BC CANCER
Provincial Health Services Authority

Systemic Therapy Update

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For Health Professionals Who Care For Cancer Patients

Inside This Issue:

EDITOR'S CHOICE

BIOSIMILAR BEVACIZUMAB AVAILABLE

Effective 01 November 2019, the BC Cancer Provincial Systemic Therapy Program is implementing the use of biosimilar bevacizumab in all BC Cancer bevacizumab-containing treatment programs.

- **Oncology Biosimilars Utilization Policy [III-190]** – Please see details in the *Provincial Systemic Therapy Program* announcement below.
- **Bevacizumab Monograph**, **Patient Handout** and **Chemotherapy Preparation and Stability Chart** – Highlights of revisions are found in the *Cancer Drug Manual* section below.
- **Pre-Printed Orders** – Revised Gastrointestinal, Gynecology, Neuro-Oncology, and Sarcoma PPPOs are listed in the *Revised Protocols, PPPOs and Patient Handouts* table at the end of the newsletter.
- **Education** – Health professional and patient resource materials are available on the BC Cancer website in the Biosimilar Drugs section. Background information on biosimilars is available in the August 2019 issue of the Systemic Therapy Update.

EDITOR'S CHOICE

NEW PROGRAMS

Effective 01 November 2019, the BC Cancer Provincial Systemic Therapy Program has approved the following treatment programs. The full details of all BC Cancer treatment protocols can be accessed on the BC Cancer website in the Chemotherapy Protocols section.

Skin/Melanoma:

The BC Cancer Skin/Melanoma Tumour Group is introducing nivolumab (**USMAJNIV**, **USMAJNIV4**) and dabrafenib in combination with trametinib (**USMAJDT**), as new adjuvant treatment options for fully resected stage III or IV melanoma. Patients may have BRAF-mutated or BRAF wild-type melanoma to be eligible for nivolumab, whereas patients must have BRAF-mutated melanoma to be eligible for dabrafenib/trametinib. Patients are eligible to receive one year of treatment with nivolumab, or with dabrafenib/trametinib, but not the sequential use of these programs. Patients with BRAF-mutated melanoma who are unable to tolerate dabrafenib/trametinib within the first 3 months of therapy, due to toxicities, can apply for adjuvant nivolumab. These programs fulfill a need for effective treatment options in a population at high risk for recurrence after surgery; currently the only available option, high-dose interferon, provides limited benefit and is rarely used due to substantial toxicity.[1,2] A BC Cancer Compassionate Access Program (CAP) approval is required. Full details for eligibility are outlined in the treatment protocols.

- **Nivolumab for Adjuvant Treatment of Resected Stage III-IV NED Melanoma (USMAJNIV, USMAJNIV4)** – Patients may have BRAF-mutated or BRAF wild-type melanoma to be eligible for this program. Nivolumab options include administration every two weeks (USMAJNIV) or every four weeks (USMAJNIV4).

  Approval of this new program is based on the randomized, double-blind, phase III CheckMate 238 trial, in which nivolumab demonstrated an improvement in 12-month recurrence-free survival compared with ipilimumab (70.5% vs. 60.8%, HR 0.65, 97.56% CI 0.51-0.83).[3] Treatment-related grade 3 or 4 adverse events were reported in 14.4% patients in the nivolumab group; 7.7% of patients required discontinuation due to treatment-related adverse events.

- **Dabrafenib and Trametinib for Adjuvant Treatment of Stage III-IV BRAF-Mutated, Fully Resected Melanoma (USMAJDT)** – Patients must have BRAF-mutated melanoma to be eligible for this program. Patients with BRAF-mutated melanoma who are unable to tolerate dabrafenib/ trametinib within the first 3 months of therapy due to toxicities, can apply for adjuvant nivolumab.

  Approval of this new program is based on the double-blind, placebo-controlled, phase III COMBI-AD trial that demonstrated an improved 3-year rate of relapse-free survival (58% vs. 39%, HR 0.47, 95% CI 0.39-0.58).[4] More patients treated with dabrafenib/trametinib experienced grade 3 or 4 adverse events (41% vs. 14%) and adverse events leading to treatment discontinuation (26% vs. 3%), although there was no meaningful difference in quality of life between the groups.

