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

NEW TREATMENT POLICY 2002/3

The Provincial Systemic Therapy Program of the BC Cancer Agency is pleased to announce the funding of a number of new treatment programs. These programs will be implemented once the relevant treatment protocols, patient education materials and pre-printed orders have been developed by the Provincial Tumour Groups, the Provincial Pharmacy and the Regional Cancer Centres. For more details, please see under Benefit Drug List and Protocol Update of this and the July issue of the Systemic Therapy Update.

BENEFIT DRUG LIST

The following new programs have been funded by the Provincial Systemic Therapy Program effective 1 August 2002:

- **Amifostine** (Undesignated Indication approval required for each patient) radiation protection for radical radiotherapy. (*Note: requires approval from Health Canada Special Access Programme*) (UHNRAMI)
- **Interferon** (Undesignated Indication approval required for each patient) for adjuvant therapy of high risk malignant melanoma (USMAJIFN)
- **Valrubicin (Class II)** for BCG-refractory bladder Tis in patients unfit for cystectomy (GUBVAL)

These new indications are now added to the benefit list. If applicable, a Class II form or Undesignated Indication application 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.

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

The current Benefit Drug List, Class II forms 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.

PROTOCOL UPDATE

INDEX to BC Cancer Agency Protocol Summaries revised monthly (includes 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.

- **GIFUA** revised (treatment cycle lengthened to 6 weeks): Curative combined modality therapy for carcinoma of the anal canal using mitomycin, infusional fluorouracil and radiation therapy

- **GUBVAL** new: Intravesical valrubicin for BCG-refractory bladder Tis in patients unfit for cystectomy
- **UHNRAMI** new (Undesignated Indication approval required for each patient): Radiation protection for radical radiotherapy of head and neck tumours using amifostine (*Note: requires approval from Health Canada Special Access Programme*)
- **MYHDC** revised (ciprofloxacin and filgrastim treatments): Single dose cyclophosphamide priming therapy for multiple myeloma prior to autologous stem cell transplant
- **USMAJIFN** new (Undesignated Indication approval required for each patient): Adjuvant therapy of high-risk malignant melanoma with high dose interferon (HDIFN) α -2b (*Note: for nursing issues related to this protocol, please contact 604-877 6098 local 2623*).

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

CANCER MANAGEMENT MANUAL

The Cancer Management Manual is 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.

PATIENT EDUCATION UPDATE

LHRH Agonists The patient information handouts for Buserelin, Goserelin and Leuprolide have been revised to reflect the current formulation of these products.

ZD 1839 (Iressa®) A new patient information handout is now available.

Patient information handouts for cancer drugs are available on the BC Cancer Agency website (www.bccancer.bc.ca) under Health Professionals Info, Drug Database.

DRUG UPDATE

ZD 1839 (Iressa®) is an oral antineoplastic agent that has not been marketed but is being studied in various types of cancers, including non-small cell lung cancer. The main mechanism of action is the selective inhibition of tyrosine kinase at the epidermal growth factor receptor. Supply of ZD 1839 may be obtained through the Health Canada Special Access Programme but it is not a BCCA Benefit Drug.

Hyaluronidase (Wydase®) is no longer available in Canada. This is traditionally used in the management in the extravasation of vinca alkaloids. There are some suggestions that normal saline in various quantities may be injected to the extravasation site to dilute the vesicant.^{1,2} However, based on the current evidence available, the American Society of Health-System Pharmacy cannot recommend a pharmacologic alternative to hyaluronidase³ and patients should be managed with the usual nonpharmacologic measures as outlined in the BC Cancer Agency Systemic Therapy Policy on the Prevention and Management of Extravasation of Chemotherapy (Policy III-20) (available on the BC Cancer Agency website www.bccancer.bc.ca under Health Professionals Info, Chemotherapy Protocols, Policies and Procedures)

References

1. Robert T. Dorr, PhD. Personal communication. Professor of Pharmacology, Arizona Cancer Center, Tucson, Arizona; 11 April 2002.
2. Scuderi N, Onesti M. Antitumor agents: extravasation, management, and surgical treatment. *Ann Plast Surg* 1994;32(1):39-44.
3. American Society of Health-System Pharmacists. Hyaluronidase Injection—Product Unavailable. 3 April 2002. Available from <http://www.ashp.org/shortage/hyaluronidase.html#ref>. Accessed 5 April, 2002.

