



STOP PRESS!!!

New Oncology Drug Budget for 1999/2000

Today, the Premier, Mr. Glen Clark, announced that the BC Cancer Agency would receive nearly eight million dollars in new money to support access to oncology drugs and for new drug programs.

The BC Cancer agency and, in particular, the Systemic Therapy Program would like to thank the Ministry of Health for working with us in developing and supporting this budget application.

The Provincial Systemic Program would like to thank the members of the Provincial Tumour Groups who worked so hard in analyzing evidence supporting their proposals and in writing their presentations. The Priorities and Evaluation Committee, and particularly the chair, Dr. Chris Coppin, were vigorous in their scrutiny of these policies. Their careful prioritization of evidence has been a very valuable contribution to the process of developing new programs for the BCCA.

BCCA Medical Oncologists and Community Oncologists please note: Each provincial tumour group needs to provide a treatment protocol with clearly stated eligibility and a treatment plan for each of the new programs. These need to be mounted on the h: drive for our in-house computer system and available for circulation to all community oncologists and community cancer programs prior to the implementation of these new programs. In the interim, applications for funding for any of these new programs will be processed through the "Undesignated Indication" route.

The one exception to the above is that we will need to arrange a contract price for oral clodronate for metastatic breast cancer patients, and to acquire a supply in BCCA pharmacies before we are in a position either to dispense or reimburse this drug. Please write clodronate prescriptions for patients to take to retail pharmacies until such time as the Provincial Systemic Program and Breast Tumour Group notify you of the establishment of this program in all hospital pharmacies. At this point, eligible patients will be able to access this drug free of charge, funded by the BCCA.

The new programs are as follows:

Lymphoma Tumour Group

- **Fludarabine** (Class I) as first-line treatment for chronic lymphocytic leukemia and low-grade lymphoma in symptomatic patients requiring therapy.
- Continuation of monthly **pamidronate** (Class II) for all multiple myeloma patients after completion of chemotherapy.
- **Rituximab** for follicular lymphoma and post-transplantation lymphoproliferative diseases in CD 20 positive B cell lymphoma patients who have failed chemotherapy. Please note, this drug is not Health Canada approved as yet, and "Undesignated Indication" approval and Special Access Program application need to be completed before this drug will be provided. The BCCA is already paying for this drug and will continue to do so when prescribed according to the Lymphoma Tumour Group guidelines once Health Canada approval is received. Currently, this is anticipated for May of this year.

Gastrointestinal Tumour Group

- **Raltitrexed** (Tomudex®) for patients with symptomatic metastatic colorectal cancer who have experienced toxicity with fluorouracil. Please note, this drug is not funded for patients who find it inconvenient to attend for fluorouracil chemotherapy. In the event of a pressing indication for first-line treatment with raltitrexed, then the “Undesignated Indication” route will apply.

Gynecology Tumour Group

- **Paclitaxel/carboplatin** for moderate-to-high risk ovarian cancer. Paclitaxel will remain on the Class II drug list.
- **Topotecan** for selected good performance patients who have responded to previous chemotherapy and who have progressed after prior treatments with paclitaxel and carboplatin or cisplatin.

Breast Tumour Group

- **Capecitabine** (Xeloda®) for patients with metastatic breast cancer who have failed two or more prior regimens for their disease and who have a good performance status. This drug will be listed as Class II.
- Adjuvant **tamoxifen** for breast cancer patients with tumours greater than 0.9 cm and Grade I or II disease who are estrogen receptor positive.
- The indications for adjuvant cyclophosphamide, epirubicin and fluorouracil (**CEF**) for premenopausal patients will now be extended as an option for patients with involvement of one to three axillary lymph nodes.
- **Trastuzumab** (Herceptin®) is available through Health Canada’s Special Access Program and requires an “Undesignated Indication” application form. Presently, trastuzumab is indicated as either single agent or in combination with paclitaxel for patients with metastatic breast cancer who are strongly HER-2 positive. When Health Canada approval is available later this spring, this drug will move to Class II in combination with paclitaxel for patients who have progressed within 1 year of anthracycline-based adjuvant chemotherapy. Patients who have already received taxanes will then only be able to access single agent trastuzumab if it is approved through the “Undesignated Indication” route.
- **Clodronate** for patients with bony metastatic disease will be added to the Class II drug list as soon as our contract for purchase of clodronate is completed and the Breast Tumour Group is ready to send out the guidelines. This drug is NOT funded for osteoporosis prevention in patients with a history of breast cancer who are free of metastatic disease.
- Intravenous **pamidronate** for patients with bony metastatic disease will be provided for treatment of acute bony pain syndrome in hospitalized patients but not for routine management of metastatic breast cancer.