EDITOR'S CHOICE

Lung:

Atezolizumab in Advanced Non-Small Cell Lung Cancer (NSCLC) (ULUAVATZ) – The BC Cancer Lung Tumour Group is introducing atezolizumab, a PD-L1 checkpoint inhibitor, for patients with advanced NSCLC. Eligibility includes disease progression on or after prior platinum-based chemotherapy, irrespective of tumour histology or PD-L1 expression levels. Atezolizumab provides a treatment alternative to other checkpoint inhibitors for this patient population, who may receive treatment with one of atezolizumab, nivolumab or pembrolizumab, but not the sequential use of these agents. A BC Cancer Compassionate Access Program (CAP) approval is required.

Approval of this new treatment program is based on the randomized, open-label, phase III OAK trial in patients with disease progression during or after prior platinum-containing chemotherapy.[5] Atezolizumab was associated with a 4.2-month improvement in median overall survival (mOS) compared to docetaxel (mOS 13.8 mo vs. 9.6 mo, HR 0.73, 95% CI 0.62-0.87). Fewer patients treated with atezolizumab experienced treatment-related grade 3 or 4 adverse events (15% vs. 43%) or withdrawal from treatment (8% vs. 19%).[6] The toxicity profile of atezolizumab is considered to be similar to what is observed with other available checkpoint inhibitors; the most common adverse events of any grade included fatigue, nausea, decreased appetite and asthenia. Atezolizumab has been added to the Provincial Systemic Therapy Program **Policy III-60 – Drug Reaction Management – Physician Coverage During Delivery of Selected Systemic Therapy Drugs** (Appendix: Tables 1 and 2), available on the SHOP BC Cancer page. Infusion-related reactions have been reported in less than 2% of patients.[7]

References:

1. Pan-Canadian Oncology Drug Review (pCODR) Expert Review Committee (pERC). Final recommendation for nivolumab (Opdivo®) for adjuvant melanoma. 07 March 2019.
2. Pan-Canadian Oncology Drug Review (pCODR) Expert Review Committee (pERC). Final recommendation for dabrafenib combined with trametinib (Mekinist®) for adjuvant melanoma. 03 May 2019.
3. Weber J, Mandala M, Del Vecchio M, et al. Adjuvant nivolumab versus ipilimumab in resected stage III or IV melanoma. N Engl J Med 2017;377:1824-1835. doi: 10.1056/NEJMoa1709030
4. Long GV, Hauschild A, Santinami M, et al. Adjuvant dabrafenib plus trametinib in stage III *BRAF*-mutated melanoma. N Engl J Med 2017;377:1813-1823. doi: 10.1056/NEJMoa1708539
5. Rittmeyer A, Barlesi F, Waterkamp D, et al. Atezolizumab versus docetaxel in patients with previously treated non-small-cell lung cancer (OAK): a phase 3, open-label, multicentre randomized controlled trial. Lancet 2017;389:255-265. Available from: https://doi.org/10.1016/S0140-6736(16)32517-X
6. Pan-Canadian Oncology Drug Review (pCODR) Expert Review Committee (pERC). Final recommendation for atezolizumab (Tecentriq®) for non-small cell lung cancer. 20 June 2018.
7. Hoffmann-La Roche Limited. Tecentriq® product monograph. Mississauga, Ontario. 19 September 2019.

PROVINCIAL SYSTEMIC THERAPY PROGRAM

NEW POLICY: ONCOLOGY BIOSIMILARS UTILIZATION [III-190]

Effective immediately, the BC Cancer Provincial Systemic Therapy Program has implemented **Policy III-190 – Oncology Biosimilars Utilization**, to assist with the prescribing, dispensing and administration of biosimilars. The policy defines the use of oncology biosimilars in clinical practice in BC and determines the selection of and funding for biosimilars and their corresponding reference biologics. Policy III-190 applies to all BC Cancer centres and Community Oncology Network hospitals that receive funding or reimbursement for biosimilars and/or reference biologics from BC Cancer. All Systemic Therapy policies can be found on the Shared Health Organizations Portal (**SHOP**) BC Cancer page. CON hospitals may follow local policies on documentation.

Prescribing, Dispensing and Administration Procedures

- Ordering of biologics will be by the International Nonproprietary Name (**INN**) only. For example, bevacizumab is the INN, whereas Avastin® and Zirabev® are brand names.
- Pharmacy clinical checks will be completed based on the INN following standard pharmacy procedures.
- Pharmacy will select, prepare and dispense the appropriate brand of the reference biologic/ biosimilar and will document the brand used in the **Pharmacy Selection Box** on the **PPPO**:

Pharmacy to select bevacizumab brand as per Provincial Systemic Therapy Policy III-190

Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date
bevacizumab		

- All bevacizumab-containing PPPOs have been revised to include a Pharmacy Selection Box.
- The pharmacy label will indicate both the INN and the brand – the label must match the PPPO (or electronic order) and the medication administration record (MAR). Only the INN will be displayed on infusion pumps due to character limitations within these devices.
- Nursing will perform required checks according to Nursing Practice Reference C-252 and Systemic Therapy Policy III-10.

