Provincial Health Services Authority

Systemic Therapy Update

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For Health Professionals Who Care for People with Cancer

Inside This Issue

Editor's Choice

New Programs

BC Cancer Provincial Systemic Therapy has approved the following new treatment programs effective 01 May 2022. Full details of all treatment programs are available in the Chemotherapy Protocols section of the BC Cancer website.

Genitourinary

Olaparib for Metastatic Castration-Resistant Prostate Cancer (UGUPOLAP) — BC Cancer's Genitourinary Tumour Group is introducing olaparib, a PARP inhibitor, for patients with metastatic castration-resistant prostate cancer (mCRPC) who harbour deleterious mutations in homologous recombination repair (HRR) genes BRCA 1/2 or ATM. Both germline and somatic alterations in DNA repair genes occur in 20% to 30% of patients with mCRPC, with the BRCA gene being the most frequently mutated.[1] This is the first treatment protocol directed at HRR gene mutations in patients with mCRPC; olaparib has previously been funded only for patients with ovarian cancer and BRCA mutation. Treatment eligibility includes progression on prior ARAT (androgen receptor-axis-targeted) therapy (e.g., enzalutamide, abiraterone, apalutamide or darolutamide) and/or prior taxane chemotherapy. BC Cancer Compassionate Access Program (CAP) approval is required. Provincially funded HRR genetic testing will be implemented 24 May 2022; testing remains accessible via the AstraZeneca Distinction program prior to then.

Editor's Choice

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The use of olaparib in patients with mCRPC and HRR mutations in BRCA 1/2 or ATM, and who have progressed following prior treatment with an ARAT, is supported by the randomized, open-label phase III PROfound trial.[2,3] Statistically significant and clinically meaningful improvements in median radiographic progression-free survival (rPFS) and median overall survival (OS) were demonstrated when compared with investigators' choice of an ARAT which served as the control (median rPFS: 7.4 months vs. 3.6 months, HR 0.34, 95% CI 0.25-0.47; mOS: 19.1 vs. 14.7 months, HR 0.69). The confirmed overall response rate (ORR) and median time to pain progression were also significantly improved with olaparib (ORR: 33% vs. 2%, OR 20.86, 95% CI 4.18-379.18; median time to pain progression: HR 0.44, 95% CI 0.22-0.91). Most patients in the olaparib and control groups experienced an any-grade treatment-emergent adverse event (AE) (96% vs. 88%), including anemia (50% vs. 15%), nausea (43% vs. 21%), fatigue or asthenia (42% vs. 33%) and decreased appetite (31% vs. 18%). More patients in the olaparib group reported an AE of grade 3 or higher, mostly notably anemia (23% vs. 5%).

Leukemia

Azacitidine and Venetoclax for Acute Myeloid Leukemia (ULKAMLAVEN) — The Leukemia/Bone Marrow Transplant Tumour Group is introducing azacitidine plus venetoclax for patients with newly diagnosed acute myeloid leukemia (AML) who are ineligible for standard intensive induction chemotherapy. Although venetoclax is associated with rapid and clinically significant tumour lysis syndrome (TLS) in the treatment of chronic lymphocytic leukemia (CLL), the risk of TLS is much lower in this AML treatment protocol. The rate of TLS in CLL trials was as high as 13%, including clinically significant laboratory TLS, clinical TLS and deaths attributed to TLS.[4] In the VIALE-A trial in AML, TLS occurred during the venetoclax ramp-up period in just 1% of patients; these patients had transient laboratory changes and were managed supportively and without the need for treatment interruption.[5] The discrepancy in rates of TLS amongst these patient populations may be due to the relatively lesser single-agent activity seen with venetoclax in AML compared with CLL. Hence, a shorter 3-day venetoclax ramp-up period is used in this AML treatment protocol: venetoclax 100 mg on day 1, 200 mg on day 2, and 400 mg daily from day 3 onwards. Accordingly, the TLS prophylaxis requirements (hydration, allopurinol, laboratory monitoring) are less intensive for this protocol. Treatment can be initiated in the inpatient or outpatient setting, with patients at higher risk for TLS requiring admission for close monitoring. BC Cancer CAP approval is required.

