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

HIGHLIGHTS OF PROTOCOL CHANGES

The Breast Tumour Group has revised the **fluorouracil** dose in the **CAF** regimen (cyclophosphamide, doxorubicin [Adriamycin], fluorouracil) from the current 600 mg/m² to **500 mg/m²**. The latter dose was used in the original clinical trial (*Bennett JM, et al. J Clin Oncol 1988;6(10):1611-20*). The protocols affected by this change include CAF regimen used in locally advanced (BRLA2), inflammatory (BRINFCAF) and metastatic (BRAVCAF) breast cancer, as well as the adjuvant setting (BRAJCAF). Patients currently already on CAF regimens do not need to have their dose reduced.

BENEFIT DRUG LIST

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

LIST OF NEW AND REVISED PROTOCOLS

INDEX to BC Cancer Agency Protocol Summaries revised monthly (include tumour group, protocol code, indication, drugs, last revision

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

- **BRAJCAF** revised (fluorouracil dose reduced, reference added): Adjuvant therapy for breast cancer using cyclophosphamide, doxorubicin and fluorouracil
- **BRAVCAF** revised (fluorouracil dose reduced, reference added): Palliative therapy for metastatic breast cancer using cyclophosphamide, doxorubicin and fluorouracil
- **BRINFCAF** revised (fluorouracil dose reduced, reference added): Inflammatory breast cancer using cyclophosphamide, doxorubicin and fluorouracil

- **BRLA2** revised (fluorouracil dose reduced, reference added): Locally advanced breast cancer using cyclophosphamide, doxorubicin and fluorouracil
- **ULYALEM** revised (corticosteroids premedications): Treatment of fludarabine-refractory B-chronic lymphocytic leukemia (B-CLL) and T-prolymphocytic leukemia (T-PLL) with alemtuzumab

Protocols are available on the BC Cancer Agency website (www.bccancer.bc.ca) under [Health Professionals Info, Chemotherapy Protocols](#).

REIMBURSEMENT FORMS

Undesignated Indication Form has been reformatted. Copies of the form can be obtained via faxback and electronic version of the form is available on the BC Cancer Agency website (www.bccancer.bc.ca) under Health Professionals Info, Chemotherapy Protocols, Frequently Used Forms.

CANCER MANAGEMENT GUIDELINES

Empiric Treatment of Febrile Neutropenia A new guideline on the empiric management of febrile neutropenia in patients with solid tumours has been developed with input from the Medical Oncology and Antibiotic Subcommittee of the BC Cancer Agency. This is based on a compilation of published guidelines and current practice. Similar guidelines are also available for bone marrow transplant patients and pediatric patients.

The guidelines on treatment of febrile neutropenia are available on the BC Cancer Agency website (www.bccancer.bc.ca) under [Health Professionals, Cancer Management Guidelines, Supportive Care, Febrile Neutropenia](#).

Prostate Cancer Screening A new patient information pamphlet on the use of prostate specific antigen test (PSA) to detect prostate cancer is now available as a patient resource. For more information, see under the Patient Education section in this issue of the Update or go to our website at www.bccancer.bc.ca/PSAScreening.

The Cancer Management Guidelines are available on the BC Cancer Agency website (www.bccancer.bc.ca) under [Health Professionals Info, Cancer Management Guidelines](#).

PRE-PRINTED ORDER UPDATE

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.

- **BRAJCEF** revised (CBC and diff in Labs section): Adjuvant therapy for breast cancer using Cyclophosphamide, Epirubicin and Fluorouracil
- **BRAVDOC** revised (note added regarding non-PVC equipment): Palliative therapy for metastatic breast cancer using docetaxel (Taxotere[®])
- **BRINFCEF** revised (CBC and diff in Labs section): Therapy for inflammatory breast cancer using cyclophosphamide, epirubicin and fluorouracil
- **BRLACEF** revised (CBC and diff in Labs section): Therapy for locally advanced breast cancer using cyclophosphamide, epirubicin and fluorouracil
- **GUVEIP** revised (mesna dosing): Nonseminoma consolidation/salvage protocol for germ cell cancer using vinblastine, cisplatin, ifosfamide and mesna
- **GUVIP2** revised (mesna dosing): Nonseminoma consolidation/salvage protocol (synonyms: GU-88-02) using etoposide, cisplatin, ifosfamide, mesna

PATIENT EDUCATION

Gefitinib (Iressa[®], ZD 1839) This patient information handout has been revised to include the generic name of “gefitinib” of the drug and cautions on rare pulmonary toxicity. For more information, please refer to the August 2002 issue ([Vol 5, No 8](#)) of the Systemic Therapy Update newsletter.

