

For Health Professionals Who Care For Cancer Patients

Inside This Issue:

- **Editor's Choice – New Programs:** Bevacizumab for First-Line Treatment of Ovarian Cancer (UGOOVCATB), Adjuvant FOLFIRINOX for Pancreatic Cancer (GIPAJFIROX)
- **Provincial Systemic Therapy Program – Systemic Therapy Policies Now Moved to SHOP**
- **Drug Update – Drug Shortages:** Leucovorin, Cabazitaxel, Vinorelbine, Etoposide, Fludarabine, Cabergoline, Hydrocortisone; Medical Patient Assistance Programs Update
- **Education Corner – What You Should Know About Biosimilars, 2019 BC Cancer Summit**
- **Benefit Drug List – New:** GIPAJFIROX, UGOOVCATB,
- **Cancer Drug Manual – Revised:** BCG, Leucovorin, Regorafenib, Testosterone, Thiotepa, Tocilizumab, Topotecan
- **List of New and Revised Protocols, Provincial Pre-Printed Orders and Patient Handouts – New:** GIPAJFIROX, UGOOVCATB; **Revised:** BRAJDC, BRAJTDC, BRAVABR, BRAVGEMP, BRAVTEST, GIAJCAP, GIAJCAPOX, GICAPOX, GICIRB, GOOVDDCAT, UGOOVOLAPM, UGUAVIPNI, GUBPWRT, KSLDO, LUAVAFAT, LUMMPP, LUMMVIN, PUCAT, SAAI, SAAJA, SAAJADIC, SAAJAP, SAALT2W, SAALT3W, SAAVA, SAAVADIC, SAAVAP, SAAVGEMD, SAAVGIDD, USAAVGR, SAAVGS, SAAVI, SAAVI3, SAAVIME3, SAAVTC, SADTIC, SAHDMTX, SAHIPEC, SAIME, SAMV, SATAM, USATEMBEV, SAVAC, SAVACM, SAVDCM, SCDRUGRX, USMAVIPNI
- **Website Resources and Contact Information**

EDITOR'S CHOICE

NEW PROGRAMS

Effective 01 August 2019, the BC Cancer Provincial Systemic Therapy Program has approved the following treatment programs:

Gynecology:

Bevacizumab for First-Line Treatment of Ovarian Cancer (UGOOVCATB) – The BC Cancer Gynecologic Oncology Tumour Group is introducing bevacizumab, in combination with carboplatin and paclitaxel, for the first-line treatment of epithelial ovarian, fallopian tube and peritoneal cancers in patients who are at high risk of relapse. Bevacizumab is initially given in combination with carboplatin and paclitaxel, followed by maintenance bevacizumab for a maximum of 12 cycles. Previously, bevacizumab was approved only after failure of upfront platinum-based therapy. Two phase III randomized controlled trials (GOG 218, ICON7) demonstrated improvement in progression-free survival when bevacizumab was added to carboplatin and paclitaxel, with a magnitude of benefit ranging from 2.9 to 4.5 months.^{1,2} In ICON 7, patients with high-risk disease had a median overall survival benefit of 8.5 months (39.7 mo vs. 30.2 mo, p=0.03).² Please note that a BC Cancer Compassionate Access Program (CAP) approval is required, and the use of bevacizumab is funded in only one line of therapy.

EDITOR'S CHOICE

Gastrointestinal:

Adjuvant FOLFIRINOX for Pancreatic Cancer (GIPAJFIROX) – The BC Cancer Gastrointestinal Tumour Group is introducing FOLFIRINOX (irinotecan, oxaliplatin, fluorouracil and leucovorin) as an adjuvant treatment option for resected pancreatic adenocarcinoma. In a phase III randomized controlled trial (GI-PRODIGE), FOLFIRINOX demonstrated superior disease-free survival (mDFS 21.6 mo vs. 12.8 mo, HR 0.58, 95% CI 0.46-0.73) and overall survival (mOS 54.5 mo vs. 35 mo, HR 0.64, 95% CI 0.48-0.86) compared to gemcitabine monotherapy.³ FOLFIRINOX will now be available as a treatment alternative to gemcitabine-capecitabine combination therapy (GIPAJGCAP) for this patient population.