The use of azacitidine plus venetoclax in this treatment setting is supported by the randomized, controlled phase III VIALE-A trial in which azacitidine plus placebo served as the control.[5] After a median follow-up of 20.5 months, the azacitidine plus venetoclax group showed a greater median OS benefit (mOS 14.7 months vs. 9.6 months, HR 0.66, 95% CI 0.52-0.85). Grade 3 or higher hematologic AEs were reported more frequently in the azacitidine plus venetoclax group and included thrombocytopenia (45% vs. 38%), neutropenia (42% vs. 28%), febrile neutropenia (42% vs. 19%), anemia (26% vs. 20%) and leukopenia (21% vs. 12%). Gastrointestinal AEs of any grade were common in both groups and included nausea (44% vs. 35%), constipation (43% vs. 39%), diarrhea (41% vs. 33%) and vomiting (30% vs. 23%).

Lung

The BC Cancer Lung Tumour Group is implementing nivolumab plus ipilimumab following two cycles of platinum doublet chemotherapy (PDC) for the first-line treatment of patients with advanced squamous or non-squamous non-small cell lung cancer (NSCLC). Eligible patients include those without EGFR, ALK or ROS mutations, and patients may have any PD-L1 expression level including unknown PD-L1 expression.

New Programs

Treatment with the nivolumab plus ipilimumab (immunotherapy) component should continue until disease progression or unacceptable toxicity, to a maximum of two years of treatment.

The platinum doublet is dependent on tumour cell histology:

- **Squamous NSCLC — Paclitaxel, Carboplatin, Ipilimumab and Nivolumab (LUAVPCIPNI)**
- **Non-Squamous NSCLC — Platinum, Pemetrexed, Ipilimumab and Nivolumab (LUAVPPIPNI)**

Approval of these treatment programs is supported by the randomized, controlled phase III CheckMate 9LA trial which compared two cycles of PDC followed by nivolumab plus ipilimumab (immunotherapy group), with four cycles of PDC alone.[6] Improved OS and PFS were demonstrated in the immunotherapy group, independent of PD-L1 expression or tumour cell histology (mOS 15.6 months vs 10.9 months, HR 0.66, 95% CI 0.55-0.80; mPFS 6.8 months vs. 5.0 months, HR 0.80, 97.48% CI 0.57-0.86). Patients who received PDC plus immunotherapy experienced more grade 3 or 4 treatment-related AEs (47% vs. 38%), the most common being neutropenia (7% vs. 9%), anemia (6% vs. 14%), diarrhea (4% vs. 1%), increased lipase (6% vs. 1%) and febrile neutropenia (4% vs. 3%).

Ipilimumab and Nivolumab for Malignant Mesothelioma (LUMMIPNI) — The BC Cancer Lung Tumour Group is also implementing nivolumab plus ipilimumab for previously untreated patients with unresectable malignant pleural mesothelioma (MPM). MPM is a rare, aggressive, asbestos-related malignancy which is often unresectable by the time symptoms develop.[7] The prognosis of patients diagnosed with MPM is poor, with median survival approximately one year for those receiving standard first-line treatment with platinum plus pemetrexed doublet chemotherapy. This is the first immunotherapy treatment protocol approved in MPM.

The use of nivolumab plus ipilimumab for previously untreated patients with unresectable MPM is supported by the randomized, controlled phase III CheckMate 743 trial in which platinum plus pemetrexed doublet chemotherapy served as the comparator.[8] After a median follow-up of 29.7 months, nivolumab plus ipilimumab significantly extended OS (mOS 18.1 months vs. 14.1 months, HR 0.74, 95% CI 0.61-0.89). Responses were durable, with a greater 2-year duration of response rate in the immunotherapy group (32% vs. 8%). Overall, AEs were consistent with the known AE profile of the individual agents. The most frequent any-grade treatment-related AE in the nivolumab plus ipilimumab group was diarrhea (21%), with nausea the most frequent in the chemotherapy group (37%). The most common withdrawals due to adverse events (WDAEs) in the immunotherapy group were attributed to colitis, diarrhea, infusion-related reaction and pneumonitis; common WDAEs in the chemotherapy group were anemia, asthenia, nausea, fatigue, neutropenia and thrombocytopenia.

