering formatted*	Palliative Therapy for Metastatic Breast Cancer Using Pertuzumab, Trastuzumab, and DOCEtaxel as First-Line Treatment for Advanced Breast Cancer
BRAVTAX	☑	☑	☐	*TALLman lettering formatted*	Palliative Therapy for Metastatic Breast Cancer Using PACLitaxel
BRAVTPCARB	☑	☑	☐	*TALLman lettering formatted*	Palliative Therapy for Metastatic Breast Cancer Using Trastuzumab, PACLitaxel and CARBOplatin as First-Line Treatment for Advanced Breast Cancer
BRAVTRAP	☑	☑	☐	*TALLman lettering formatted*	Palliative Therapy for Metastatic Breast Cancer Using Trastuzumab and PACLitaxel as First-Line Treatment for Advanced Breast Cancer
BRAVTW	☑	☑	☐	*TALLman lettering formatted*	Palliative Therapy for Metastatic Breast Cancer Using Weekly PACLitaxel (3 Weeks Out of 4 Weeks Schedule)
BRLAACDT	☑	☑	☐	*Timing of MUGA updated*	Treatment of Locally Advanced Breast Cancer Using DOXOrubicin and Cyclophosphamide Followed by DOCEtaxel and Trastuzumab
BRLATACG	☑	☑	☐	*TALLman lettering formatted*	NEOAdjuvant Therapy for Breast Cancer Using Dose-Dense Therapy: PACLitaxel Followed by DOXOrubicin and Cyclophosphamide
UCNBEV	☑	☑	☐	*Timing of lab tests clarified*	Palliative Therapy for Recurrent Malignant Gliomas Using Bevacizumab with or without Concurrent Etoposide or Lomustine
GIENACTRT	☑	☑	☐	*TALLman lettering formatted*	Neoadjuvant Treatment of Esophageal and Gastroesophageal Carcinomas Using CARBOplatin, PACLitaxel and Radiation Therapy
GOCXAJCAT	☑	☑	☐	*TALLman lettering formatted*	Primary Adjuvant Treatment of Adenocarcinoma/ Adenosquamous Cancer of the Cervix with CARBOplatin and PACLitaxel Prior to Irradiation with or without CISplatin
GOCXCAT	☑	☑	☐	*TALLman lettering formatted*	Primary Treatment of Advanced/Recurrent Non-Small Cell Cancer of the Cervix with CARBOplatin and PACLitaxel in Ambulatory Care Settings
GOCXCATB	☑	☑	☐	*TALLman lettering formatted*	Primary Treatment of Metastatic or Recurrent Squamous Cancer of the Cervix with Bevacizumab, CARBOplatin and PACLitaxel
GOENDCAT	☑	☑	☐	*TALLman lettering formatted*	Treatment of Primary Advanced or Recurrent Endometrial Cancer Using CARBOplatin and PACLitaxel

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)					
CODE	**Protocol**	**PPPO**	**Patient Handout**	**Changes**	**Protocol Title**
GOOVCATM	☑	☑	☐	*TALLman lettering formatted*	Primary Treatment of Invasive Epithelial Ovarian, Fallopian Tube and Primary Peritoneal Cancer, with No Visible Residual Tumour (Moderate-High Risk) Using CARBOplatin and PACLitaxel
GOOVCATR	☑	☑	☐	*TALLman lettering formatted*	Second-Line Treatment Using PACLitaxel and CARBOplatin for Epithelial Ovarian Cancer Relapsing After Primary Treatment
GOOVCATX	☑	☑	☐	*TALLman lettering formatted*	Primary Treatment of Visible Residual (Extreme-Risk) Invasive Epithelial Ovarian Cancer in Ambulatory Care Settings Using PACLitaxel and CARBOplatin
GOOVDDCAT	☑	☑	☐	*TALLman lettering formatted*	Treatment Of Advanced Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma Using CARBOplatin and Weekly PACLitaxel
GOOVIPPC	☑	☑	☐	*TALLman lettering formatted*	Primary Treatment of Stage III Less Than or Equal to 1 cm Visible Residual Invasive Epithelial Ovarian Cancer or Stage 1 Grade 3 or Stage II Grade 3 Papillary Serous Ovarian Cancer Using Intravenous and Intraperitoneal PACLitaxel and Intraperitoneal CARBOplatin
GOOVTAX3	☑	☑	☐	*TALLman lettering formatted*	Treatment of Progressive, Platinum-Refractory Epithelial Ovarian Carcinoma, Primary Peritoneal Carcinoma or Fallopian Tube Carcinoma Using PACLitaxel
GOSMCCRT	☑	☑	☐	*TALLman lettering formatted*	Treatment of Small Cell or Neuroendocrine Carcinoma of Gynecologic System Origin Using PACLitaxel, CISplatin, Etoposide and CARBOplatin with Radiation
UHNNAVPC	☑	☑	☐	*TALLman lettering formatted*	Treatment of Recurrent or Metastatic Nasopharyngeal Carcinoma with CARBOplatin and PACLitaxel
LUAJPC	☑	☑	☐	*TALLman lettering formatted*	Adjuvant CARBOplatin and PACLitaxel Following Resection of Stage I, II and IIIA Non-Small Cell Lung Cancer (NSCLC)
LUAVPC	☑	☑	☐	*TALLman lettering formatted*	First-Line Treatment of Advanced Non-Small Cell Lung Cancer (NSCLC) with CARBOplatin and PACLitaxel
LULACATRT	☑	☑	☐	*TALLman lettering formatted*	Treatment of Locally Advanced Non-Small Cell Lung Cancer (NSCLC) Using CARBOplatin and PACLitaxel with Radiation Therapy
PUCAT	☑	☑	☐	*TALLman lettering formatted*	Primary Treatment of Cancer of Unknown Primary Origin Using CARBOplatin and PACLitaxel