FOCUS ON THE SEQUENCE OF ADMINISTRATION OF RITUXIMAB AND CHOP

Rituximab plus CHOP (LYCHOP-R) protocol is indicated in the treatment of previously untreated

advanced stage diffuse large B-cell lymphoma, using cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) and rituximab. Based on the preliminary report from the Groupe d'Etude des Lymphomes de l'Adulte (GELA),¹ the protocol was initially implemented in March 2001 and allowed either CHOP or rituximab to be given first, as long as they were within 72 hours of each other.

With more details available after the full report was published in January 2002,² the protocol was revised in February 2002 to specify that CHOP should be given on Day 1 and rituximab on Day 1 or 2 whenever possible, but no later than 72 hours after CHOP. This change was made to reflect the current knowledge on the concurrent use of these drugs, as published by the GELA group.²

Until additional information about the sequencing of the drugs in CHOP-R becomes available it is important that we mimic the original administration procedure and timing as closely as possible when using this potentially curative chemotherapy. An additional advantage of this sequence in administration is the beneficial effect of prednisone on the infusion-related adverse events common with the first dose of rituximab. The protocol was revised to reflect this benefit, specifying that the prednisone dose for that day should be taken on the morning of the rituximab infusion. Finally, there are emerging in vitro data that suggest that rituximab may sensitize lymphoma cells to cytotoxic agents, although the clinical significance of these findings and their implications for drug sequencing and timing are yet to be established.³⁻⁶

References

1. Coiffier B, Lepage E, Herbrecht R, et al. Mabthera (rituximab) plus CHOP is superior to CHOP alone in elderly patients with diffuse large B-cell lymphoma: interim results of a randomized GELA trial. *Blood* 2000;96(11):223a (abstract 950).
2. Coiffier B, Lepage E, Briere J, et al. CHOP Chemotherapy plus Rituximab Compared with CHOP Alone in Elderly Patients with Diffuse Large-B-Cell Lymphoma. *N Engl J Med* 2002;346(4):235-42.
3. Chow KU, Sommerlad WD, Boehrer S, et al. Anti-CD20 antibody (IDEC-C2B8, rituximab) enhances efficacy of cytotoxic drugs on neoplastic lymphocytes in vitro: role of cytokines, complement, and caspases. *Haematologica* 2002;87(1):33-43.
4. Di Gaetano N, Xiao Y, Erba E, et al. Synergism between fludarabine and rituximab revealed in a follicular lymphoma cell line resistant to the cytotoxic activity of either drug alone. *British Journal of Haematology* 2001;114(4):800-9.
5. Alas S, Bonavida B. Rituximab inactivates signal transducer and activation of transcription 3 (STAT3) activity in B-non-Hodgkin's lymphoma through inhibition of the interleukin 10

autocrine/paracrine loop and results in down-regulation of Bcl-2 and sensitization to cytotoxic drugs. *Cancer Res* 2001;61(13):5137-44.

6. Ghetie MA, Bright H, Vitetta ES. Homodimers but not monomers of Rituxan (chimeric anti-CD20) induce apoptosis in human B-lymphoma cells and synergize with a chemotherapeutic agent and an immunotoxin. *Blood* 2001;97(5):1392-8.

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Reviewed by Joseph Connors,
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BCCA

CANCER DRUG MANUAL

Interferon alpha monograph for healthcare professionals has been revised to reflect the current pharmaceutical and dosing information of Intron A®.