References:

1. Burger RA, Brady MF, Bookman MA, et al. Incorporation of bevacizumab in the primary treatment of ovarian cancer. *N Engl J Med* 2011; 365(26):2473-2483.
2. Perren TJ, Swart AM, Pfisterer J, et al. A phase 3 trial of bevacizumab in ovarian cancer. *N Engl J Med* 2011;365(26):2484-2496.
3. Conroy T, Hammel P, Hebbar M, et al. FOLFIRINOX or gemcitabine as adjuvant therapy for pancreatic cancer. *N Engl J Med* 2018;379:2395-406.

PROVINCIAL SYSTEMIC THERAPY PROGRAM

SYSTEMIC THERAPY POLICIES NOW MOVED TO SHOP

The Shared Health Organizations Portal (SHOP) was launched in June as an access portal for BC Cancer and PHSA-wide policies and decision support tools. Effective immediately, all BC Cancer Systemic Therapy Policies are ONLY available on the [BC Cancer SHOP Page](#). A “[quick link](#)” has been created on the [BC Cancer Systemic Therapy website](#) for users to easily access all BC Cancer Systemic Therapy Policies via SHOP. This index document is also located on the [BC Cancer SHOP Page](#) under “Programs” on the right-sided legend.

For further information about SHOP, please see the [July 2019](#) issue of the Systemic Therapy Update or contact the BC Cancer Policy Office at policyoffice@bccancer.bc.ca.

DRUG UPDATE

DRUG SHORTAGES

The following announcements summarize the current status of drug supply shortages in BC. Further details about the shortages and their recommended treatment alternatives can be found in the associated briefing notes previously circulated to regional leadership at BC Cancer and the Communities Oncology Network (CON).

Leucovorin Injectable:

(Adapted from BC Cancer Briefing Note 04Jul2019 and email communication 10Jul2019)

The current shortage of leucovorin injectable is expected to last until September 2019. To help clinicians facilitate change in leucovorin prescribing and patient education during the shortage, two documents have been created and posted on the BC Cancer website (located in the Gastrointestinal Chemotherapy Protocols section).

1. **Leucovorin Shortage PPPO** – For Gastrointestinal protocols where leucovorin is used to enhance the activity of fluorouracil, the new PPPO provides the option to change leucovorin 400 mg/m² IV infusion to 20 mg/m² IV push, or to omit leucovorin altogether. If fluorouracil IV push is omitted, then leucovorin must be omitted.
2. **Leucovorin Shortage Patient Letter** – includes patient information to facilitate discussion of the drug shortage

Cabazitaxel Injectable:

(Adapted from BC Cancer Briefing Note 04Jul2019)

The current shortage of cabazitaxel injectable is expected to last until the end of August 2019. Cabazitaxel is used in the treatment of metastatic castration-resistant prostate cancer in patients who have progressed on prior docetaxel-containing chemotherapy. BC Cancer recommends reserving existing supplies for current patients and that no new patients are started on treatment. Recommended alternatives include UGUPABI and UGUPENZ.

Vinorelbine Injectable:

(Adapted from BC Cancer Briefing Note 19Jul2019)

There is a shortage of vinorelbine injectable with limited supplies being placed on allocation by the manufacturer. As vinorelbine is used across a number of tumour sites, BC Cancer recommends that conservation strategies be implemented where clinically possible. Patients requiring vinorelbine for curative treatment can be initiated on therapy at this time; however, alternative treatment should be considered for patients requiring vinorelbine for palliative protocols.

Etoposide Injectable:

(Adapted from BC Cancer Briefing Note Update 26Jul2019)

There are ongoing supply interruptions of etoposide injectable. However, oral etoposide capsules, which have been available at restricted levels for the past few months, are now available. Many etoposide-containing protocols are curative, with limited recommended alternatives. In non-curative protocols, the use of oral etoposide is a reasonable alternative. Please see briefing note for the suggested IV-to-PO dose conversion.