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)					
CODE	**Protocol**	**PPPO**	**Patient Handout**	**Changes**	**Protocol Title**
USMAVDAB	☑	☑	☐	*Eligibility updated, TALLman lettering formatted*	Treatment of BRAF V600 Mutation-Positive Unresectable or Metastatic Melanoma Using daBRAfenib
USMAVPEM	☐	☑	☐	*Treatment section clarified*	Treatment of Unresectable or Metastatic Melanoma Using Pembrolizumab
USMAVVEM	☑	☑	☐	*Eligibility updated, TALLman lettering formatted*	Treatment of BRAF V600 Mutation-Positive Unresectable or Metastatic Melanoma Using Vemurafenib

The following paclitaxel- and paclitaxel-nab (ABRAXANE®)-containing BCCA Protocols and PPPOs have been updated to specify the size of the required filters to be used during drug administration:

- Paclitaxel – use of 0.22-micron filter or smaller
- Paclitaxel-nab (ABRAXANE®) – use of 15-micron filter

Protocol Code	Protocol Title
Paclitaxel-Containing Protocols (use of 0.22-micron filter or smaller)	
BRAJACT	Adjuvant Therapy for Breast Cancer Using DOXOrubicin and Cyclophosphamide Followed by PACLitaxel
BRAJACTG	Adjuvant Therapy for Breast Cancer Using Dose-Dense Therapy: DOXOrubicin and Cyclophosphamide Followed by PACLitaxel
BRAJACTT	Adjuvant Therapy for Breast Cancer Using DOXOrubicin and Cyclophosphamide Followed by PACLitaxel and Trastuzumab
BRAJACTTG	Adjuvant Therapy for Breast Cancer Using Dose-Dense Therapy: DOXOrubicin and Cyclophosphamide Followed by PACLitaxel and Trastuzumab
BRAJACTW	Adjuvant Therapy for Early Breast Cancer Using DOXOrubicin and Cyclophosphamide Followed by Weekly PACLitaxel
BRAVGEMT	Palliative Therapy for Metastatic Breast Cancer Using Gemcitabine and PACLitaxel
BRAVTAX	Palliative Therapy for Metastatic Breast Cancer Using PACLitaxel
BRAVTPCARB	Palliative Therapy for Metastatic Breast Cancer Using Trastuzumab, PACLitaxel and CARBOplatin as First-Line Treatment for Advanced Breast Cancer
BRAVTRAP	Palliative Therapy for Metastatic Breast Cancer Using Trastuzumab and PACLitaxel as First-Line Treatment for Advanced Breast Cancer
BRAVTW	Palliative Therapy for Metastatic Breast Cancer Using Weekly PACLitaxel (3 Weeks Out of 4 Weeks Schedule)
BRLATACG	Neoadjuvant Therapy for Breast Cancer Using Dose-Dense Therapy: PACLitaxel Followed by DOXOrubicin and Cyclophosphamide
BRLATWAC	Neoadjuvant Therapy for Locally Advanced Breast Cancer Using Weekly PACLitaxel Followed by DOXOrubicin and Cyclophosphamide
GIENACTRT	Neoadjuvant Treatment of Esophageal and Gastroesophageal Carcinomas Using CARBOplatin, PACLitaxel and Radiation Therapy
GOCXAJCAT	Primary Adjuvant Treatment of Adenocarcinoma/Adenosquamous Cancer of the Cervix with CARBOplatin and PACLitaxel Prior to Irradiation with or without CISplatin
GOCXCAT	Primary Treatment of Advanced/Recurrent Non-Small Cell Cancer of the Cervix with CARBOplatin and PACLitaxel in Ambulatory Care Settings
GOCXCATB	Primary Treatment of Metastatic or Recurrent Squamous Cancer of the Cervix with Bevacizumab, CARBOplatin and PACLitaxel
GOENDCAT	Treatment of Primary Advanced or Recurrent Endometrial Cancer Using CARBOplatin and PACLitaxel

