



Systemic Therapy Update

Volume 11, Number 1 *for health professionals who care for cancer patients* January 2008
Website access at <http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate.htm>

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IN TOUCH phone list is provided if additional information is needed.

EDITOR'S CHOICE

NEW TREATMENT PROGRAMS

The Provincial Systemic Therapy Program is pleased to announce the funding for a number of new treatment programs.

Tumour Group	Program	Special Application Process
Gastrointestinal	Sorafenib therapy for advanced hepatocellular carcinoma (UGISORAF)	CAP
Head and Neck	Combined cetuximab with radiation treatment for locally advanced squamous cell carcinoma of the head and neck (UHNCETRT)	CAP, SAP
Sarcoma	Adjuvant imatinib for high risk patients with resected gastrointestinal stromal tumours (USAAJGI)	CAP

CAP = BC Cancer Agency Compassionate Access Program

SAP = Health Canada Special Access Programme

CANCER MANAGEMENT GUIDELINES

Management of Bisphosphonates-Related Osteonecrosis of the Jaw has been added to Supportive Care – Oral/Dental section (www.bccancer.bc.ca/HPI/CancerManagementGuidelines/SupportiveCare/Oral/). This includes management guidelines information for the physician and dentists, as well as information for patients receiving these drugs for multiple myeloma or breast cancer.

CANCER DRUG MANUAL

Cetuximab Patient Handout has been developed to coincide with the new treatment program for head and neck cancers (UHNCESTR). Expert review was provided by Drs. Sharlene Gill (GI Tumour Group), Stephen Chia (Head & Neck Tumour Group), and Barry Sheehan (Head and Neck Tumour Group).

Mitomycin Monograph and Patient Handouts have been completely revised. Expert review was provided by Drs. Sharlene Gill (Gastrointestinal Tumour Group) and David Stuart (Medical Oncologist, Burnaby General Hospital). Highlights of changes include:

- Monograph:
 - Side Effects: more details on possible pulmonary toxicity and hemolytic uremic syndrome
 - Parenteral Administration: dilution of standard doses into small volume mini-bags no longer recommended.
 - Dosage Guidelines: more details on dose adjustment for myelosuppression and renal dysfunction
- Patient Handouts:
 - *bladder handout*: lengthening the suggested time to restrict fluid intake prior to treatment, and the time to increase fluid intake after treatment
 - *injection handout*: addition of treatment-related fever to the side effects

Chemotherapy Preparation and Stability Chart – Mitomycin has been revised with the following:

- routine review and updating, expiry in syringe changed to 48 hours at room temperature or refrigerated

Capecitabine Monograph's Dose Modifications for Hand-Foot Skin Reactions has been changed to reflect current information in company product monograph.

Pamidronate and Clodronate Monographs and Patient Handouts have been modified to include reference to the new documents produced by oral oncology on osteonecrosis of the jaw caused by bisphosphonates.

Changes to the Cancer Drug Manual User's Guide The Solution Preparation and Compatibility section of drug monographs will no longer provide details on drug-drug compatibility for parenteral antineoplastic agents. Until now, this section has included limited compatibility information which had little practical use and could potentially pose a risk of misinterpretation. Readers will now be direct to consult a detailed reference for compatibility information.

2007 Acknowledgements The Cancer Drug Manual staff would like to thank the Editorial Board and the expert reviewers for sharing their time and expertise in support of the Manual throughout the year.

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The Cancer Drug Manual Editorial Board is currently looking for one medical oncologist board member. If you are interested in participating in this multi-disciplinary team, please contact Tanya Leduc, Acting Editor, Cancer Drug Manual, 25-519-5500, local 3742, tleduc@bccancer.bc.ca

Submitted by:
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On Behalf of Cancer Drug Manual Staff
BC Cancer Agency

DRUG UPDATE – RITUXIMAB PACKAGING COLOUR

Special Caution – Change in Packaging Colour of Rituximab (RITUXAN®) vials has recently changed from orange to white background by the manufacturer, Hoffman-La Roche. The strength is listed in orange and the rest of the text is in royal blue. Pharmacy staff should be alerted to the potential risk of medication error by confusing rituximab 500 mg vial with trastuzumab (HERCEPTIN®) 440 mg vial, also made by Hoffman-La Roche:

- both vials are of the same size and have similar labels
- after reconstitution, both vials are stored in the refrigerator
- if alphabetically filed, rituximab vial may end up next to trastuzumab vial on the shelf.