Fludarabine Injectable:

(Adapted from BC Cancer Briefing Note 09Jul2019)

The current shortage of fludarabine injectable is expected to last until September 2019. Fludarabine is an option in some lymphoma protocols, stem cell transplant (SCT) conditioning regimens and pediatric protocols. Existing supplies should be reserved for current patients, and oral tablets should be used

DRUG UPDATE

where possible. For use in SCT and the pediatric population, please consult the appropriate tumour group for recommendations.

Cabergoline Tablets:

(Adapted from BC Cancer Briefing Note 26Jul2019)

There is a shortage of cabergoline 0.5 mg tablets by all Canadian manufacturers. BC Cancer and CON hospitals may not have adequate supplies to last until the anticipated release dates. Cabergoline is funded by the BC Cancer for the treatment of pituitary adenomas producing prolactin or growth hormone (CNCAB). Existing supplies should be prioritized for both new and existing patients with large tumours and accompanying vision loss. Please see briefing note for additional supply conservation strategies.

Hydrocortisone Injectable:

(Adapted from BC Cancer Briefing Note 16Jul2019 and email communication 01Aug2019)

There is a shortage of all strengths of hydrocortisone injectable which is expected to last until September 2019. At BC Cancer, hydrocortisone injectable is primarily used to manage hypersensitivity reactions (SCDRUGRX), as a premedication to prevent bleomycin-related febrile reactions, and for the management and/or prevention of IV etoposide toxicity. A **Systemic Therapy Hydrocortisone IV Shortage Automatic Substitution Policy (III-170)** and an associated **PPPO** have been created to facilitate the use of a therapeutically interchangeable alternative to hydrocortisone injectable during this shortage (hydrocortisone 100 mg IV to be substituted with dexamethasone 4 mg IV). The PPPO can be approved by a pharmacist, and can also be found under the affected Chemotherapy Protocols (i.e. GOBEP, GUBEP, KSVB, LYABVD).

Oral corticosteroid supplies are not affected and should be selected in protocols that offer an oral corticosteroid option. Note that oral corticosteroids are not indicated in urgent situations.

MEDICAL PATIENT ASSISTANCE PROGRAMS UPDATE

The listing of oncology medical patient assistance programs offered by pharmaceutical companies has been updated and can be found at: www.bccancer.bc.ca/mpap.*

*Located on the BC Cancer Systemic Therapy website under Health Professionals > Systemic Therapy > Reimbursement & Forms

EDUCATION CORNER

WHAT YOU SHOULD KNOW ABOUT BIOSIMILARS

Health Canada has recently approved the first oncology biosimilar, bevacizumab, with more on the horizon. Although the use of biosimilar drugs in cancer treatment is new to Canada, they have been available in Europe since 2006, resulting in over a decade of clinical experience with these agents. Here are some facts you should know about biosimilars.

Q What are biologics and biosimilars?

A *Biologics* (e.g. bevacizumab, rituximab, trastuzumab, filgrastim) are complex protein molecules created inside a living cell.¹ Such a production process has natural variability; therefore, the structure of the proteins created during each production is *highly similar*, but NOT identical. In other words, by definition, no two batches of a biologic can be identical (unlike for a small molecule drug).^{2,3}

A *biosimilar* is a biologic drug that has *highly similar* efficacy, safety and quality to its reference biologic “originator” drug. A biosimilar delivers the same therapeutic benefits to patients as the reference biologic drug.²

Q How are biosimilars evaluated by Health Canada?

A To be approved by Health Canada, a biosimilar must be *highly similar* to the reference biologic drug in molecular structure and function, pharmacokinetic and pharmacodynamic parameters, and demonstrate similar clinical efficacy and safety. Health Canada will approve a biosimilar only if it is proven to have NO clinically meaningful differences to the reference biologic drug.^{2,4}

Q Are biosimilars safe and effective?

