



Systemic Therapy Update

Volume 11, Number 9 *for health professionals who care for cancer patients* September 2008
Website access at <http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate.htm>

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IN TOUCH phone list is provided if additional information is needed.

EDITOR'S CHOICE: LOPERAMIDE FOR IRINOTECAN-RELATED DIARRHEA

High dose loperamide is recommended for management of irinotecan-related diarrhea. Depending on the manufacturer, loperamide may be provided, free of charge, as part of the irinotecan ordering process:

<i>Drug</i>	<i>Manufacturer</i>	<i>Loperamide provided</i>
irinotecan (CAMPTOSAR®)	Pfizer	yes
irinotecan	Hospira	yes
irinotecan	Sandoz	no

The BC Cancer Agency does not reimburse drug costs for supportive care medications. Therefore, if patients are treated at centres using an irinotecan product manufactured by a supplier that does not provide loperamide, they may need to be counselled to buy their own loperamide at a community pharmacy and bring it to the nursing unit before their irinotecan treatment. Starting 1 September 2008, this will affect patients treated at the hospitals of the Provincial Health Services Authority (including the BC Cancer Agency's regional centres) and the Northern Health.

Patients receiving irinotecan should be instructed to have loperamide on hand and start the following treatment at the first poorly formed or loose stool, or earliest onset of more frequent bowel movement than usual (Note: loperamide dose used is higher than recommended by the manufacturer):

- 4 mg at the first onset of diarrhea
- then take 2 mg every 2 hours until diarrhea-free for 12 hours; loperamide may be taken every 4 hours during the night, if symptoms persist.

All irinotecan-based protocols and provincial pre-printed orders will be modified to reflect this change.

DRUG UPDATE

Luteinizing Hormone-Releasing Hormone (LHRH) Agonist and Safety-Engineered Needles

All LHRH agonist products have now been evaluated by the BC Cancer Agency and the Provincial Health Services Authority (PHSA) Safety Advisor and are deemed to be compliant with the WorkSafeBC's occupational health and safety regulations on safe needles:

<i>Drug</i>	<i>Brand</i>	<i>Manufacturer</i>	<i>Route</i>	<i>Safety-engineered needle</i>
buserelin	SUPREFACT®	sanofi-aventis	SC	yes
goserelin	ZOLADEX®	AstraZeneca	SC	yes
leuprolide	LUPRON®	TAP Pharmaceuticals	IM	yes
	ELIGARD®	sanofi-aventis	SC	yes

Starting in September, the ELIGARD® needle safety device will be shipped as a component of the ELIGARD® packaging. Further information on this device and the associated training is available by contacting sanofi-aventis at 1-800-265-7927.

The WorkSafeBC's regulations are intended to reduce the risk of needle stick injuries by using safety-engineered needles for medical procedure involving hollow bore needles, including the administration of medications. For more details, see the February 2008 issue of the [Systemic Therapy Update](#).

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BENEFIT DRUG LIST

Aldeuslekin for acute myelogenous leukemia post-autograft has been deleted from the Benefit Drug List and Class II form. This agent is no longer used for this indication in BC.

Irinotecan in combination with fluorouracil and leucovorin for second line treatment of metastatic gastric or esophageal cancer has been added to the Benefit Drug List and Class II form.

COMMUNITIES ONCOLOGY NETWORK – PHARMACY CHEMOTHERAPY CERTIFICATION

In September 2008, the BC Cancer Agency Pharmacy Chemotherapy Certification Program is being piloted in Community Oncology Network (CON) hospital pharmacies located in the Northern Health Authority. Once the pilot is completed and evaluated, this program will be rolled out at the agency's regional cancer centres and the CON hospitals in other health authorities.

The certification program has been developed to increase the awareness of **pharmacists** and **pharmacy technicians** of the BC Cancer Agency's standards for the safe handling of hazardous drugs. Pharmacists

will be certified in clinical chemotherapy and hazardous drug safe handling awareness. Pharmacy technicians will be certified in chemotherapy preparation and/or hazardous drug safe handling awareness.

The model for certification for 2008/09 can be found on page 4 of the Introduction to the BC Cancer Agency Pharmacy Practice Standards for Hazardous Drugs. The practical assessments and written multiple choice questions for 2008/09 will be based on the information in Module 1 of the newly written [BC Cancer Agency Pharmacy Practice Standards for Hazardous Drugs](#) as well as the [Pharmacy Guide to BC Cancer Agency Chemotherapy Protocols](#). Both manuals are located on the BC Cancer Agency website at: www.bccancer.bc.ca/HPI/CE/pharmacists.