LIST OF NEW AND REVISED PROTOCOLS, PRE-PRINTED ORDERS AND PATIENT HANDOUTS

BC Cancer Agency Protocol Summaries, Provincial Pre-Printed Orders (PPPOs) and Patient Handouts are revised periodically. New and revised protocols, PPPOs and patient handouts for this month are listed below. Protocol codes for treatments requiring “Compassionate Access Program” approval are prefixed with the letter U.

NEW PROTOCOLS, PPPOs AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED):

CODE	Protocol	PPPO	Patient Handout	Protocol Title
GIRINFRT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Combined Modality Adjuvant Therapy for High Risk Rectal Carcinoma using Capecitabine, Infusional Fluorouracil and Radiation Therapy
GIRCRT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Combined Modality Adjuvant Therapy for High Risk Rectal Carcinoma using Capecitabine and Radiation Therapy
GIRCAP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adjuvant Capecitabine Therapy for Stage II and III Rectal Cancer Previously Treated with Preoperative Radiotherapy
UHNCE TRT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Combined Cetuximab with Radiation Treatment for Locally Advanced Squamous Cell Carcinoma of the Head And Neck
USAAJGI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adjuvant Imatinib for High Risk Patients with Resected Gastrointestinal Stromal Tumours
UGISORAF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sorafenib Therapy for Advanced Hepatocellular Carcinoma

REVISED PROTOCOLS, PPPOs AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED):

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
BRAVA3 (BRAVA7)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Protocol code revised</i>	Palliative Therapy for Metastatic Breast Cancer using Weekly Doxorubicin
BRAVNAV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Volume of flushing normal saline clarified</i>	Palliative therapy for symptomatic metastatic breast cancer using Vinorelbine
BRAVCAD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Dose modifications for hand-foot syndrome and schedule for creatinine tests revised</i>	Palliative Therapy for Metastatic Breast Cancer Using Docetaxel and Capecitabine
BRAVCAP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Dose modifications for hand-foot syndrome and schedule for creatinine tests revised</i>	Therapy for Metastatic Breast Cancer Using Capecitabine
GIAJCAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Dose modifications for hand-foot syndrome revised</i>	Adjuvant Therapy of Colon Cancer using Capecitabine
GIAVCAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Dose modifications for hand-foot syndrome revised</i>	Palliative Therapy of Advanced Colorectal Cancer using Capecitabine
UGICAPIRI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Dose modifications for hand-foot syndrome revised</i>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan and Capecitabine in Patients Unsuitable for GIFOLFIRI
UGICAPOX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Dose modifications for hand-foot syndrome revised</i>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Oxaliplatin, and Capecitabine.
UGICIRB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Dose modifications for hand-foot syndrome revised</i>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan, Bevacizumab and Capecitabine
UGICOXB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Dose modifications for hand-foot syndrome revised</i>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Oxaliplatin, Bevacizumab and Capecitabine
HNFUP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Radiation deleted, eligibility clarified, antiemetics and cisplatin dosing clarified</i>	Advanced Head and Neck Cancer Using Cisplatin and Fluorouracil
LKCMLI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Annual bone marrow examination for cytogenetics deleted</i>	Treatment of Chronic Myeloid Leukemia Using Imatinib (GLEEVEC®)
SAAVGI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Minor typo corrected</i>	Treatment of Advanced c-kit positive Gastrointestinal Stromal Cell Tumours (GIST's) Using Imatinib (GLEEVEC®)

PROVINCIAL SYSTEMIC THERAPY PROGRAM POLICIES

Physician Coverage for Medical Emergencies (“Hot Drugs”) Policy (III-60) The time required for physician to remain on site after completion of cetuximab infusion has been extended from 30 minutes to 60 minutes, based on new information from the manufacturer’s monograph.

