

Systemic Therapy Update

Volume 3, Number 4

for health professionals who care for cancer patients

April 2000

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SYSTEMIC THERAPY UPDATE

The Systemic Therapy Update is now available on the BCCA Communities Oncology Network website http://cancercentre.com/communities/communication.cfm.

BENEFIT DRUG LIST

The following new program has been funded by the Provincial Systemic Therapy Program:

Effective 24 February 2000:

- Busulfan IV injectable for pediatric oncology patients who cannot swallow oral busulfan
- Topotecan for pediatric sarcoma

Effective 3 April 2000:

 Rituximab for follicular lymphoma progressive despite alkylating agents and purine analogues or post-transplant lymphoproliferative disease These drugs are now approved as a Class II drug on the benefit list. A Class II form must be completed and submitted to the Provincial Systemic Therapy Program before the drug will be dispensed at a radiation cancer centre or reimbursed to a community hospital.

Susan O'Reilly, MB, FRCPC Provincial Systemic Program Leader

PROTOCOL UPDATE

Protocol codes for treatments requiring "Undesignated Indication" approval prior to use are prefixed with the letter \mathbf{U} .

- INDEX to BCCA Protocol Summaries revised monthly on the BCCA website (includes tumour group, protocol code, indication, drugs, last revision date and version)
- BRAJTAM formalised: Adjuvant treatment for breast cancer using tamoxifen
- BRAVCAP revised (phenytoin/fosphenytoin interaction added, scheduling clarified for treatment interruptions, pyridoxine for handfoot syndrome added): Palliative treatment for metastatic breast cancer using capecitabine
- BRAVTAM formalised: Palliative treatment for metastatic breast cancer using tamoxifen
- LYRITUX replacing ULYRITUX through the Special Access Program: Treatment of lymphoma with rituximab
- SADTIC formalised: High dose single agent dacarbazine (DTIC) for metastatic soft tissue sarcoma
- **SMCCNU** reformatted (precautions added): Palliative treatment for metastatic melanoma using lomustine (CCNU)
- **SMDD** reformatted (tests clarified, carboplatin substitution deleted, precautions added):

- Palliative treatment for metastatic melanoma using cisplatin and dacarbazine (DTIC)
- **SMDTIC** reformatted: Palliative treatment for metastatic melanoma using dacarbazine (DTIC)

PRE-PRINTED ORDER UPDATE

Vancouver Cancer Centre has prepared the following chemotherapy pre-printed orders for Communities Oncology reference:

- AMPHOTERICIN available in both BMT and Supportive Care folders: Amphotericin via central line
- BMT 88-01
- BMT 88-02
- BMT 94-05
- BMT AML5+2
- BMT AML7+3
- BMT AML96-02
- BMT AMLHidacdn
- BMT Reinfusion orders
- BRAJCMF (pre-printed order titled BRCMFIV): Adjuvant therapy for premenopausal high risk breast cancer using cyclophosphamide (iv), methotrexate and fluorouracil
- BRAJCMFO [pre-printed order titled BRCMFPO, replacing BRAJ(V)CMFPO]: Adjuvant therapy for premenopausal high-risk breast cancer using cyclophosphamide (oral), methotrexate and fluorouracil
- BRAVCMF (pre-printed order titled BRCMFIV): Palliative therapy for advanced breast cancer using cyclophosphamide, methotrexate and fluorouracil
- BRAVCMFO [pre-printed order titled BRCMFPO, replacing BRAJ(V)CMFPO]: Palliative therapy for advanced breast cancer using cyclophosphamide (oral), methotrexate and fluorouracil
- BRAVNAV (revised): Palliative therapy for symptomatic metastatic breast cancer using vinorelbine
- UBRAVTR [pre-printed order titled UBRAVTR (one form), replacing previous two form version]: Palliative therapy for metastatic breast cancer using trastuzumab
- BRAVTRAP [pre-printed order titled BRAVTRAP (one form), replacing BRAVTRPA]: Palliative therapy or metastatic