Patient information handouts for cancer drugs are available on the BC Cancer Agency website (www.bccancer.bc.ca) 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) under [Health Professionals Info, Chemotherapy Protocols, Information for the Patient](#).

PSA Screening for Prostate Cancer To assist British Columbia men in making informed decisions about testing for prostate cancer, the BC Cancer Agency has created a pamphlet – "The Pros and Cons of PSA Screening for Prostate Cancer" – outlining the risks and benefits of testing.

The blood test commonly used to detect the presence of prostate cancer – the prostate specific antigen test (PSA) – is a controversial screening tool. There are valid reasons for and against the decision to have a PSA test. Currently, there is no clear agreement among health care experts that a PSA test offers a definitive answer about what a man should do. Before requesting the test, the BC Cancer Agency believes that men should be informed of the pros and cons. The pamphlet, developed in collaboration with the Vancouver Prostate Support and Awareness Group, offers information about prostate cancer, other prostate conditions, reasons to test, and reasons not to test.

PSA Screening for Prostate Cancer (cont'd) As part of Prostate Cancer Awareness Week (September 15 to 21), the BC Cancer Agency has started distributing 50,000 of these decision-making guides to family physician offices across the province. The Agency recommends that men who are aged 50 to 70 discuss the issues with their family doctor and make their own decision whether to be tested or not.

The PSA Screening Pamphlet is available on the BC Cancer Agency website (www.bccancer.bc.ca) under a direct link of www.bccancer.bc.ca/PSAScreening. Printed copies of the brochure may be obtained from:

Attention: Shirlyn Baskette
 BC Cancer Foundation
 200-601 West Broadway
 Vancouver V5Z 4C2
 Tel: 1-888 906-2873 or email sbaskette@bccancer.bc.ca

CANCER DRUG MANUAL

The Cancer Drug Manual is available on the BC Cancer Agency website www.bccancer.bc.ca/cdm/.

NURSING PRACTICE

Supporting Continuing Competence In Chemotherapy

At the BC Cancer Agency, our goal is to support **all chemotherapy certified nurses** to maintain and continue their competency in the administration of chemotherapy.

Key aspects of continuing competency are:

- adequate opportunities to apply the knowledge and skill of chemotherapy administration, and
- access to ongoing educational opportunities to support current chemotherapy practice.

Information about BCCA Nursing's initiative to support your continuing competence in chemotherapy has been mailed to you and your manager. If you have not received your information letter by 15th of October, please contact Isabel Lundie by e-mail (ilundie@bccancer.bc.ca) or by phone at 1-800-663-3333, local 2623.

FOCUS ON ADJUVANT OXALIPLATIN IN COLORECTAL CANCER

Recent data presented at the 2003 American Society of Clinical Oncology meeting, suggested that combination oxaliplatin-based regimens may have a role in the adjuvant therapy of colorectal cancer.^{1,2} The Multicenter International Study of Oxaliplatin/5FU-LV in the Adjuvant Treatment of Colon Cancer ([MOSAIC](#)) involved 2248 patients with completely resected stage II (40%) or III (60%) colon cancer. Patients were randomized to receive either adjuvant leucovorin 200 mg/m² as a 2 hour infusion, fluorouracil 400 mg/m² bolus and 600 mg/m² over 22-hours as a continuous infusion on days 1 and 2 or the identical regimen with the addition of oxaliplatin 85 mg/m² given on day 1 only.³ Both regimens were repeated every 14 days for a total of 12 cycles.

A significantly higher 3-year disease free survival was seen with the oxaliplatin-based regimen (77.8% vs. 72.9%, hazard ratio [HR] 0.77 [0.65-0.92], p < 0.01). Subgroup analyses showed significant benefits in stage III patients

(71.8% vs. 65.5%, HR 0.76 [0.62-0.92]) and a trend towards increased survival with stage II patients (86.6% vs. 83.9%, HR 0.82 [0.57-1.17]). All cause mortality of either regimen was 0.5% and febrile neutropenia was seen in less than 2% of the patients. The oxaliplatin-based regimen was associated with more grade $\frac{3}{4}$ neutropenia (41.0% vs. 4.7%) and peripheral sensory neuropathy (12.4% vs. 1%).

The implications of these promising results await the publication of the overall survival data from this or other adjuvant therapy trials. Therefore, at this time adjuvant combination regimens are not recommended by the BCCA Gastrointestinal Tumour Group and are not funded by the BCCA. The fluorouracil-leucovorin regimen (**GIFFAD**) remains the recommended adjuvant chemotherapy for stage III and selected high risk stage II colorectal cancer patients. For more details, see the BCCA [Cancer Management Guidelines](#).