A Biosimilars have been used in clinical practice across Europe for over 10 years. The cumulative evidence suggests that they have *clinically equivalent* efficacy and safety to the reference biologic drugs in approved indications.

Example: Trastuzumab biosimilars have been evaluated in six independent phase III clinical trials (with 500 to 800 patients in each trial), all demonstrating clinical equivalence.¹

Q What are the advantages of using biosimilars?

A The primary benefit is a 20% to 30% cost savings compared to the reference biologic drug, which may allow for the funding of new oncology drugs and may improve patient accessibility to other cancer treatments. The availability of biosimilars also allows for more than one supply source for these drugs, which is an advantage in the context of drug supply shortages.⁴

Educational sessions, presentations, and web resources relating to oncology biosimilars are currently being planned. Please stay tuned for these opportunities to learn about forthcoming oncology biosimilars.

Submitted by: Vian Cheng, BScPharm, ACPR
Drug Information Pharmacist, Provincial Pharmacy, BC Cancer
On behalf of the Provincial Biosimilar Steering Committee, BC Cancer

References:

1. Cancer Care Ontario. 2019. Fact sheet: Biosimilars – What You Need to Know – for Providers. <https://www.cancercareontario.ca/en/guidelines-advice/modality/biological-therapy/biosimilars-need-to-know-providers>.
2. Health Canada. 2018. Biosimilar biologic drugs. <https://www.canada.ca/en/health-canada/services/drugs-health-products/biologics-radiopharmaceuticals-genetic-therapies/biosimilar-biologic-drugs.html>.
3. ICH Expert Working Group. 2004. ICH Harmonised Tripartite Guideline: Comparability of Biotechnological/Biological Products Subject to Changes in Their Manufacturing Process Q5E.
4. Health Canada. 2017. Fact Sheet: Biosimilars. https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/dhp-mps/alt_formats/pdf/brgtherap/applic-demande/guides/biosimilars-biosimilaires-qa-qr-eng.pdf.

2019 BC CANCER SUMMIT

It's back! Following a successful 2018 event, the BC Cancer Summit returns November 21 to 23, 2019 at the Sheraton Wall Centre in Downtown Vancouver. This year's theme is **Person-Centered Care**.

Date: November 21-23, 2019
 Location: Sheraton Wall Centre, Vancouver, BC
 Registration Opens: August 6, 2019
 Early Bird Deadline: September 20, 2019
 Website: www.bccancersummit.ca

This year's event will also include an additional day (November 21) to celebrate the **20th Anniversary of Canada's Michael Smith Genome Sciences Centre (GSC)**. The groundbreaking research at the GSC has contributed to the understanding of the fundamental role of genetics in cancer and other diseases, and has helped BC Cancer apply this knowledge to improve person-centered care.

This event provides oncology education, professional development and unique relationship-building opportunities across all oncology specialties and disciplines. Registration is open to anyone with an interest in cancer care, whether your role is within BC Cancer, the Communities Oncology Network, the community or other settings. The BC Cancer Summit also welcomes colleagues from across the country, so please spread the word to your professional associations and colleagues in other jurisdictions.

BENEFIT DRUG LIST

NEW PROGRAMS

Effective 01 August 2019, the following treatment programs have been added to the BC Cancer [Benefit Drug List](#):

Protocol Title	Protocol Code	Benefit Status
Adjuvant Chemotherapy for Resected Pancreatic Adenocarcinoma using Irinotecan, Oxaliplatin, Fluorouracil and Leucovorin	GIPAJFIROX	Class I
Primary Treatment of Invasive Epithelial Ovarian, Fallopian Tube and Primary Peritoneal Cancer with High Risk of Relapse using Bevacizumab, Carboplatin and Paclitaxel	UGOOVCATB	Restricted

REVISED MONOGRAPHS AND PATIENT HANDOUTS

Highlights of key changes and/or updates to the Monographs, Patient Handouts and Chemotherapy Preparation and Stability Chart are listed below:

BCG Monograph:

- *Supply and Storage*: updated supplier
- *Dosing*: updated current BC Cancer standard dosing and protocols, added dose regimens for partial vials, clarified maintenance dosing, updated references, and removed dosing in myelosuppression section

Leucovorin Monograph:

- *Pharmacokinetics table*: updated half life
- *Supply and Storage*: updated suppliers

Regorafenib Monograph:

- *Uses*: added liver cancer
- *Dosing*: updated renal and hepatic dosing

Testosterone Monograph:

- *Supply and Storage*: updated supplier
- *Parenteral Administration table*: updated information about route
- *Dosing*: updated dosage range and frequency of administration, updated references

Thiotepa Chemotherapy Preparation and Stability Chart:

- Added new supplier

Tocilizumab Interim Monograph:

- *Special Precautions and Side Effects* (table and paragraphs): added information related to hepatotoxicity (new Health Canada alert)

Topotecan Chemotherapy Preparation and Stability Chart:

- Added new supplier

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

BC Cancer 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 BC Cancer 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
GIPAJFIROX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adjuvant Chemotherapy for Resected Pancreatic Adenocarcinoma using Irinotecan, Oxaliplatin, Fluorouracil and Leucovorin
UGOOVCATB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Primary Treatment of Invasive Epithelial Ovarian, Fallopian Tube and Primary Peritoneal Cancer with High Risk of Relapse using Bevacizumab, Carboplatin and Paclitaxel

REVISED PROTOCOLS, PPPOs AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)					
CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
BRAJDC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Title, Eligibility and Tests clarified</i>	Neoadjuvant or Adjuvant Therapy for Breast Cancer using Docetaxel and Cyclophosphamide
BRAJTDC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Title, Eligibility and Tests clarified</i>	Neoadjuvant or Adjuvant Therapy for Breast Cancer using Trastuzumab (HERCEPTIN), Docetaxel and Cyclophosphamide
BRAVABR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Eligibility clarified</i>	Palliative Therapy for Metastatic Breast Cancer using Paclitaxel-NAB (ABRAXANE)
BRAVGEMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Eligibility clarified</i>	Palliative Therapy for Metastatic Breast Cancer using Cisplatin and Gemcitabine
BRAVTEST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name updated, drug name clarified</i>	Palliative Therapy for Metastatic Breast Cancer using Testosterone Enanthate
GIAJCAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Protocol: Institutional name, Tests, Dose Modifications, Contact Physician updated</i> <i>Patient Handout: Institutional name, Side Effects management updated</i>	Palliative Therapy for Metastatic or Locally Advanced Gastric or Esophagogastric Cancer using Epirubicin, Oxaliplatin and Capecitabine

REVISED PROTOCOLS, PPOs AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)					
CODE	Protocol	PPO	Patient Handout	Changes	Protocol Title
GIACAPOX	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Side Effects management updated	Palliative Therapy for Metastatic or Locally Advanced Gastric or Esophagogastric Cancer using Epirubicin, Oxaliplatin and Infusional Fluorouracil
GICAPOX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Side Effects management updated, oxaliplatin preparation clarified	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Oxaliplatin, and Capecitabine
GICIRB	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Side Effects management updated	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Irinotecan, Bevacizumab and Capecitabine
GOOVDDCAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Timing of bloodwork clarified	Treatment of Advanced Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma using Carboplatin and Weekly Paclitaxel
UGOOVOLAPM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tests clarified	Maintenance Treatment of Relapsed, BRCA-Mutated, Platinum-Sensitive and Responsive Epithelial Ovarian Cancer using Olaparib
UGUAVIPNI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Treatment dose clarified	Treatment of Metastatic or Advanced Renal Cell Carcinoma using Ipilimumab and Nivolumab
GUBPWRT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dose Modifications updated	Treatment of Locally Advanced Bladder Cancer with Weekly Cisplatin and Concurrent Radiation
KSLDO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Treatment administration guideline clarified, Tumour Group updated	Therapy of Kaposi Sarcoma using Doxorubicin Pegylated Liposomal (CAELYX)
LUAVAFAT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dose Modifications and Precautions updated	First-Line Treatment of Epidermal Growth Factor Receptor (EGFR) Mutation-Positive Advanced Non-Small Cell Lung Cancer (NSCLC) with Afatinib
LUMMPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Institutional name and Tests updated	Treatment of Malignant Mesothelioma with Platinum and Pemetrexed
LUMMVIN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Institutional name and Tests updated	Treatment of Malignant Mesothelioma with Vinorelbine
PUCAT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Institutional name and Dose Modifications clarified	Primary Treatment of Cancer of Unknown Primary Origin using Carboplatin and Paclitaxel
SAAI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional name, Contact Physician, Tests and diluent updated	Doxorubicin-Ifosfamide-Mesna for Use in Patients with Advanced Soft Tissue Sarcoma