References

1. Pan-Canadian Oncology Drug Review (pCODR) Expert Review Committee (pERC). Final recommendation for olaparib (Lynparza®) for metastatic castration-resistant prostate cancer. 21 April 2021.
2. de Bono J, Mateo J, Fizazi K, et al. Olaparib for metastatic castration-resistant prostate cancer. *N Engl J Med* 2020;382(22):2091-2102. https://doi.org/10.1056/NEJMoa1911440
3. Hussain M, Mateo J, Fizazi K, et al. Survival with olaparib in metastatic castration-resistant prostate cancer. *N Engl J Med* 2020;383(24):2345-2357. https://doi.org/10.1056/NEJMoa2022485
4. AbbVie Corporation. Venclexta® product monograph. St-Laurent, Quebec; 21 January 2021.
5. DiNardo CD, Jonas BA, Pullarkat V, et al. Azacitidine and venetoclax in previously untreated acute myeloid leukemia. *N Engl J Med* 2020;383(7):617-629. https://doi.org/10.1056/NEJMoa2012971
6. Paz-Ares L, Ciuleanu T-E, Cobo M, et al. First-line nivolumab plus ipilimumab combined with two cycles of chemotherapy in patients with non-small-cell lung cancer (CheckMate 9LA): an international, randomised, open-label, phase 3 trial. *Lancet Oncol* 2021;22:198-211. https://doi.org/10.1016/S1470-2045(20)30641-0

Editor's Choice

New Programs

7. CADTH reimbursement recommendation – nivolumab in combination with ipilimumab (Opdivo®-Yervoy®). *Canadian Journal of Health Technologies* 2021;1(8).
8. Baas P, Scherpereel A, Nowak AK, et al. First-line nivolumab plus ipilimumab in unresectable malignant pleural mesothelioma (CheckMate 743): a multi-centre, randomised, open-label, phase 3 trial. *Lancet* 2021;397:375-386. https://doi.org/10.1016/S0140-6736(20)32714-8

Drug Update

Considerations in BCG Brand Selection

Two BCG strains are available for intravesical use: *Tice* BCG (OncoTICE) and *Russian* BCG-I (VERITY-BCG). BCG brand selection depends on the availability of BCG and on the indication for BCG according to the BC Cancer GUBCG protocol: **Therapy for High- or Intermediate-Risk Non-Muscle-Invasive Bladder Cancer using BCG**.

The following table outlines BCG brand selection considerations:

BCG brand	**BCG (OncoTICE)**	**BCG (VERITY-BCG)**
BCG strain	*Tice* strain	*Russian* BCG-I strain
Consider ***indication***	stage Ta/T1 bladder cancer AND carcinoma in situ (CIS)	stage Ta/T1 bladder cancer only (without any component of CIS)
Consider ***availability***	Patients should ideally receive all induction and maintenance therapy with the same BCG strain. However, if one BCG strain is in short supply, then switching strains is recommended to ensure that full dose BCG is administered for the recommended duration of therapy. During shortage of OncoTICE, reserve OncoTICE supply for patients with CIS.	

Provincial Systemic Therapy Program

All policies and procedures are on the Shared Health Organizations Portal (SHOP) BC Cancer page.

Coming Next Month: Pregnancy Assessment and Education Procedure

The **Pregnancy Assessment and Education Procedure** for patients receiving systemic therapies will go into effect 01 June 2022. This procedural document is based on current practice at the BC Cancer Regional Centres and pairs with the **Provincial Pregnancy Assessment and Education Policy** that was implemented in 2020. The aim of this document is to formalize the current pregnancy assessment processes and standards across the BC Cancer Regional Centres.

Cancer Drug Manual©

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

New Documents

Note that the following drug is not a BC Cancer Benefit Drug and requires application to the BC Cancer Compassionate Access Program (CAP). The corresponding Interim Monograph and Patient Handout are made available for reference only.