- breast cancer using trastuzumab and paclitaxel as first-line treatment for recurrent breast cancer refractory to anthracycline adjuvant chemotherapy
- GIFUA: Combined modality curative therapy for carcinoma of the anal canal using mitomycin, fluorouracil and radiation therapy
- GUMVAC: MVAC for transitional cell cancers
- GUVIP2: Nonseminoma consolidation/salvage protocol using etoposide, cisplatin, ifosfamide, mesna
- LUNAVP: Treatment for advanced non-small cell lung cancer with cisplatin and vinorelbine
- LUPAVESE: Treatment for extensive stage small cell lung cancer with cisplatin, doxorubicin, vincristine and etoposide
- LUPAVESL: Treatment for limited stage small cell lung cancer with cisplatin, doxorubicin, vincristine and etoposide (PAVE), and cisplatin and etoposide (EP) concurrent with early thoracic irradiation
- LUPE: Palliative therapy of selected solid tumours using cisplatin and etoposide
- LUPESL: Treatment for limited stage small cell lung cancer with etoposide and cisplatin and early thoracic irradiation
- LUVIN: Treatment for advanced non-small cell lung cancer with vinorelbine in elderly patients
- LYABVD: Treatment of Hodgkin's disease with doxorubicin, bleomycin, vinblastine, and dacarbazine
- LYACOP12: Treatment of lymphoma with doxorubicin, cyclophosphamide, vincristine and prednisone
- LYACOP6: Treatment of lymphoma with doxorubicin, cyclophosphamide, vincristine and prednisone for 6 weeks
- LYCOPA: Treatment of lymphoma with doxorubicin, vincristine and cyclophosphamide
- LYECV: Etoposide/cyclophosphamide consolidation for lymphoma
- Lymphoma new patient consultation: preprinted order entitled LymphNP orders
- SAAI: Doxorubicin (Adriamycin®)ifosfamide-mesna for use in patients with advanced soft tissue sarcoma

An index to the orders can be obtained by Fax-back.

PATIENT EDUCATION

BRAJTAM and **BRAVTAM** handouts are revised, as tamoxifen is no longer recommended for premenopausal women with estrogen receptor negative breast cancers.

Capecitabine handout is revised with the addition of interaction with phenytoin/fosphenytoin, use of pyridoxine for management of hand-foot syndrome, and clarification of scheduling for treatment interruptions.

Paclitaxel handout is revised with clarifications of dexamethasone premedication.

DRUG UPDATE

Rituximab was approved for commercial use in Canada on 17 March, 2000, and no longer requires approval through the Special Access Program (see Benefit Drug List above). Rituximab is a chimeric mouse/human antibody which binds to the antigen CD20. CD20 expression is seen with normal Blymphocytes and on greater than 90% of the B-cell non-Hodgkin's lymphoma. Rituximab is used for follicular lymphoma progressive despite alkylating agents and purine analogues (fludarabine or cladribine) or post-transplant lymphoproliferative disease (see Protocol Update above).

CANCER DRUG MANUAL

Paclitaxel information handout in the website Cancer Drug Manual has been revised with clarifications of dexamethasone premedication.

PROVINCIAL SYSTEMIC THERAPY PROGRAM POLICIES

BCCA Vancouver Island Cancer Centre will be extending their systemic therapy and radiation hours to the following:

Systemic Therapy*:	Radiation Therapy:
17 April: 8 am – 7 pm	3-14 April: 7:30 am – 6 pm 17-28 April: 7:30 am – 7 pm 1 May - 2 June: 7:30 am to 8 pm

^{*}Out-patient pharmacy hours 8:30 am – 4:30 pm

During May, the impact on the waiting list will be reviewed prior to extending the hours.

Chemotherapy Turn-around Time

Q: Does the B.C. Cancer Agency have a standard for turn-around times (i.e., the time from receipt of the order to the time the patient receives treatment) for chemotherapy in Communities Oncology Network hospitals?

A: No. The B.C. Cancer Agency does not have a standard or policy that specifies maximum turnaround times for delivery of chemotherapy treatments. Hospitals providing chemotherapy treatments to a large number of patients on an ongoing basis would likely have a different turnaround time as compared to hospitals that treat a small number of patients infrequently. A number of other factors can also affect the time frame in which a patient can be treated. Some of those factors include availability of staff (physicians, nurses, pharmacists), chemotherapy drug(s) in the hospital, administration supplies, pumps and other equipments. The turn-around time, therefore, will need to be determined by each local hospital independently.

For most treatment protocols, initiation of chemotherapy is not urgent. And for patients who are already on treatment, it is possible to determine from the protocol when the next treatment will likely be scheduled, thus allowing some time for planning. There are a few select situations when chemotherapy should be initiated urgently. In these situations, the health care professionals involved in caring for the patient should determine whether the patient can safely receive treatment in the local hospital in a timely fashion, or that the patient should be transferred to another centre.

The B.C. Cancer Agency can help with the planning process for treatment in a number of ways, including providing a copy of the treatment protocol summary, pre-printed orders, drug information, and advice regarding preparation and administration procedures. Please feel free to contact the closest B.C. Cancer Agency radiation cancer centre for assistance or check the website at www.bccancer.bc.ca.

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RADIATION CANCER CENTRE ACCESS

BULLETIN UPDATES	LOCATION			
Patient Handouts:	H:\everyone\systemic\chemo\Pt_Educ			
	Capecitabine	BRAJTAM		
	Paclitaxel	BRAVTAM		
Pre-Printed Orders	H:\everyone\systemic\chemo\Ord	lers\		
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	<u>amphotericin</u>	<u>LUNAVP</u>		
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