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

CODE	Protocol	PPO	Patient Handout	Changes	Protocol Title
SAAJA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name and logo, Contact Physician and Tests updated</i>	Doxorubicin for Adjuvant Use for Patients with Non-Metastatic Operable Large High-Grade Soft Tissue Sarcoma
SAAJADIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name and logo, Contact Physician and Tests updated</i>	Adjuvant Treatment of Patients with Soft Tissue Sarcoma using Doxorubicin and Dacarbazine
SAAJAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name, Contact Physician and Tests updated</i>	Adjuvant Therapy for Osteosarcoma using Doxorubicin and Cisplatin
SAALT2W	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name and logo, Contact Physician, Tests and diluent updated</i>	Etoposide, Ifosfamide-Mesna (SAIME) Alternating with Vincristine, Doxorubicin and Cyclophosphamide (with or without Mesna) (SAVAC or SAVACM) with Filgrastim Support at <u>TWO</u> Weekly Intervals for Newly Diagnosed Ewing's Sarcoma/Ewing's Family of Tumours, Desmoplastic Intra-abdominal Small Round Blue Cell Tumour or Rhabdomyosarcoma
SAALT3W	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name and logo, Contact Physician, Tests and diluent updated</i>	Etoposide, Ifosfamide-Mesna (SAIME) Alternating with Vincristine, Doxorubicin and Cyclophosphamide (with or without Mesna) (SAVAC or SAVACM) with Filgrastim Support at <u>THREE</u> Weekly Intervals for Newly Diagnosed Ewing's Sarcoma/Ewing's Family of Tumours, Desmoplastic Intra-abdominal Small Round Blue Cell Tumour or Rhabdomyosarcoma
SAAVA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name and logo, Contact Physician and Tests updated</i>	Doxorubicin for Use in Patients with Advanced Soft Tissue Sarcoma
SAAVADIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name and logo, Contact Physician and Tests updated</i>	Treatment of Patients with Soft Tissue Sarcoma using Doxorubicin and Dacarbazine
SAAVAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name, Contact Physician and Tests updated</i>	Therapy of Advanced Osteosarcoma using Doxorubicin and Cisplatin
SAAVGEMD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name and logo, Contact Physician and Tests updated</i>	Therapy for Soft Tissue Sarcomas using Gemcitabine and Docetaxel
SAAVGIDD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name and logo, and Tests updated</i>	Treatment of Advanced C-Kit Positive Gastrointestinal Stromal Cell Tumours (GISTs) using 800 mg Dosing of Imatinib