Questions about chemotherapy certification, safe handling of hazardous drugs and comments or queries about the [BCCA Pharmacy Practice Standards for Hazardous Drugs Manual](#) can be directed to Joan Fabbro or Michelle Koberinski at rxchemocert@bccancer.bc.ca.

Submitted by:

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CANCER DRUG MANUAL

Acitretin Monograph and Patient Handout have been developed. Expert review was provided by Dr. Jan Dutz (Skin Tumour Group). Many of the adverse events reported with acitretin resemble those of hypervitaminosis A syndrome. Tolerability is a major factor affecting acitretin use; headache, rash, musculoskeletal symptoms, and hyperlipidemias are common causes of withdrawal from treatment. Acitretin is highly teratogenic. Refer to the monograph for details regarding measures that should be taken for women of childbearing potential.

Amsacrine Monograph and Patient Handout have been completely revised and updated. Expert review was provided by Dr. Tom Nevill (Leukemia/BMT Tumour Group). Highlights of the monograph include:

- dose reduce with significant hepatic dysfunction (bilirubin >34 umol/L) or renal impairment (BUN >7 mmol/L or serum creatinine >106 umol/L)
- caution added in patients who have received high cumulative doses of anthracyclines; however, amsacrine is not contraindicated in patients who have received previous treatment with anthracyclines
- amsacrine forms an immediate precipitate in the presence of chloride ions; do not dilute with saline solutions or solutions containing chloride ions or mix with drugs that are chloride or hydrochloride salts; catheters flushed with heparin/saline solutions should be rinsed with D5W before administering amsacrine
- use of glass syringes and avoidance of plastic filters to draw up undiluted amsacrine solutions as the N,N-dimethylacetamide solvent has been reported to dissolve plastic syringes and filters. Plastic syringes can be used, providing that amsacrine remains in the syringes for no longer than 15 minutes. The solution can be placed in plastic bags when diluted for IV infusion.

Highlights of the handout changes include:

- addition of diarrhea, skin rash, fever, and loss of appetite to side effects table

Bexarotene Monograph has been developed and the corresponding **Patient Handout** has been completely revised and updated. Expert review was provided by Dr. Kong Khoo (Medical Oncology). Highlights of the new monograph include:

- precautions to be observed due to its risk of use in pregnancy
- management of possible resultant lipid abnormalities

- management of possible resultant hypothyroidism

Highlights of the handout changes include:

- expanded side effect and management table including management of possible resultant lipid abnormalities

BCG Monograph and Patient Handout (for bladder) have been completely revised and updated. Expert review was provided by Dr. Gary Steinhoff, (Urologist). Highlights of the monograph changes include:

- special precautions section now provides details on risk in pregnancy and breastfeeding, as well as further details on assessing the impact of concurrent immunosuppressant therapy, including oral steroids
- addition of fever, flu-like syndrome, and fatigue/malaise as clinically significant side effects that may occur following treatment
- reorganization of the interactions section to distinguish theoretical interactions; of note, the concern surrounding the use of urethral lubricants has been down-graded in light of more recent evidence that clinical efficacy is not affected
- removal of protocol-specific dilution instructions

Highlights of the handout changes include:

- expanded side effect and management table which now provides specific details for the use of acetaminophen for flu-like symptoms and monitoring for fever that requires further follow-up
- expanded list of symptoms and suggestions on the need/urgency for medical follow-up

Anagrelide, Bicalutamide, Cabergoline, and Dexamethasone Monographs have been revised to include current contract brands.

Filgrastim Monograph has been revised to clarify maximum dilution when administered as an infusion.

Tamoxifen Monograph has been revised to include a potential interaction with bexarotene.

Thalidomide Monograph now includes information that the cumulative dose may affect the risk and severity of peripheral neuropathy. The **Patient Handout** has also been revised to include information regarding the risk of blood clots; this information was previously included in the monograph but not in the patient handout.