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

PROVINCIAL SYSTEMIC THERAPY PROGRAM POLICIES

Policy on Extravasation of Chemotherapy

The BC Cancer Agency Systemic Therapy Policy on the Prevention and Management of Extravasation of Chemotherapy (Policy III-20) has been revised to reflect the following changes:

- change in the preferred route of administration of vinblastine (see Drug Update section in the May issue of Systemic Therapy Update)
- the extravasation categories of "irritant" and "none" are more clearly defined
- the extravasation category of "minimal" has been deleted; drugs previously in this category have been moved to other categories
- several drugs have been added to the list: clodronate, oxaliplatin, pamidronate, raltitrexed, rituximab and trastuzumab
- deletion of hyaluronidase in the management of vinca alkaloids extravasation (see Drug Update in this issue)

Policy on Use of Free Samples of Medications The BC Cancer Agency Systemic Therapy Policy on Free Samples of Medications (Policy III-70) is now available. This policy addresses the issues of the use of physician samples and trial sizes of medications (i.e., provided free of charge by the manufacturer) that are otherwise commercially available.

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 well as evidence-based evaluation/critique quotations from the literature.

CONTINUING EDUCATION

BC Cancer Agency Annual Cancer Conference will be held on 28, 29 and 30 of November at the Renaissance Harbourside Hotel in Vancouver. The Thursday of 28 November will be the *Partners in Cancer Care* meeting (by invitation only), focusing on issues that relate to the Agency, with representations from physicians, nurses, nutritionists, pharmacists and social workers of the community cancer centres and cancer services.

The mornings of Friday and Saturday will be the *Annual Oncologist / Scientist Cancer Conference*. This is open to any healthcare professionals and is an academic evidence-based exploration of new scientific insights that hold potential to advance cancer care. In addition to the "hot topics", this year's theme will be "The Immune System and Cancer". This part of the conference is open to all

professionals caring for cancer patients and is especially relevant to oncologists and cancer research scientists.

The *Annual Provincial Oncology Professionals* education and business meetings for cancer surgery, radiation therapy and pharmacy will be held on Saturday, 30 November, while other disciplines will hold theirs on Friday, 29 November. This part of the conference is also by invitation from the provincial oncology leader.

For more details, please call tel: (604) 877-6098 local 2744.

Canadian Association of Nurses in Oncology (CANO) Annual Conference will be held in Winnipeg, Manitoba on 22-25 September 2002. The theme for this year will be "The Spirit of Caring: At the Crossroads of Oncology Nursing". For more details, please contact tel: (613) 270-0711, fax: (613) 599-7027, e-mail: canoacio@igs.net, or Canadian Association of Nurses in Oncology, 232-329 March Road, Box 11, Kanata, Ontario, K2K 2E1.

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BULLETIN UPDATES	LOCATION			
Pre-Printed Orders	H:\everyone\systemic\chemo\Orders\VCC			
Index of Pre-Printed Orders	Index.doc			
Protocol Summaries	H:\everyone\systemic\chemo\Protocol\tumour site"			
Index of Protocol Summaries	Index_NT or Index_W6			
	GIFUA	GUBVAL	UHNRAMI	MYHDC
	USMAJIFN			
Patient Education Handout	H:\everyone\systemic\chemo\Pt Education			
	Buserelin	Goserelin		
	Leuprolide	ZD 1839 (Iressa ®)		
Provincial Systemic Therapy Policies	H:\everyone\systemic\chemo\policies\III_PatientCare			
III-20 Prevention & Management of Extravasation of Chemotherapy	III-20			
Reimbursement	H:\everyone\systemic\chemo\Reimburs			
Benefit Drug List (1 August 2002)	BenefitList.doc			
Class 2 Form (1 August 2002)	Class2.doc			
Filgrastim Usage Form (1 June 2001)	GCSF_form.doc			
Undesignated Indication Form (August 2002)	Undesig.doc			

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