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

## HIGHLIGHTS OF PROTOCOL CHANGES



**Protocols** The **Lung** Tumour Group has introduced a new adjuvant protocol (LUAJEP) using cisplatin and etoposide for non-small cell lung cancer (NSCLC). Selected patients with fully resected stage I, II and IIIA NSCLC would start chemotherapy within 60 days of surgery. This new treatment is based on the results of the International Adjuvant Lung Cancer Trial (IALT), which were first reported at the American Society of Clinical Oncology annual meeting in 2003. IALT compared adjuvant cisplatin-based chemotherapy to observation with or without thoracic radiation in a total of 1867 patients with resected stage I, II and IIIA NSCLC. At 5 years, there was a 5.1% benefit in disease-free survival and a 4.1% benefit in overall survival in the chemotherapy arm. Note that emerging data may result in revision of treatment recommendations within the next few months.

The **Breast** Tumour Group has introduced a new protocol for the adjuvant treatment of high risk breast cancer using dose dense AC and sequential paclitaxel (BRAJACT-G).

### Revised Protocols

The **Gynecological** Tumour Group has revised several treatment protocols, including removal of requirement for undesignated approval for taxane-based regimens for advanced/recurrent non-small cell cancer of the cervix in ambulatory care settings (GOCXCAD, GOCXCAT). Physician may choose between paclitaxel (GOCXCAT) and docetaxel (GOCXCAD). A lifetime maximum of 6 cycles of taxane treatment will be reimbursed. In addition, a number of paclitaxel-based protocols have been revised with the replacement of methylprednisolone with hydrocortisone for management of paclitaxel hypersensitivity to be consistent with the BC Cancer Agency

Policy on Acute Hypersensitivity Reactions to Chemotherapeutic Agents ([Provincial Systemic Therapy Policy IV-10](#)) (GOCXCAT, GOENDCAT, GOOVCATM, GOOVCATR, GOOVCATX, GOOVTAX3, GOSMCC2).

The *Lymphoma* Tumour Group has revised the CHOP plus rituximab ([LY]CHOP-R) regimen with a shorter infusion time after the first treatment cycle. This shorter infusion has the potential advantage of allowing same day treatment of chemotherapy and rituximab. There is evidence to suggest that shorter infusion time appears to be well tolerated.

### BENEFIT DRUG LIST

The following new programs have been funded by the Provincial Systemic Therapy Program effective 1 July 2004:

#### Class I Drugs

- Cisplatin** in combination with etoposide as adjuvant treatment following resection of stage I, II and IIIA non-small cell lung cancer (LUAJEP)
- Etoposide** in combination with cisplatin as adjuvant treatment following resection of stage I, II and IIIA non-small cell lung cancer (LUAJEP)

#### Class II Drugs

- Docetaxel** in combination with carboplatin as primary treatment of advanced/recurrent non-small cell cancer of the cervix in ambulatory care settings (GOCXCAD) (Note: Physician may choose between paclitaxel [GOCXCAT] and docetaxel [GOCXCAD]. A lifetime maximum of 6 cycles of taxane treatment will be reimbursed.)
- Paclitaxel** in combination with carboplatin as primary treatment of advanced/recurrent non-small cell cancer of the cervix in ambulatory care settings (GOCXCAT) (Note: Physician may choose between paclitaxel [GOCXCAT] and docetaxel [GOCXCAD]. A lifetime maximum of 6 cycles of taxane treatment will be reimbursed.)
- Paclitaxel** in sequential combination in combination with doxorubicin and cyclophosphamide as adjuvant therapy for breast cancer using dose dense therapy (BRAJACT-G)

These new indications are now added to the benefit list. Where appropriate, a Class II form must be completed and submitted to the Provincial Systemic Therapy Program before the drug will be dispensed at a regional cancer centre or reimbursed to a community hospital.

The current Benefit Drug List, Class II forms and Undesignated Indication Application forms are available on the BC Cancer Agency website (<http://www.bccancer.bc.ca/ChemoProtocols/Forms/>) under Health Professionals Info, Chemotherapy Protocols, Frequently Used Forms.

### LIST OF NEW AND REVISED PROTOCOLS

The **INDEX to BC Cancer Agency Protocol Summaries** is revised monthly (includes tumour group, protocol code, indication, drugs, last revision date and version). Protocol codes for treatments requiring “Undesignated Indication” approval are prefixed with the letter U.