Chemotherapy Preparation and Stability Chart has been updated:

- **Amsacrine:** information on protecting reconstituted vial from light added and prolonged product stability data of 7 days refrigerated and 48 hours at room temperature
- **BCG:** change in distributor (Hospira) noted; *Tice* substrain specified. It is now suggested to allow the product to stand for a few minutes following reconstitution, and then to gently swirl the vial.
- **New brands** added due to contract changes:
 - daunorubicin (ERFA)
 - doxorubicin (Pfizer)
 - gemcitabine (Sandoz)
 - irinotecan (Sandoz)
 - octreotide (Novopharm)
 - pamidronate (Sandoz)
 - vinorelbine (Pierre Fabre Pharma)

Changes to Cancer Drug Manual Staff Tanya Leduc is vacating the position of Acting Editor of the Cancer Drug Manual to go on maternity leave. The Cancer Drug Manual is in good hands with James

Conklin assuming the responsibility of Acting Editor and Mário de Lemos continuing as the manual's Project Manager, acting in an advisory capacity.

James is a staff pharmacist at the Vancouver Centre and has been a writer for the manual since May 2007. His new part-time editor portfolio involves the management of the manual's daily operations, and he is the first point of contact for issues related to the manual. James can be reached via email at jconklin@bccancer.bc.ca or by phone at 604-877-6000 extension 2648.

Nadine Badry will be joining the Cancer Drug Manual team as a staff writer in October. Nadine has been a pharmacist at the Vancouver Island Centre for over 3 years. She has an interest in safe handling and is also a member of the Provincial Safe Handling Working Group. As part of this role she has reviewed several Safe Handling Directives and the BCCA Pharmacy Practice Standards for Hazardous Drugs Manual.

PATIENT EDUCATION –NATURAL HEALTH PRODUCTS AND BREAST CANCER

The Breast Tumour Group has recently revised the patient information handout *Natural Health Products and Breast Cancer* with the new vitamin D dosing as recommended by the Canadian Cancer Society. The handout can be found at www.bccancer.bc.ca/HPI/UnconventionalTherapies/PatientResources.

HIGHLIGHTS OF CHANGES IN PROTOCOLS AND PROVINCIAL PRE-PRINTED ORDERS (PPPOs)

The **Gastrointestinal Tumour Group** has introduced a new protocol for neoadjuvant chemoradiation therapy for esophageal and gastro-esophageal junction cancer (GIENAFUPRT) and a new second line chemotherapy for metastatic gastric or esophageal cancer (GIGFOLFIRI). In addition, the tumour group has revised several existing treatment protocols and PPPOs to reflect policy changes regarding:

- treatment with bevacizumab until disease progression and no maximum body weight when calculating bevacizumab dose
- loperamide no longer being supplied with irinotecan protocols

Dose Modifications for Methotrexate have been updated by the **Gynecological Tumour Group** and the **Lymphoma/Myeloma Tumour Group** to include more details on dose adjustment in patients with renal dysfunction.

The **Sarcoma Tumour Group** has introduced a new protocol with single agent ifosfamide for advanced soft tissue sarcoma (**SAAVI**). In addition, the tumour group has reformatted several of the protocols to be consistent with other protocols.

PROVINCIAL SYSTEMIC THERAPY PROGRAM POLICIES

Labelling Policy of Vinca Alkaloid Preparations (Policy V-40) has been clarified so that the warning (“**FOR INTRAVENOUS USE ONLY – FATAL IF GIVEN BY OTHER ROUTES**”) is provided by an auxiliary label for all vinca alkaloid preparations.

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 and revised protocols, PPPOs and patient handouts for this month are listed below. Protocol codes for treatments requiring “Compassionate Access Program” (previously Undesignated Indication Request) approval are prefixed with the letter U.

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

CODE	Protocol	PPPO	Patient Handout	Protocol Title
GIENAFUPRT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neo-Adjuvant Combined Modality Therapy for Resectable Esophageal and Gastro-Esophageal Junction Cancer using Cisplatin, Infusional Fluorouracil and Radiation Therapy
GIGFOLFIRI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Second Line Palliative Combination Chemotherapy for Metastatic Gastric or Esophageal Adenocarcinoma Using Irinotecan, Fluorouracil and Folinic Acid (Leucovorin)
SAAVI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ifosfamide for Use in Patients with Advanced Soft Tissue Sarcoma