You’ll appreciate that we have only had approval for these new programs today and some work needs to be done to complete the tumour group communications, the Systemic Program Class II forms and the purchasing and processing for clodronate. All of these details will be completed very quickly and in the interim, we will endeavor to support access to these drugs through the undesignated indication route.

The BCCA’s annual oncology drug budget has now risen from \$20,500,000 to approximately \$28,500,000 per annum.

SUSAN O’REILLY, MB, FRCPC
Provincial Systemic Program Leader

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FAX request form and IN TOUCH phone list are provided if additional information is needed.

PROTOCOLS

Protocol codes for treatments requiring “Undesignated Indication” approval prior to use are prefixed with the letter **U**.

- **BRAVTAX** revised (premedication stability and timing), palliative therapy for metastatic breast cancer using paclitaxel (Taxol®)
- **UBRAVTRPA** revised (premedication stability and timing) palliative therapy for metastatic breast cancer using trastuzumab (Herceptin®) via Special Access Program and paclitaxel (Taxol®) (undesignated indication approval required)
- **GIENDO2** revised (tests clarified) palliative therapy for pancreatic endocrine tumours using streptozocin and doxorubicin
- **GOCXCISR** new, treatment of high risk squamous cell carcinoma of cervix with concurrent cisplatin and radiation
- **GOENDCAT** revised (premedication stability and timing), treatment of primarily advanced or recurrent endometrial cancer using carboplatin and paclitaxel
- **GOOVCATM** revised (premedication stability and timing) primary treatment of invasive epithelial ovarian, fallopian tube, and primary peritoneal cancer, with no visible residual tumour (moderate-high risk) using paclitaxel and carboplatin

- **GOOVCATX** revised (premedication stability and timing), primary treatment of visible residual (extreme risk) invasive epithelial ovarian cancer in ambulatory care settings
- **GOOV TAX3** revised (premedication stability and timing), treatment of progressive, platinum-refractory epithelial ovarian carcinoma or fallopian tube carcinoma using paclitaxel (Taxol®)
- **UGOOV TOP** new (undesignated indication approval required until full program implementation) treatment of relapsed/progressive epithelial ovarian, fallopian tube or primary peritoneal cancer using topotecan
- **MYPAM** revised, interim version (discontinuation for renal dysfunction deleted) therapy for myeloma using pamidronate

DRUG UPDATE

Normal Saline Standard Carrier Solution

Normal saline (NS) will be the standard carrier solution for drugs in radiation cancer centres unless otherwise specified. NS was preferred over D5W as a risk avoidance strategy for diabetic patients.

Etoposide Infusions

Etoposide in 500 mL NS over 30-60 minutes is now the BC Cancer Agency standard for etoposide infusions to ensure stability and minimize the risk of hypotensive reactions. A longer infusion time may be required for patients with a history of hypersensitivity or hypotensive reactions secondary to etoposide.

Signing Cytotoxic Orders

Verbal orders for cytotoxics are NOT permitted in radiation cancer centres according to Systemic Therapy policy III-10 (Chemotherapy Process). There are occasions when a nurse or pharmacist detects a discrepancy in the cytotoxic orders and a revision is required. For risk reduction reasons, all cytotoxic orders (including revisions) must be written and signed by the physician before the drugs are released from the pharmacy. Faxed orders are acceptable.

NURSING PRACTICE

Paclitaxel (Taxol®) Administration: Update

Questions related to premedication administration and treatment of paclitaxel extravasations were raised from several areas. The following section addresses these questions.

Can we be more specific about the timing of premedications to ensure consistency in administration?