The **Encorafenib Monograph** and **Patient Handout** have been developed with expert review provided by Dr. Vanessa Bernstein (medical oncologist) and Robert Tillmanns (pharmacist) of the BC Cancer Skin and Melanoma Tumour Group. Encorafenib is an orally administered BRAF inhibitor. It is used in combination with binimetinib in the treatment of melanoma at the usual dose of 450 mg once daily. It is also used in combination with cetuximab in the treatment of colorectal cancer; the usual dose for this indication is 300 mg once daily.

Highlights from these documents include:

- encorafenib dose reduction is required for coadministration with moderate or strong CYP 3A4 inhibitors
- uveitis, including iritis and iridocyclitis, are reported; new or worsening visual disturbances should be evaluated promptly
- cutaneous squamous cell carcinoma and basal cell carcinoma are associated with encorafenib treatment; screen for suspicious lesions throughout treatment
- encorafenib is moisture-sensitive and must be dispensed in the original bottle with the desiccant

Encorafenib has been added to the **Auxiliary Label List** and has been evaluated for the **BC Cancer Hazardous Drug List**.

Revised Documents

Amivantamab Chemotherapy Preparation and Stability Chart
Brand: added Canadian marketed supply

Carboplatin Chemotherapy Preparation and Stability Chart
Teva Brand: *(Product column)* added fridge storage

Carmustine Monograph and **Chemotherapy Preparation and Stability Chart**
Special Precautions (Pregnancy): updated with new information
Supply and Storage: added new brand (Marcan); deleted Bristol brand
Supply and Storage (Additional information): added information about appearance of powder
Solution Preparation and Compatibility (Additional information for carmustine injection): updated to include instructions to protect from light, to remix bag contents prior to administration, and to administer with non-PVC administration set
Parenteral Administration: added requirement to use non-PVC administration set
Chemotherapy Preparation and Stability Chart *(Special Precautions column)*: clarified instructions regarding remixing the bag prior to administration

Cancer Drug Manual©

Mechlorethamine Monograph and **Patient Handout**

Nomenclature: updated name to chlormethine as per Health Canada-approved product monograph (chlormethine and mechlorethamine are synonyms, but chlormethine is the approved nonproprietary name for the marketed topical gel)

Hazardous Drug List: added chlormethine

Auxiliary Label List: added chlormethine; cross-referenced mechlorethamine entry to chlormethine

Olaparib Monograph and **Patient Handout**

All sections: deleted information pertaining to capsule formulation as it is no longer available

Auxiliary Label List: deleted capsule formulation

Chemotherapy Preparation and Stability Chart

USP/NAPRA: updated to include new BUD limits for alignment with USP/NAPRA

Retired Documents

The **AGS16C3F** and **TRC105 Interim Monographs** have been retired. **AGS16C3F** and **TRC105** have been deleted from the **Chemotherapy Preparation and Stability Chart** and the **Hazardous Drug List – BC Cancer Addendum**.

BC Cancer Benefit Drug List

New Programs

The following treatment programs have been added to the Benefit Drug List effective 01 May 2022:

Protocol Title	Protocol Code	Benefit Status
Metastatic Castration-Resistant Prostate Cancer using **Olaparib**	**UGUPOLAP**	Restricted
Therapy of Acute Myeloid Leukemia using **Azacitidine** and **Venetoclax**	**ULKAMLAVEN**	Restricted
First-Line Treatment of Advanced Squamous Non-Small Cell Lung Cancer with **Paclitaxel**, **Carboplatin**, **Ipilimumab** and **Nivolumab**	**LUAVPCIPNI**	Class I
First-Line Treatment of Advanced Non-Squamous Non-Small Cell Lung Cancer with **Platinum**, **Pemetrexed**, **Ipilimumab** and **Nivolumab**	**LUAVPPIPNI**	Class I
Treatment of Malignant Mesothelioma using **Ipilimumab** and **Nivolumab**	**LUMMIPNI**	Class I
Azacitidine: treatment of pediatric myelodysplastic syndrome (MDS) prior to hematopoietic stem cell transplant (HSCT)	**Pediatric**	Class I
Brentuximab Vedotin: treatment of pediatric patients following autologous hematopoietic stem cell transplant (HSCT) for relapsed or refractory Hodgkin lymphoma	**Pediatric**	Class I
Cladribine: salvage treatment of pediatric patients with Langerhans cell histiocytosis (LCH) who are risk organ positive (RO+) or with chronic reactivating disease	**Pediatric**	Class I