COMMUNITIES ONCOLOGY NETWORK: SURVEY OF THE ON-LINE SYSTEM FOR CANCER DRUGS AND REIMBURSEMENT (OSCAR)

In April 2005, the BCCA implemented a provincial on-line system for cancer drugs and reimbursement (OSCAR) for the Community Oncology Network (CON) hospital pharmacies. To improve future implementation process of similar projects, an end-user satisfaction survey was conducted in November 2006. Of 171 surveys distributed, 63 responses were received (37%).

Pilot Sites

Prior to provincial roll out, seven hospitals participated in a pilot phase to work out practical use of the system. All sites described their involvement as positive. The majority stated they had the chance to recommend changes (83%) and that those changes were implemented (67%).

Support Resources

Three resources were created to provide learning and support to CON staff during the provincial roll out of OSCAR:

1. OSCAR User Guide, which was a text-based manual. An e-copy of the manual was distributed to all CON sites, followed with the mailing of a hard copy.
2. OSCAR email address.
3. OSCAR telephone line.

A turnaround time of 24-48 hours was set as the standard in responding to questions via email or telephone.

Only 25% of respondents found the e-copy of the manual to be helpful. However, there was almost an even split between preference of using the OSCAR email address (51%) vs. telephone line (49%). Most respondents (78%) found responses to queries via email or telephone to be timely (benchmark: 24-48 hrs).

On-Site Activities

After roll out, some CON sites requested a visit from BC Cancer Agency staff for support in learning. Over half of these sites (58%) found these visits to be helpful in understanding the system.

Overall Satisfaction

A significant proportion of respondents (47%) found the implementation process unsatisfactory; 32% rated the process as satisfactory. Suggestions to improve the implementation process included:

1. working out more of the “bugs” prior to provincial roll-out
2. greater consultation with stakeholders
3. providing more training.

A number of responses referred to the positive and timely help given by the email and telephone support staff, and hands-on training. However, some also commented on the increased amount of human resources needed by CON sites during the implementation.

Summary

Specific elements of the implementation process were met favourably by the survey respondents. These include the OSCAR email address, support telephone line, on-site activities, and the positive and timely help provided by the support resources. However, the overall implementation process was found to be less than satisfactory. Opportunities for improvement include more time to work on the system prior to roll-out,

well as more discussion with stakeholders and training provided to CON staff. Special thanks are extended to the participants of this survey who shared their comments on the implementation process.

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WEBSITE RESOURCES

The following are available on the BC Cancer Agency website (www.bccancer.bc.ca) under the Health Professionals Info section:

REIMBURSEMENT AND FORMS: BENEFIT DRUG LIST, CLASS II, COMPASSIONATE ACCESS PROGRAM (UNDESIGNATED INDICATION)	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms
CANCER DRUG MANUAL	www.bccancer.bc.ca/cdm
CANCER MANAGEMENT GUIDELINES	www.bccancer.bc.ca/CaMgmtGuidelines
CANCER CHEMOTHERAPY PROTOCOLS	www.bccancer.bc.ca/ChemoProtocols
CANCER CHEMOTHERAPY PRE-PRINTED ORDERS	www.bccancer.bc.ca/ChemoProtocols under the index page of each tumour site
SYSTEMIC THERAPY PROGRAM POLICIES	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Policies
UNCONVENTIONAL CANCER THERAPIES MANUAL	under Patient/Public Info, Unconventional Therapies

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LIBRARY/CANCER INFORMATION	1-(888)-675-8001	requests@bccancer.bc.ca
	Ext 8003	
OSCAR HELP DESK	1-(888)-355-0355	oscar@bccancer.bc.ca
	Fax (604) 708-2051	
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VANCOUVER CENTRE (VCC)	(604) 877-6000	Toll-Free 1-(800) 663-3333
VANCOUVER ISLAND CENTRE (VICC)	(250) 519-5500	Toll-Free 1-(800) 670-3322