



For health professionals who care for cancer patients
Available online at www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate

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EDITOR'S CHOICE

MEDICATION SAFETY

Packaging Changes for Emergency Syringes The packaging of Hospira emergency syringes were changed by the manufacturer. The changes are part of a redesign to incorporate a number of safety features. The most prominent change is the minimization of colour on the carton. This resulted in a near-miss incident in Ontario. The following emergency syringes are affected:

- *Epinephrine Lifeshield™ Syringes 1 mg/10 mL*
- *50% Dextrose Lifeshield™ Syringes*
- *2% Lidocaine Hydrochloride Abboject™ Syringes*
- *Sodium Bicarbonate Abboject™ and Lifeshield™ Syringes*
- *Calcium Chloride Lifeshield™ Syringes*
- *Atropine Abboject™ Syringes 1 mg/10 mL*

Hospira is working towards re-introducing some of the identifying colour back onto the cartons. In the meantime, please familiarize yourself with the new package designs. *Keep in mind that these are high-alert medications and are especially prone to causing patient harm if given incorrectly.* This is a good reminder to carefully read the label as opposed to relying on colours to choose a product.

Annual Canadian Patient Safety Week (Nov 1-5, 2010) Provision of healthcare undeniably provides benefit to patients, but there is growing evidence that medical errors cause patient harm. Over 9,000 patients die annually because of preventable medical errors in Canada. Put more boldly, over 24 patients die per day, or one patient per hour because of preventable medical errors.

The first step to preventing errors is to recognize that placing blame on one individual will not prevent the same error from happening again. Creating a culture of safety where people feel safe to report errors, which enables us to learn from our mistakes, is essential. The cause of most errors is often multi-faceted, even though they may appear to be caused by one single factor. In order to prevent an error from recurring we should consider using a system-based approach and assess all factors that contributed to that error, rather than modifying a single step in the process. The problem is not the people working within the system, but rather how the system is set up for the people to work in.

Patient Safety Week is a good reminder of the importance of reporting errors, near-misses and safety hazards using the province-wide reporting tool, the BC Patient Safety & Learning System (BC PSLs). Our lessons from PSLs are only as good as the inputs provided by those reporting. Shared learning can help make healthcare safer by allowing us to continuously improve our systems.

The BCCA is planning activities for each centre during Patient Safety Week to increase awareness of patient safety initiatives. Please drop by to learn more about Medication Reconciliation, Hand Hygiene, Thromboembolism Prevention, and more.

- Nov 1: Centre for the Southern Interior (1130 – 1330, Okanagan Room)
- Nov 2: Abbotsford Centre (1300 – 1500, Clinical Conference Room, A8.071)
- Nov 3: Fraser Valley Centre (1200 – 1300, Main Floor Conference Room)
- Nov 4: Vancouver Island Centre (1130 – 1330, Conference Room #2)
- Nov 5: Vancouver Centre (1000 – 1200, John Jambor Room)

Bibliography:

1. Baker RG, Norton PG, Flintoft V, et al. The Canadian Adverse Events Study: the incidence of adverse events among hospital patients in Canada. *Can Med Assoc J* 2004;170(11):1678.
2. Kohn LT, Corrigan JM, Donaldson MS (Editors). *To Err is Human: Building a Safer Health System*. Institute of Medicine 2000. Washington, DC: National Academy Press.
3. BC PSLs (<http://pod/HCQ/SAFETY/pages/Default.aspx>)

CANCER DRUG MANUAL

Everolimus Monograph and Patient Handout have been developed. Expert review was provided by Dr. Christian Kollmannsberger and Victoria Kletas of the GU Tumour Group. Everolimus is an orally administered inhibitor of mTORC1, similar temsirolimus. In December 2009, it received Health Canada approval for the treatment of patients with metastatic renal cell carcinoma (RCC) refractory to vascular growth factor receptor targeted agents, sunitinib or sorafenib. BCCA funding for everolimus is currently under review (see the March 2010 issue of Systemic Therapy for more details).

Some precautions with using everolimus include:

- myelosuppression
- immunosuppression that may predispose patients to infections
- changes in blood glucose level and lipid profiles
- non-infectious pneumonitis, including severe and fatal cases, due to a class effect of rapamycin derivatives
- potential interaction with grapefruit and grapefruit juice.

Quinagolide Monograph and Patient Handout have been developed. Quinagolide is a non-ergot, selective dopamine-2 receptor agonist with long-lasting prolactin lowering activity. It is funded by the BCCA for the treatment of hyperprolactinemia secondary to prolactin-secreting pituitary tumours (CNQUIN). Some adverse effects of quinagolide include:

- orthostatic hypotension may occur during the first few days of treatment and patients may feel fatigued or dizzy
- nausea and vomiting, which may be prevented by a peripheral dopaminergic antagonist such as domperidone

Nab-paclitaxel Monograph has been completely updated and a new **Patient Handout** has been developed. Expert review was provided by Dr. Vanessa Bernstein and Kimberly Kuik of the Breast Tumour Group.