References:

1. de Gramont A, Banzi M, Navarro M, et al. Oxaliplatin/5-FU/LV in adjuvant colon cancer: Results of the international randomized mosaic trial. Proc Am Soc Clin Oncol 2003;22:(abstract 1015).
2. de Gramont A. Oxaliplatin/5-FU/LV in adjuvant colon cancer: Results of the international randomized phase III "MOSAIC" trial. In: Presented at the Annual Meeting of the American Society of Clinical Oncology; May 31 - June 3, 2003; Chicago, Illinois, USA; May 31 - June 3, 2003.
3. de Gramont A, Figuer A, Seymour M, et al. Leucovorin and fluorouracil with or without oxaliplatin as first-line treatment in advanced colorectal cancer. J Clin Oncol 2000;18(16):2938-47.

PROVINCIAL SYSTEMIC THERAPY PROGRAM POLICIES

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

LIBRARY/CANCER INFORMATION CENTRE

Unconventional Cancer Therapies Manual is available on the BC Cancer Agency website 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 **Unconventional Cancer Therapies Manual** (cont'd) well as evidence-based evaluation/critique quotations from the literature.

This manual is currently being revised and the Fourth Edition will be published in the near future.

CONTINUING EDUCATION

British Columbia Cancer Agency Annual Cancer Conference 2003 This year's conference will be held from November 27 to 29, 2003 at The Fairmont Vancouver Hotel in Vancouver.

The **Partners in Cancer Care** meeting will be held on Thursday, November 27. The meeting will focus on *The Evolving Regional, Provincial and BC Cancer Agency Collaboration in Planning and Delivery of Cancer Care*, with representation from health professionals who care for cancer patients throughout British Columbia.

The focus of the **Clinical-Scientific** meetings on Friday and Saturday will be on **"Risk Reduction in Cancer Incidence"**. 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.

The **Provincial Oncology Professionals** education and business meetings will be held on all three days of the conference for the following disciplines:

Friday, November 27	Saturday, November 28	Sunday, November 29	
Nursing	Nursing	Family Practice	Radiation Oncology
Nutrition	Nutrition	Pharmacy	Radiation Therapy
Pathology	Psychosocial Oncology	Pediatric Oncology	Surgical Oncology
Psychosocial Oncology		Oral Oncology/Dentistry	

Call for Abstracts Poster Presentations **Deadline for submission is October 17, 2003.** Details on abstract submission can be found on “Annual Cancer Conference 2003” section on our website: www.bccancer.bc.ca

Early bird registration (before October 17) is \$100. Thereafter, the cost of registration is \$150. You can also register on-site on the day of the conference for \$200.

For more information about the conference, click on the link: <http://www.bccancer.bc.ca/HPI/ACC2003> or call (604) 877-6098 local 2744.

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FAX (604) 877-0585

bulletin@bccancer.bc.ca

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UPDATES Please Fax-Back information below:

Most items have been hyperlinked for easy access

<input type="checkbox"/> All items for OCTOBER 2003					
Cancer Drug Manual Monographs : (also available on our website www.bccancer.bc.ca)					
Patient Education Handout : (also available on our website www.bccancer.bc.ca)					
<input type="checkbox"/> LYABVD					
Pre-printed Orders:					
<input type="checkbox"/> BRAJCEF	<input type="checkbox"/> BRINFCEF	<input type="checkbox"/> GUVEIP			
<input type="checkbox"/> BRAVDOC	<input type="checkbox"/> BRLACEF	<input type="checkbox"/> GUVIP2			
Protocol Summaries: (also available on our website www.bccancer.bc.ca)					
Index of Protocol Summaries		<input type="checkbox"/> Index_NT	<input type="checkbox"/> Index_W6		
<input type="checkbox"/> BRAJCAF	<input type="checkbox"/> BRAVCAF	<input type="checkbox"/> BRINFCAF	<input type="checkbox"/> BRLA2	<input type="checkbox"/> ULYALEM	
Provincial Systemic Therapy Program Policies					
Reimbursement (also available on our website www.bccancer.bc.ca)					
<input type="checkbox"/> Benefit Drug List (01 August 2003)					
<input type="checkbox"/> Class 2 Form (01 August 2003)					
<input type="checkbox"/> Undesignated Indication Form (01 October 2003 - reformatted)					
Systemic Therapy Update Index (also available on our website www.bccancer.bc.ca)					
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<input type="checkbox"/> Jan-Dec 2001					
<input type="checkbox"/> Jan-Dec 2002					
<input type="checkbox"/> Jan-Jun 2003					