REVISED PROTOCOLS, PPPOs AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)					
CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
USAAVGR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name and logo, and Tests updated</i>	Third-Line Therapy of Advanced Gastrointestinal Stromal Cell Tumours (GISTs) using Regorafenib
SAAVGS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name and logo, and Tests updated</i>	Second-Line Treatment of Advanced C-Kit Positive Gastrointestinal Stromal Cell Tumours (GISTs) after Imatinib using Sunitinib
SAAVI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name, Contact Physician, Tests and diluent updated</i>	Ifosfamide for Use in Patients with Advanced Soft Tissue Sarcoma
SAAVI3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Diluent updated</i>	3-Day Ifosfamide for Use in Patients with Advanced Soft Tissue Sarcoma
SAAVIME3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name, Contact Physician, Tests and diluent updated</i>	3-Day Etoposide & Ifosfamide-Mesna for Patients with Advanced Soft Tissue or Bony Sarcomas
SAAVTC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name and logo, and Tests updated</i>	Treatment of Recurrent and Refractory Neuroblastoma, Ewing's Sarcoma, Osteogenic Sarcoma or Rhabdomyosarcoma with Topotecan and Cyclophosphamide
SADTIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name and Contact Physician updated</i>	High-Dose Single-Agent Dacarbazine (DTIC) for Metastatic Soft Tissue Sarcoma
SAHDMTX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name and logo, and Tests updated</i>	Treatment of Osteosarcoma using High-Dose Methotrexate with Leucovorin Rescue
SAHIPEC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name and Tests updated</i>	Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Patients with Peritoneal Desmoplastic Small Round Cell Tumour (DSRCT) using Cisplatin
SAIME	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name, Contact Physician, Tests and diluent updated</i>	Etoposide, Ifosfamide-Mesna (SAIME) for Use in Sarcomas
SAMV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name, Contact Physician, Tests and diluent updated</i>	Palliative Therapy for Aggressive Fibromatosis using Weekly or Alternate Week Methotrexate and Vinblastine Intravenously
SATAM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name and Contact Physician updated</i>	Tamoxifen for Patients with Recurrent Desmoid Tumours/Aggressive Fibromatosis

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
USATEMBEV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Contact Physician updated</i>	Therapy for Advanced Solitary Fibrous Tumours and Hemangiopericytoma using Temozolomide and Bevacizumab
SAVAC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name and Contact Physician updated</i>	Treatment of Sarcomas with Vincristine, Doxorubicin and Cyclophosphamide
SAVACM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name, Contact Physician and Tests updated</i>	Treatment of Sarcomas with Pelvic Primaries or Chemotherapy-Induced Hematuria using Vincristine, Doxorubicin, Cyclophosphamide and Mesna
SAVDCM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name, Contact Physician and Tests updated</i>	Adjuvant Therapy for Rhabdomyosarcoma using Vincristine, Dactinomycin, Cyclophosphamide and Mesna
SCDRUGRX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name and TALLman lettering updated</i>	Management of Hypersensitivity Reactions to Chemotherapeutic Agents
USMAVIPNI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Treatment dose clarified</i>	Treatment of Unresectable or Metastatic Melanoma using Ipilimumab and Nivolumab

WEBSITE RESOURCES AND CONTACT INFORMATION

CONTACT INFORMATION	PHONE	FAX	EMAIL
Systemic Therapy Update Editor	604-877-6000 x 673028		bulletin@bccancer.bc.ca
Provincial Systemic Therapy Program	604-877-6000 x 672247		mclin@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
Nurse Educators	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		mclin@bccancer.bc.ca
Provincial Professional Practice Nursing			BCCancerPPNAdmin@ehcnet.phsa.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 Oncology Certification	250-712-3900 x 686820		rxchemocert@bccancer.bc.ca
BC Cancer-Abbotsford	604-851-4710 Toll Free 877-547-3777		
BC Cancer-Prince George (Centre for the North)	250-645-7300 Toll Free 888-775-7300		
BC Cancer-Surrey	604-930-2098 Toll Free 800-523-2885		
BC Cancer-Kelowna	250-712-3900 Toll Free 888-563-7773		
BC Cancer-Vancouver	604-877-6000 Toll Free 800-663-3333		
BC Cancer-Victoria	250-519-5500 Toll Free 800-670-3322		

EDITORIAL REVIEW BOARD

Sally Waignein, PharmD (Editor)
 Anne Dar Santos, PharmD (Assistant Editor)
 Mario de Lemos, PharmD, MSc(Oncol)

Caroline Lohrisch, MD
 Ava Hatcher, RN, MN, CON(c)
 Naren Bollipalli, BSc(Pharm)