Highlights of New & Revised Protocols, PPPOs 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, 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
UGUPOLAP	Metastatic Castration-Resistant Prostate Cancer using Olaparib	☑	☑	☐
ULKAMLAVEN	Therapy of Acute Myeloid Leukemia using Azacitidine and Venetoclax	☑	☑ **Cycle 1 PPPO** **Cycle 2+ PPPO**	☐
LUAVPCIPNI	First-Line Treatment of Advanced Squamous Non-Small Cell Lung Cancer with Paclitaxel, Carboplatin, Ipilimumab and Nivolumab	☑	☑ **Cycle 1+2 PPPO** **Cycle 3+ PPPO**	☑
LUAVPPIPNI	First-Line Treatment of Advanced Non-Squamous Non-Small Cell Lung Cancer with Platinum, Pemetrexed, Ipilimumab and Nivolumab	☑	☑ **Cycle 1+2 PPPO** **Cycle 3+ PPPO**	☑
LUMMIPNI	Treatment of Malignant Mesothelioma using Ipilimumab and Nivolumab	☑	☑	☑

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
BR | Breast				
UBRAJKAD	Adjuvant Therapy for Breast Cancer using Trastuzumab Emtansine (KADCYLA)	*Observation period updated*	-----	-----
BRAVKAD	Palliative Therapy for Metastatic Breast Cancer using Trastuzumab Emtansine (KADCYLA)	*Observation period updated*	-----	-----
BRAVRIBAI	Therapy of Advanced Breast Cancer using Ribociclib and Aromatase Inhibitor with or without LHRH Agonist	*Tests and Dose Modifications revised*	*Tests revised*	-----
GI | Gastrointestinal				
GIAJCAPOX	Adjuvant Combination Chemotherapy for Stage III and Stage IIB Colon Cancer using Oxaliplatin and Capecitabine	*Hydration added; Precautions and References updated*	*Hydration updated*	-----
GIAVRALOX	Palliative Therapy of Metastatic Colorectal Cancer using Oxaliplatin and Raltitrexed in Patients Intolerant to Fluorouracil or Capecitabine	*Hydration added; Precautions and References updated*	*Hydration updated*	-----

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
GICAPOX	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Oxaliplatin and Capecitabine	*Hydration added; Precautions and References updated*	*Hydration updated*	-----
GICOXB	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Oxaliplatin, Bevacizumab and Capecitabine	*Hydration added; Precautions and References updated*	*Hydration updated*	-----
GIGAJCOX	Adjuvant Chemotherapy in Gastric Cancer Patients with D2 Resection (Node-Negative) or Ineligible for Adjuvant Chemoradiation using Oxaliplatin and Capecitabine	*Hydration added; Precautions and References updated*	*Hydration updated*	-----
GIGAVCOX	Palliative Treatment of Metastatic or Locally Advanced Gastric, Gastroesophageal Junction or Esophageal Carcinoma using Capecitabine and Oxaliplatin	*Hydration added; Precautions and References updated*	*Hydration updated*	-----
GIGAVCOXT	Palliative Treatment of Metastatic or Locally Advanced Gastric, Gastroesophageal Junction or Esophageal Adenocarcinoma using Capecitabine, Oxaliplatin and Trastuzumab	*Hydration added; Precautions and References updated*	*Hydration updated*	-----
GIPAJFIROX	Adjuvant Chemotherapy for Resected Pancreatic Adenocarcinoma using Irinotecan, Oxaliplatin, Fluorouracil and Leucovorin	*Eligibility and Treatment updated*	-----	-----
UGIPRRT	Peptide Receptor Radionuclide Therapy (PRRT) using Lutetium ^{177}Lu-Dotatate (LUTATHERA) for Treatment in Patients with Somatostatin Receptor Positive Midgut Neuroendocrine Tumours	*Referral process added*	-----	-----
GIRAJCOX	Adjuvant or Neoadjuvant Combination Chemotherapy for Stage III Rectal Cancer using Oxaliplatin and Capecitabine	*Hydration added; Precautions and References updated*	*Hydration updated*	-----
GO | Gynecologic Oncology				
GOOVFOLAM	Maintenance Treatment of Newly Diagnosed BRCA-Mutated Platinum-Responsive Epithelial Ovarian Cancer using Olaparib	*Reference to capsule formulation removed*	*Reference to tablet formulation removed*	-----
GOOVOLAPM	Maintenance Treatment of Relapsed, BRCA-Mutated, Platinum-Sensitive and -Responsive Epithelial Ovarian Cancer using Olaparib	*Reference to capsule formulation removed*	*Reference to tablet formulation removed*	-----
GU | Genitourinary				
GUBCG	Therapy for High- or Intermediate-Risk Non-Muscle-Invasive Bladder Cancer using BCG	*Eligibility and BCG brand selection clarified*	-----	-----