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
BRAJFECD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>dilution for docetaxel clarified</i>	Adjuvant Therapy for Breast Cancer Using Fluorouracil, Epirubicin and Cyclophosphamide and Docetaxel
UGICAPIRI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Supply of loperamide revised</i>	First Line Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan and Capecitabine in Patients Unsuitable for GIFOLFIRI
UGICIRB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Supply of loperamide revised, treatment duration and maximum dose of bevacizumab revised.</i>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan, Bevacizumab and Capecitabine
GIEFUPRT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>3-day infusion option for fluorouracil deleted, return appointments revised, contact physician revised</i>	Combined Modality Therapy for Locally Advanced Esophageal Cancer using Cisplatin, Infusional Fluorouracil and Radiation Therapy
UGIFFIRB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Supply of loperamide revised, treatment duration and maximum dose of bevacizumab revised.</i>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan, Bevacizumab and Capecitabine
GIFOLFIRI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Supply of loperamide revised</i>	First Line Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan, Fluorouracil and Folinic Acid (Leucovorin)
GIFUART	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Return appointment clarified</i>	Combined Modality Curative Therapy for Carcinoma of the Anal Canal using Mitomycin, Fluorouracil and Radiation Therapy

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
GIFURCRT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Capecitabine scheduling clarified</i>	Combined Modality Adjuvant Therapy for High Risk Rectal Carcinoma using Fluorouracil, Folinic Acid (Leucovorin), Capecitabine and Radiation Therapy
GIIR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Supply of loperamide and contact physician revised</i>	Palliative Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan
GIIRINALT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Supply of loperamide and contact physician revised</i>	Palliative Chemotherapy for Metastatic Colorectal Cancer Using Weekly Irinotecan
GIRALT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Indication and contact physician updated</i>	Palliative Chemotherapy for Metastatic Colorectal Cancer using Raltitrexed in Patients with Previous Fluorouracil Toxicity
GIRCRT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Capecitabine scheduling clarified</i>	Combined Modality Adjuvant Therapy for High Risk Rectal Carcinoma using Capecitabine and Radiation Therapy
GOCXCAD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Exclusion and dose modifications for patients > 75 y revised</i>	Primary Treatment of Advanced/Recurrent Non-Small Cell Cancer of the Cervix with Carboplatin and Docetaxel in Ambulatory Care Settings
GOCXCAT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Exclusion and dose modifications for patients > 75 y revised</i>	Primary Treatment of Advanced/Recurrent Non-Small Cell Cancer of the Cervix with Carboplatin and Paclitaxel in Ambulatory Care Settings
GOCXCRT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>clarification of the small cell exclusion criterium</i>	Treatment of High Risk Squamous Carcinoma, Adenocarcinoma, or Adenosquamous Carcinoma of the Cervix with Concurrent Cisplatin and Radiation
GOENDCAD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Exclusion and dose modifications for patients > 75 y revised</i>	Treatment of Primary Advanced or Recurrent Endometrial Cancer using Carboplatin and Docetaxel
GOENDCAT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Exclusion and dose modifications for patients > 75 y revised</i>	Treatment of Primary Advanced or Recurrent Endometrial Cancer Using Carboplatin and Paclitaxel (GO 95 01)
GOOVCADM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Exclusion and dose modifications for patients > 75 y revised</i>	Primary Treatment of Invasive Epithelial Ovarian, Fallopian Tube and Primary Peritoneal Cancer, with No Visible Residual Tumour (Moderate-High Risk) using Carboplatin and Docetaxel
GOOVCADR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Exclusion and dose modifications for patients > 75 y revised</i>	Second Line Treatment Using Docetaxel and Carboplatin for Epithelial Ovarian Cancer Relapsing after Primary Treatment
GOOVCADX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Exclusion and dose modifications for patients > 75 y revised</i>	Primary Treatment of Visible Residual (Extreme Risk) Invasive Epithelial Ovarian Cancer Using Carboplatin and Docetaxel
GOOVCATM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Exclusion and dose modifications for patients > 75 y revised</i>	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Exclusion and dose modifications for patients > 75 y revised</i>	Second Line Treatment Using Paclitaxel and Carboplatin for Epithelial Ovarian Cancer Relapsing after Primary Treatment
GOOVCATX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Exclusion and dose modifications for patients > 75 y revised</i>	Primary Treatment of Visible Residual (Extreme Risk) Invasive Epithelial Ovarian Cancer Using Carboplatin and Paclitaxel