Methotrexate Monograph has been revised with information added to the Supply and Storage section, and the Solution Preparation and Compatibility and Parenteral Administration sections have been updated. Specific administration rate for direct intravenous (IV) injection has been replaced with “slow IV push”.

PROVINCIAL SYSTEMIC THERAPY PROGRAM POLICIES

Extravasation Management Policy (Policy III-20) has been revised to include the following:

- Extravasation hazards of new benefit drugs
- Position statement against the use of dexrazoxane for management of anthracycline extravasation
- Replacement of ethyl chloride with Pain Ease® as skin refrigerant during administration of hyaluronidase for vinca alkaloid extravasation

ONCOLOGY NUTRITION – CANCER NUTRITION INFORMATION

Reliable Cancer Nutrition Information ... as simple as calling 8-1-1

“Drink green tea, eat foods with omega 3 fats, avoid sugar, don’t eat meat, include whole grains, eat blueberries, broccoli, yams, red peppers, but don’t drink milk...”

Making sense of food and nutrition information can be a challenge at the best of times, and can become even more so after a diagnosis of cancer. With so much nutrition information out there, it can be confusing for individuals who have been diagnosed with cancer to know what they should eat, and if there are foods they should avoid.

For many cancer patients, nutrition and eating may feel like the one aspect of their life they can control. They want to make wise nutrition choices and often turn to the internet or other publications for information. Without assistance, it is difficult to determine which information is correct and reliable. With so much misinformation available, people can invest large amounts of time, energy and money into making dietary changes that may be of no help and, sometimes, might even be harmful.

A Registered Dietitian is the best source of current evidence-based nutrition information. In British Columbia, residents and healthcare providers can call Dietitian Services at HealthLink BC’s 8-1-1 for free-of-charge nutrition advice on a variety of nutrition topics. A dietitian who specializes in oncology is available to address questions about cancer prevention and nutrition before, during and after cancer treatment, reducing the risk of cancer recurrence and improving quality of life. She, or he, can also provide guidance around the use of dietary supplements.

The Oncology Nutrition Service at HealthLink BC works in partnership with the BC Cancer Agency to provide care to cancer patients, their families and cancer survivors who are not under the care of a Cancer

Agency or Community Hospital dietitian. Other BC residents and health professionals are also encouraged to call. The Oncology Nutrition Service requires no referral and most clients wait less than one business day to speak with the oncology dietitian. Your patients can call from the convenience of their home, office or any location that suits their needs, at a time that works for them.

For online cancer nutrition information, as well as other nutrition topics, visit the Dietitian Services website at <http://www.healthlinkbc.ca/dietitian/>. The web-based cancer information on this site includes: the 'Eating After a Cancer Diagnosis' factsheet series, the 'Eating for Cancer Prevention' factsheet series, and links to recommended cancer websites. Other online nutrition advice for cancer patients is also available at the BC Cancer Agency website at: www.bccancer.bc.ca/PPI/copingwithcancer/nutrition.

The Call Centre at Dietitian Services is open Monday to Friday, 9am to 5pm. Interpreter services are available in more than 130 languages. Please remember, Dietitian Services are not meant to replace medical counsel and other healthcare services available in the caller's community.

The BC Cancer Agency also provides online nutrition advice

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 treatments requiring "Compassionate Access Program" (previously Undesignated Indications 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
HNAVFUFA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5-Fluorouracil and Leucovorin for Recurrent Head and Neck Cancer (Squamous Cell Carcinoma)
HNNAVFUFA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5-Fluorouracil and Leucovorin for Recurrent Head and Neck Cancer (Nasopharyngeal)
HNNAVPE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Intensive Cisplatin and Etoposide Chemotherapy for Recurrent and Metastatic Head and Neck Cancer (Squamous Cell Carcinoma)
HNSAVFAC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Palliative Therapy for Advanced Salivary Gland Cancers Using Cyclophosphamide, Doxorubicin and Fluorouracil
ULKMDSA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Therapy of IPSS Intermediate-2 or High-Risk Myelodysplastic Syndrome with Azacitidine
SMDTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Palliative Therapy for Metastatic Malignant Melanoma Using High Dose Dacarbazine (DTIC)