Nursing Practice Committee and Pharmacy Practice Committee joined together to make the following recommendations which will appear April 1st on all pre-printed orders for the administration of paclitaxel:

- 45 minutes prior to paclitaxel give:
 - Dexamethasone 20 mg IV over 15 minutes
- 30 minutes prior to paclitaxel give:
 - Diphenhydramine 50 mg IV and
 - Ranitidine 50 mg IV over 20 minutes

There have been recent articles questioning the need to reclassify paclitaxel as a vesicant. What are the recommendations if an extravasation does occur?

This question was given to the Nursing Practice Committee to investigate. At this time, there is not strong evidence to suggest changing the classification from an irritant to a vesicant.

The following recommendations are given:

1. Secure the IV site with a transparent dressing. It was noted in the literature that extravasation often occurs when patients needed to go to the bathroom during an infusion. The IV sites in these cases were secured with tape only.
2. If used, ensure all pumps are programmed on the standard sensitivity level to detect an interstitial line.
3. If an extravasation does occur, follow the "Extravasation of Chemotherapy, Prevention and Management" policy III-20. This policy outlines the use of cold compresses and the documentation follow up.

A review and report on results of extravasation and outcomes will be made in 1 year through Nursing Practice Committee.

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UPDATES Please Fax-Back information below:

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|--------------------------|--|
| <input type="checkbox"/> | All items |
| | Policies |
| <input type="checkbox"/> | III-10 Chemotherapy Process (Feb 99) |
| <input type="checkbox"/> | III-20 Extravasation of Chemotherapy, Prevention and Management (Sep 97) |
| | Protocol Summaries: (U prefix used if "Undesignated Indication" approval required) |
| <input type="checkbox"/> | BRAVTAX |
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| <input type="checkbox"/> | Benefit Drug List (01 Nov 98) |
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RADIATION CANCER CENTRE ACCESS

BULLETIN UPDATES	LOCATION
Policies	H:\everyone\systemic\chemo\Policies
III-10 Chemotherapy Process	H:\everyone\systemic\chemo\Policies\III_PtCr\III-10.doc
III-20 Extravasation	H:\everyone\systemic\chemo\Policies\III_PtCr\III_20.doc
Protocol Summaries	H:\everyone\systemic\chemo\Protocol
BRAVTAX	H:\everyone\systemic\chemo\Protocol\Breast\Bravtax.doc
UBRAVTRPA	H:\everyone\systemic\chemo\Protocol\Breast\Ubravtrpa.doc
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GOOVCATX	H:\everyone\systemic\chemo\Protocol\Gyne\goovcatx.doc
GOOVTAX3	H:\everyone\systemic\chemo\Protocol\Gyne\Goovtax3
UGOOVTOP	H:\everyone\systemic\chemo\Protocol\Gyne\Ugoovtop.doc
MYPAM	H:\everyone\systemic\chemo\Protocol\Lymphoma & Myeloma\Mypam.doc
Index of Protocol Summaries	H:\everyone\systemic\chemo\Protocol\Index\Index_NT or Index_W6
Reimbursement	H:\everyone\systemic\chemo\Reimburs
Benefit Drug List	H:\everyone\systemic\chemo\Reimburs\Benefit.doc
Class 2 Form	H:\everyone\systemic\chemo\Reimburs\Class2.doc
Undesignated Drug Request Form	H:\everyone\systemic\chemo\Reimburs\Undesig.doc

For easy access, double-click your systemic chemo icon.

We appreciate your comments. Write us at bulletin@bccancer.bc.ca

IN TOUCH	www.bccancer.bc.ca	bulletin@bccancer.bc.ca
BC Cancer Agency	(604)-877-6000	Toll-Free 1-(800)-663-3333
Cancer Centre for the Southern Interior (CCSI)	(250) 712-3900	Toll-Free 1-(888)-563-7773
Fraser Valley Cancer Centre (FVCC)	(604)-930-2098	
Vancouver Cancer Centre (VCC)	(604)-877-6000	Toll-Free 1-(800)-663-3333
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Communities Oncology Network	(604) 877-6098 Ext 2744	Toll-Free 1-(800)-663-3333 Ext 2744
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