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
GOSMCCRT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Comment on timing of radiation therapy and cisplatin in Cycle C added</i>	Treatment of Small Cell or Neuroendocrine Carcinoma of Gynecologic System Origin using Paclitaxel, Cisplatin, Etoposide and Carboplatin with Radiation (GO 95 02)
GOTDLR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Specific direction for methotrexate dose reduction in patients with renal dysfunction added</i>	Therapy for Low Risk Gestational Trophoblastic Cancer Using Dactinomycin and Methotrexate
HNFUP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Minor typo corrected in total dose</i>	Therapy for advanced head and neck cancer using Cisplatin and Fluorouracil
LYCODOXMR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Renal dysfunction dose modification revised</i>	Treatment of Burkitt Lymphoma and Leukemia (ALL-L3) with Cyclophosphamide, Vincristine, Doxorubicin, Methotrexate, Leucovorin (CODOX-M) and Rituximab
LYHDMRP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Renal dysfunction dose modification revised</i>	Treatment of Primary Intracerebral Lymphoma with High Dose Methotrexate and Rituximab
LYHDMTXP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Renal dysfunction dose modification revised</i>	Treatment of Primary Intracerebral Lymphoma with High Dose Methotrexate
LYHDMTXR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Renal dysfunction dose modification revised</i>	Treatment of Leptomeningeal Lymphoma or Recurrent Intracerebral Lymphoma with High Dose Methotrexate
LYIT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Tests clarified, renal dysfunction precaution added, duration of lamivudine for hepatitis B reactivation prophylaxis revised</i>	Treatment of Lymphoma using Intrathecal Methotrexate and Cytarabine
LYIVACR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Renal dysfunction dose modification clarified, duration of lamivudine for hepatitis B reactivation revised</i>	Treatment of Burkitt Lymphoma and Leukemia (ALL-L3) with Ifosfamide, Mesna, Etoposide, Cytarabine (IVAC) and Rituximab
LYPALL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Renal dysfunction precaution added, vincristine preparation and dexamethasone dosing revised</i>	Lymphoma Palliative Chemotherapy
LYSNCC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Deleted</i>	Treatment of Burkitt lymphoma with Cyclophosphamide and Methotrexate (Leucovorin)
SAAI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Reformatted</i>	Doxorubicin – Ifosfamide - Mesna For Use In Patients With Advanced Soft Tissue Sarcoma
SAAJAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Reformatted</i>	Adjuvant Therapy for Osteosarcoma Using Doxorubicin and Cisplatin
SAAVA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Reformatted</i>	Doxorubicin for Use in Patients with Advanced Soft Tissue Sarcoma

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
SAAVAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reformatted	Therapy of Advanced Osteosarcoma Using Doxorubicin and Cisplatin

CONTINUING EDUCATION

Canadian Association of Nurses in Oncology (CANO) Annual Conference will be held on **14-17 September, 2008** at the Delta St. John's Hotel, St. John's, Newfoundland. The year's theme is "*Ordinary Days. Extraordinary People*". Conference information and registration is available on www.cano-acio.ca/en/eventsconferences/.

National Oncology Pharmacy Symposium (NOPS) will be held by the Canadian Association of Pharmacy in Oncology on **17-19 October, 2008** at the Hyatt Regency in Calgary, Alberta. The year's theme is "*New Frontiers in Oncology Pharmacy*". Conference information and registration is available on www.capho.org/nops/2008/. Early bird registration deadline is **8 September, 2008**.

BC Cancer Agency Annual Cancer Conference is now opened to registration. This 3-day conference, to be held on **20-22 November** at the Westin Bayshore Resort & Marina in Vancouver, is the BC Cancer Agency's premier professional development, learning and networking event.

This year's theme, "*Survivorship: Creating It, Managing It*", will explore at the issues and challenges of living after cancer, how wellbeing and health is impacted by surviving the cancer experience, and how we can work to minimize and mitigate current and future problems to ensure survivorship means 'living well' after cancer.

Details on the agenda and registration are available at: www.bccancer.bc.ca/HPI/ACC2008. Early bird registration deadline is **26 September, 2008**.

WEBSITE RESOURCES

The following are available on the BC Cancer Agency website (www.bccancer.bc.ca) under the Health Professionals Info section:

REIMBURSEMENT AND FORMS: BENEFIT DRUG LIST, CLASS II, COMPASSIONATE ACCESS PROGRAM (UNDESIGNATED INDICATION)	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms
CANCER DRUG MANUAL	www.bccancer.bc.ca/cdm
CANCER MANAGEMENT GUIDELINES	www.bccancer.bc.ca/CaMgmtGuidelines
CANCER CHEMOTHERAPY PROTOCOLS	www.bccancer.bc.ca/ChemoProtocols
CANCER CHEMOTHERAPY PRE-PRINTED ORDERS	www.bccancer.bc.ca/ChemoProtocols under the index page of each tumour site
SYSTEMIC THERAPY PROGRAM POLICIES	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Policies
UNCONVENTIONAL CANCER THERAPIES MANUAL	under Patient/Public Info, Unconventional Therapies

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