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
UGICIRB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Dose modification for proteinuria clarified</i>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan, Bevacizumab and Capecitabine
LYCHOP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Administration route of Vincristine clarified</i>	Treatment of Lymphoma with Doxorubicin, Cyclophosphamide, Vincristine and Prednisone (CHOP)
LYCHOPR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Administration route of Vincristine clarified</i>	Treatment of Lymphoma with Doxorubicin, Cyclophosphamide, Vincristine, Prednisone and Rituximab (CHOP-R)
GUAVPG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Cisplatin dose clarified</i>	Palliative Therapy for Urothelial Carcinoma Using Cisplatin and Gemcitabine
GUBPRT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Dose modification for renal impairment clarified</i>	Treatment of Locally Advanced Bladder Cancer Using Concurrent Cisplatin with Radiation
GUVEIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Test for hematuria added</i>	Consolidation/Salvage Treatment for Germ Cell Cancer Using Vinblastine, Cisplatin, Ifosfamide and Mesna
GUVIP2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Test for hematuria added</i>	Nonseminoma Consolidation / Salvage Protocol using Etoposide, Cisplatin, Ifosfamide, MESNA
HNAVM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Treatment cycle clarified</i>	Treatment of Head and Neck Cancer Using Methotrexate as Standard Therapy
HNAVPE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Title, eligibility and antiemetics clarified</i>	Intensive Cisplatin and Etoposide Chemotherapy for Recurrent and Metastatic Head and Neck Cancer (Squamous Cell Carcinoma)
UHNLACETRT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Saline flush for IV line added</i>	Combined Cetuximab and Radiation Treatment for Locally Advanced Squamous Cell Carcinoma of the Head and Neck
UHNLADCF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Use of frozen gloves added</i>	Treatment of Locally Advanced Squamous Cell Carcinoma of the Head and Neck with Docetaxel, Cisplatin and Infusional Fluorouracil
HNLAPRT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Title clarified</i>	Combined Chemotherapy (Cisplatin) and Radiation Treatment for Locally Advanced Squamous Cell Carcinoma of The Head and Neck
HNNLAPRT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Title clarified</i>	Treatment of Locally Advanced Nasopharyngeal Cancer with Concurrent Cisplatin and Radiation
ULKCMLD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Eligibility clarified</i>	Treatment of Chronic Myeloid Leukemia and Ph+ Acute Lymphoblastic Leukemia Using Dasatinib (SPRYCEL [®])
ULKCMLN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Eligibility revised</i>	Treatment of Chronic Myeloid Leukemia and Ph+ Acute Lymphoblastic Leukemia using Nilotinib
ULKMDSA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Tests revised</i>	Therapy of IPSS Intermediate-2 or High-Risk Myelodysplastic Syndrome with Azacitidine

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
HNFUFA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Replaced by HNAVFUFA and HNNAVFUFA	5-Fluorouracil and Leucovorin for Recurrent Head and Neck Cancer
HNFURT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Deleted	Therapy for combined modality therapy for advanced head and neck cancer using Mitomycin C, Fluorouracil and split course radiation therapy
HNPRT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Deleted	Therapy for advanced head and neck cancer using Cisplatin before or during Radiation Therapy

WEBSITE RESOURCES AND CONTACT INFORMATION

WEBSITE RESOURCES	www.bccancer.bc.ca
REIMBURSEMENT AND FORMS: BENEFIT DRUG LIST, CLASS II, BC CANCER AGENCY COMPASSIONATE ACCESS PROGRAM	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, PRE-PRINTED ORDERS, PROTOCOL PATIENT HANDOUTS	www.bccancer.bc.ca/ChemoProtocols
SYSTEMIC THERAPY PROGRAM POLICIES	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Policies
SYSTEMIC THERAPY UPDATE	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate

CONTACT INFORMATION	www.bccancer.bc.ca	bulletin@bccancer.bc.ca
BC CANCER AGENCY	(604) 877-6000	Toll-Free 1-(800) 663-3333
PROVINCIAL SYSTEMIC THERAPY PROGRAM	Ext 2247	mclin@bccancer.bc.ca
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COMMUNITIES ONCOLOGY NETWORK PHARMACY EDUCATORS...	www.bccancer.bc.ca/RS/CommunitiesOncologyNetwork/Educators/Pharmacists/cap_bcca@bccancer.bc.ca
COMPASSIONATE ACCESS PROGRAM OFFICE	Ext 6277	cap_bcca@bccancer.bc.ca
DRUG INFORMATION	Fax (604) 708-2026	
EDUCATION RESOURCE NURSE	Ext 6275	druginfo@bccancer.bc.ca
NURSING PROFESSIONAL PRACTICE	Ext 2638	nursinged@bccancer.bc.ca
LIBRARY/CANCER INFORMATION.....	Ext 2623	ilundie@bccancer.bc.ca
OSCAR HELP DESK	1-(888)-675-8001.....	requests@bccancer.bc.ca
PHARMACY CHEMOTHERAPY CERTIFICATION	Ext 8003	
PHARMACY PROFESSIONAL PRACTICE	1-(888)-355-0355.....	oscar@bccancer.bc.ca
PHARMACY CHEMOTHERAPY CERTIFICATION	Fax (604) 708-2051	
PHARMACY CHEMOTHERAPY CERTIFICATION	(250) 712-3900	rxchemocert@bccancer.bc.ca
PHARMACY CHEMOTHERAPY CERTIFICATION	Ext 686741	
PHARMACY CHEMOTHERAPY CERTIFICATION	(250) 519.5574	jkippen@bccancer.bc.ca
ABBOTSFORD CENTRE (AC)	(604) 851-4710	Toll-free: 1-(877) 547-3777
CENTRE FOR THE SOUTHERN INTERIOR (CCSI)	(250) 712-3900	Toll-Free 1-(888) 563-7773
FRASER VALLEY CENTRE (FVCC)	(604) 930-2098	Toll-Free 1-(800) 523-2885
VANCOUVER CENTRE (VCC).....	(604) 877-6000	Toll-Free 1-(800) 663-3333
VANCOUVER ISLAND CENTRE (VICC)	(250) 519-5500	Toll-Free 1-(800) 670-3322

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