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
LK | Leukemia				
LKAMLAS	Therapy of Acute Myeloid Leukemia using Azacitidine and Sorafenib	*Contact physician updated; Premedications revised; dose rounding removed*	*Premedications revised; dose rounding removed* **Pre-Transplant PPPO**	-----
ULKMDSA	Therapy of Myelodysplastic Syndrome and Acute Myeloid Leukemia using Azacitidine	*Eligibility updated; dose rounding removed*	*Dose rounding removed*	-----
LU | Lung				
LUAVATZ	Treatment of Advanced Non-Small Cell Lung Cancer using Atezolizumab	*Eligibility clarified; Exclusions updated*	-----	-----
LUAVATZ4	Treatment of Advanced Non-Small Cell Lung Cancer using 4-Weekly Atezolizumab	*Eligibility clarified; Exclusions updated*	-----	-----
LUAVNIV	Treatment of Advanced Non-Small Cell Lung Cancer using Nivolumab	*Eligibility clarified; Exclusions updated*	-----	-----
LUAVNIV4	Treatment of Advanced Non-Small Cell Lung Cancer using 4-Weekly Nivolumab	*Eligibility clarified; Exclusions updated*	-----	-----
LUAVPMB	Treatment of Advanced Non-Small Cell Lung Cancer using Pembrolizumab	*Eligibility clarified; Exclusions updated*	-----	-----
LUAVPMB6	Treatment of Advanced Non-Small Cell Lung Cancer using 6-Weekly Pembrolizumab	*Eligibility clarified; Exclusions updated*	-----	-----
LY | Lymphoma				
LYMECHLOR	Topical Chlormethine ~~Mechlorethamine~~ in Cutaneous T-Cell Lymphoma	*Protocol title revised; drug name updated*	*Drug name updated*	*Drug name updated*
LYPEM	Treatment of Relapsed or Refractory Hodgkin Lymphoma using Pembrolizumab	*Eligibility, HBV DNA monitoring and References revised*	-----	*Immunizations and Side Effects clarified*
LYPEM6	Treatment of Relapsed or Refractory Hodgkin Lymphoma using 6-Weekly Pembrolizumab	*Eligibility, HBV DNA monitoring and References revised*	-----	*Table formatted*
SM | Skin and Melanoma				
SMAVIPNI	Treatment of Unresectable or Metastatic Melanoma using Ipilimumab and Nivolumab	*Eligibility updated*	-----	-----

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 Pharmacy Oncology Certification Nurse Educators	604-877-6275 250-519-5500 x 693742 250-712-3900 x 686820 604-877-6000 x 672638	druginfo@bccancer.bc.ca nbadry@bccancer.bc.ca rxchemocert@bccancer.bc.ca nursinged@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
Manufacturer Patient Assistance Programs: http://www.bccancer.bc.ca/mpap		
Library/Cancer Information	604-675-8003	requests@bccancer.bc.ca toll free 888-675-8001 x 8003
Library Document Delivery	604-675-8002	requests@bccancer.bc.ca
Pharmacy Professional Practice Professional Practice, Nursing Provincial Systemic Therapy Program	604-877-6000 x 672247 604-877-6000 x 672623 604-877-6000 x 672247	mlin@bccancer.bc.ca BCCancerPPNAdmin@ehcnet.phsa.ca mlin@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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