Protocol Code	Protocol Title
GOOVCATM	Primary Treatment of Invasive Epithelial Ovarian, Fallopian Tube and Primary Peritoneal Cancer, with No Visible Residual Tumour (Moderate-High Risk) Using CARBOplatin and PACLitaxel
GOOVCATR	Second-Line Treatment Using PACLitaxel and CARBOplatin for Epithelial Ovarian Cancer Relapsing After Primary Treatment
GOOVCATX	Primary Treatment of Visible Residual (Extreme-Risk) Invasive Epithelial Ovarian Cancer in Ambulatory Care Settings Using PACLitaxel and CARBOplatin
GOOVDDCAT	Treatment Of Advanced Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma Using CARBOplatin and Weekly PACLitaxel
GOOVIPPC	Primary Treatment of Stage III Less Than or Equal to 1 cm Visible Residual Invasive Epithelial Ovarian Cancer or Stage 1 Grade 3 or Stage II Grade 3 Papillary Serous Ovarian Cancer Using Intravenous and Intraperitoneal PACLitaxel and Intraperitoneal CARBOplatin
GOOVTAX3	Treatment of Progressive, Platinum-Refractory Epithelial Ovarian Carcinoma, Primary Peritoneal Carcinoma or Fallopian Tube Carcinoma Using PACLitaxel
GOSMCCRT	Treatment of Small Cell or Neuroendocrine Carcinoma of Gynecologic System Origin Using PACLitaxel, CISplatin, Etoposide and CARBOplatin with Radiation
UGUTAXGEM	Palliative Therapy for Germ Cell Cancers Using PACLitaxel and Gemcitabine
UHNNAVPC	Treatment of Recurrent or Metastatic Nasopharyngeal Carcinoma with CARBOplatin and PACLitaxel
LUAJPC	Adjuvant CARBOplatin and PACLitaxel Following Resection of Stage I, II and IIIA Non-Small Cell Lung Cancer (NSCLC)
LUAVPC	First-Line Treatment of Advanced Non-Small Cell Lung Cancer (NSCLC) with CARBOplatin and PACLitaxel
LULACATRT	Treatment of Locally Advanced Non-Small Cell Lung Cancer (NSCLC) Using CARBOplatin and PACLitaxel with Radiation Therapy
PUCAT	Primary Treatment of Cancer of Unknown Primary Origin Using CARBOplatin and PACLitaxel
Paclitaxel-nab (ABRAXANE®)-Containing Protocols (use of 15-micron filter)	
BRAVABR	Palliative Therapy for Metastatic Breast Cancer Using Nanoparticle, Albumin-Bound (nab)-PACLitaxel (ABRAXANE®)
UGIPGEMABR	First-Line Treatment of Locally Advanced and Metastatic Pancreatic Cancer with PACLitaxel-Nab (ABRAXANE®) and Gemcitabine

Website Resources and Contact Information

Website Resources	www.bccancer.bc.ca
Systemic Therapy Update	www.bccancer.bc.ca/health-professionals/professional-resources/systemic-therapy/systemic-therapy-update
Reimbursement & Forms: Benefit Drug List, Class II, Compassionate Access Program	www.bccancer.bc.ca/health-professionals/professional-resources/systemic-therapy
Cancer Drug Manual	www.bccancer.bc.ca/health-professionals/professional-resources/cancer-drug-manual
Cancer Management Guidelines	www.bccancer.bc.ca/health-professionals/professional-resources/cancer-management-guidelines
Cancer Chemotherapy Protocols, Pre-Printed Orders, Protocol Patient Handouts	www.bccancer.bc.ca/health-professionals/professional-resources/chemotherapy-protocols
Systemic Therapy Program Policies	www.bccancer.bc.ca/health-professionals/professional-resources/systemic-therapy
CON Pharmacy Educators	www.bccancer.bc.ca/health-professionals/professional-resources/pharmacy

Contact Information	Phone	Fax	Email
Systemic Therapy Update Editor			bulletin@bccancer.bc.ca
Provincial Systemic Therapy Program	604-877-6000 x 672247		mlin@bccancer.bc.ca
To update contact information of any CON sites, please contact:			bulletin@bccancer.bc.ca
Oncology Drug Information	604-877-6275		druginfo@bccancer.bc.ca
Education Resource Nurse	604-877-6000 x 672638		nursinged@bccancer.bc.ca
Library/Cancer Information	604-675-8003 Toll Free 888-675-8001 x 8003		requests@bccancer.bc.ca
Pharmacy Professional Practice	604-877-6000 x 672247		mlin@bccancer.bc.ca
Nursing Professional Practice	604-877-6000 x 672623		ilundie@bccancer.bc.ca
OSCAR	888-355-0355	604-708-2051	oscar@bccancer.bc.ca
Compassionate Access Program (CAP)	604-877-6277	604-708-2026	cap_bcca@bccancer.bc.ca
Pharmacy Chemotherapy Certification	250-712-3900 x 686741		rxchemocert@bccancer.bc.ca
BCCA-Abbotsford Centre	604-851-4710 Toll Free 877-547-3777		
BCCA-Centre for the North	250-645-7300 Toll Free 888-775-7300		
BCCA-Fraser Valley Centre	604-930-2098 Toll Free 800-523-2885		
BCCA-Sindi Ahluwalia Hawkins Centre for the Southern Interior	250-712-3900 Toll Free 888-563-7773		
BCCA-Vancouver Centre	604-877-6000 Toll Free 800-663-3333		
BCCA-Vancouver Island Centre	250-519-5500 Toll Free 800-670-3322		

Editorial Review Board