- **OCXCAD** revised (requirement for undesignated approval replaced by class II benefit drug, reference added, eligibility clarified): Primary treatment of advanced/recurrent non-small cell cancer of the cervix with carboplatin and docetaxel in ambulatory care settings
- **MYHDC** revised (contact physician, revised tests, prehydration, filgrastim dose): Single Dose Cyclophosphamide Priming Therapy for Multiple Myeloma Prior to Autologous Stem Cell Transplant (Leukemia/BMT Program of BC- BCCA)

Protocols are available on the BC Cancer Agency website (<http://www.bccancer.bc.ca/ChemoProtocols/>) under Health Professionals Info, Chemotherapy Protocols.

## PRE-PRINTED ORDER UPDATE

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Pre-printed orders should always be checked with the most current BC Cancer Agency protocol summaries. The BC Cancer Agency Vancouver Centre has prepared chemotherapy pre-printed orders, which can be used as a guide for reference. An index to the orders can be obtained by Fax-back.

- **BRLAACD** revised (requirement for undesignated approval replaced by class II benefit drug): Treatment of locally advanced breast cancer using doxorubicin and cyclophosphamide followed by docetaxel (Taxotere®)
- **UGOOVIN** revised (bilirubin deleted from baseline tests to match protocol): Palliative chemotherapy for re-treatment of ovarian, tubal, and peritoneal cancer using vinorelbine
- **HNDE** revised (reformatted, administration sequence of cisplatin and etoposide clarified): Therapy for recurrent and metastatic nasopharyngeal cancer using cisplatin and etoposide
- **LUNAVP** revised (labs section clarified): Treatment for advanced non-small cell lung cancer (NSCLC) with cisplatin and vinorelbine
- **UMYBORTEZ** revised (dose modification clarified to match protocol): Treatment of multiple myeloma with bortezomib

## CANCER DRUG MANUAL

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The Cancer Drug Manual is available on the BC Cancer Agency website [www.bccancer.bc.ca/cdm/](http://www.bccancer.bc.ca/cdm/).

## NURSING UPDATE

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### **Special Presentation: “Understanding and Working with Monoclonal Antibodies”**

In the April edition of Systemic Therapy Update we cited an article by Kristi Schmidt, RN on “Trends in Cancer Therapy”. Kristi Schmidt spoke at the Vancouver Cancer Center on June 28 on “Understanding and Working with Monoclonal Antibodies”. This session was videotaped and will be available to you shortly through the BCCA library.

### **Articles of the Month**

\*Flemm, L. (2004). Aprepitant for Chemotherapy-Induced Nausea and Vomiting. Clinical Journal of Oncology Nursing, 8(3).

Viele, C. (2003). Overview of chemotherapy-induced diarrhea. Seminars in Oncology Nursing, 19(4 Suppl 3), pp. 2-5.

\* Electronic version of the article is accessible within the BC Cancer Agency regional cancer centres through [file:///H:/EVERYONE/Library/ejournal\\_intro.htm/](file:///H:/EVERYONE/Library/ejournal_intro.htm/).

## PATIENT EDUCATION

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Patient information handouts for cancer drugs are available on the BC Cancer Agency website ([www.bccancer.bc.ca/DrugDatabasePt/](http://www.bccancer.bc.ca/DrugDatabasePt/)) under Health Professionals Info, Cancer Drug Manual, Drug Information for the Patient. For treatment protocol specific information, go to the BC Cancer Agency website ([www.bccancer.bc.ca](http://www.bccancer.bc.ca)) under [Health Professionals Info, Chemotherapy Protocols, Information for the Patient](#).

## DRUG UPDATE

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**Fulvestrant (Faslodex®)** injection has recently been granted approval by [Health Canada](#) as a treatment of hormone receptor metastatic breast cancer in postmenopausal women with disease progression following antiestrogen therapy. Until now, this drug has been available free of charge through the Special Access Programme (SAP). Physicians needed undesignated approval from BCCA and SAP approval from Health Canada and AstraZeneca, the manufacturer, in order to use fulvestrant. With the Health Canada approval, SAP access will no longer be available for this drug for any indications. AstraZeneca is in the process of establishing a program to facilitate access to the drug to patients already being treated with fulvestrant and to new patients who fit the Health Canada approved indication. For more details, please Galina Szlapetis - 1-800-565-5877 local 6091.

**Goserelin (Zoladex® LA)** is a BCCA Class I benefit drug for some patients with prostate cancer. Zoladex® LA is available as 3.6 mg (1-month sustained release) and 10.8 mg (3-month sustained release) depot injections. AstraZeneca has recently announced changes to the product line. As existing supplies are depleted, new Zoladex® LA product will include the **SafeSystem™ safety device**. Once the plunger is fully depressed, a protective sleeve is activated which completely covers the needle as it is withdrawn from the patient. Packages with the new safety device can be identified by the SafeSystem™ phrase on the package.

According to the US Occupational Safety and Health Administration most needlestick injuries result from unsafe devices. The US Centres for Disease Control estimates that up to 88% of needlestick injuries are preventable with safer devices. The Canadian Workers Health and Safety Centre recommends that new devices be systematically evaluated for safety. Zoladex® LA SafeSystem™ is designed to meet the requirements for a properly designed needle safety device.

An information brochure, with a picture of the device and instructions for use, is available from AstraZeneca.

**Octreotide (Sandostatin LAR®) injection** is now available with diluent in pre-filled syringe. This reduces the number of preparation steps needed previously from a vial and an ampoule. The new formulation is prepared by injecting the contents of the diluent pre-filled syringe into the vial and reconstitute.

### CANCER MANAGEMENT GUIDELINES

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**Adjuvant Chemotherapy for Non-Small Cell Lung Cancer** The *Lung* Tumour Group has revised this section to introduce the use of adjuvant chemotherapy for selected patients with fully resected non-small cell lung cancer. See **Highlights of Protocol Changes** in this issue for more details.

The Cancer Management Guidelines are available on the BC Cancer Agency website (<http://www.bccancer.bc.ca/CaMgmtGuidelines/>) under Health Professionals Info, Cancer Management Guidelines.

### PROVINCIAL SYSTEMIC THERAPY PROGRAM POLICIES

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BC Cancer Agency Systemic Therapy Policies are available on the BC Cancer Agency website ([www.bccancer.bc.ca](http://www.bccancer.bc.ca)) under Health Professionals Info, Chemotherapy Protocols, Policies and Procedures.

### LIBRARY/CANCER INFORMATION CENTRE

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**Unconventional Cancer Therapies Manual** is available on the BC Cancer Agency website [www.bccancer.bc.ca](http://www.bccancer.bc.ca) under Patient/Public Info, Unconventional Therapies. The manual consists of 46 short monographs on the more commonly used unconventional cancer therapies (e.g., Essiac, vitamins, teas, shark cartilage) and includes tips for the patient and family on how unconventional therapies can be evaluated. For each therapy, the manual provides proponent/advocate claims, as well as evidence-based evaluation/critique quotations from the literature.

### CONTINUING EDUCATION

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**British Columbia Cancer Agency Annual Cancer Conference 2004** This year's conference will be held from November 25 to 27, 2004 at the Westin Bayshore Hotel in Vancouver. The theme of this year will be "*Translational Research Across Knowledge Generating Spectrum*".

The *Partners in Cancer Care* meeting and the *Scientific Fair* will be held respectively on the morning and afternoon of Thursday, November 25. The *Clinical Scientific Symposium* will be held on Friday, November 6. This is open to all healthcare professionals and is an academic evidence-based exploration of new scientific insights that hold potential to advance cancer care. In addition, there will be *Provincial Oncology Professionals* education and business meetings held on selected dates on November 25 to 27 for the following disciplines:

<u>November 25</u>	
• Pathology	
<u>November 26</u>	
• Nursing	• Nutrition
• Palliative care	• Psychosocial Oncology
<u>November 27</u>	
• Pharmacy	• Radiation Therapy
• Oral Oncology	• Family Practice
• Surgical Oncology	• Pediatric Oncology
• Medical Oncology Retreat	

Other programs will include the *Poster Presentation and Clinical Scientific Banquet* (November 26) and the new *Public Forum* (November 27).

Keep posted for more information on the conference registration on the BC Cancer Agency website [www.bccancer.bc.ca](http://www.bccancer.bc.ca).

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