Funding Details

- Full funding details were announced in the October 2019 issue of the Systemic Therapy Update.
- Both bevacizumab biosimilars, Zirabev® and Mvasi®, are eligible for reimbursement. BC Cancer regional centres will stock Zirabev® as the designated biosimilar.
- The reference biologic, Avastin®, will continue to be funded for all patients who started treatment prior to November 1, 2019.
- All patients starting treatment on or after November 1, 2019, will be funded for biosimilar bevacizumab only. Requests for use of Avastin® in these patients will require submission through the BC Cancer Compassionate Access Program (CAP).

PROVINCIAL SYSTEMIC THERAPY PROGRAM

REVISED POLICY: SCHEDULING IV SYSTEMIC THERAPY PATIENTS [III-120]

The BC Cancer Provincial Systemic Therapy Program **Policy III-120 – Scheduling IV Systemic Therapy Patients** replaces Policy III-120 – Scheduling Patients Over Statutory Holidays. Policy III-120 establishes standardized timing guidelines for booking all subsequent IV systemic therapy appointments, and can be found on the **SHOP** BC Cancer page.

Highlights of policy revisions and additions include:

Revisions	• The term *systemic therapy* has replaced the term *chemotherapy.*
	• The scope has expanded to include all subsequent systemic therapy bookings; the policy was previously limited to bookings requiring an alternate schedule over statutory holidays.
Additions	• Booking parameters have been added for: o Protocols using single-agent trastuzumab. o Protocols administered every 6 months. o Dual modality patients: IV systemic therapy appointments for these patients should not be moved from their originally scheduled treatment dates, without a written order from an oncologist.

INFLUENZA VACCINE GUIDELINE

The **BC Cancer Influenza Vaccine Guideline** is available on the BC Cancer website, in the Supportive Care section of the Cancer Management Guidelines. Recommendations for the 2019-2020 flu season are largely the same as last year, and are summarized below:

Unchanged	• Patients on active chemotherapy, targeted therapy, radiation therapy, or checkpoint inhibitor immunotherapy can receive the *standard dose INACTIVATED influenza vaccine* if not medically contraindicated.
	• See guideline for specific recommendations on: o *Timing* of influenza immunization. o Patients receiving *checkpoint inhibitors* (e.g. atezolizumab, ipilimumab, nivolumab, pembrolizumab).
	• **NOT** recommended: patients should not receive the *live* attenuated vaccine during treatment and for at least 6 months afterwards (there is no live influenza vaccine available in Canada this year, however, please be aware that it is available in the United States and abroad).
NEW	• **NOT** recommended: patients should not receive the *high-dose* inactivated vaccine (i.e. Fluzone® High-Dose).

PROVINCIAL SYSTEMIC THERAPY PROGRAM

ONCOTYPE DX®

The **Oncotype DX® Breast Cancer Assay** patient agreement form has been revised, and is available on the BC Cancer website in the Laboratory Services section. A BC Cancer Compassionate Access Program (CAP) approval is required for Oncotype DX® testing. Note that the Prosigna® Breast Cancer Prognostic Gene Signature Assay is no longer funded by BC Cancer.

DRUG UPDATE

DARATUMUMAB IN MULTIPLE MYELOMA

The **Daratumumab Protocols for Relapsed and Refractory Multiple Myeloma** were implemented in February 2019. Daratumumab is used in combination with bortezomib/dexamethasone (UMYDARBD) or with lenalidomide/dexamethasone (UMYDARLD). In both protocols, dexamethasone is used as a therapeutic agent in the treatment of multiple myeloma AND for the prevention of daratumumab-associated infusion reactions, leading to challenging steroid dosing. The **Protocol**, **PPPO** and **Patient Handout** for each of these programs have been revised for clarity and ease of use.

Highlights of revisions to **UMYDARBD** and **UMYDARLD** include:

Protocol and PPPO	• Dexamethasone dosing and administration clarified: o Dexamethasone dosing to specify the total dose to be given pre-daratumumab according to the weekly therapeutic dexamethasone dose AND the treatment cycle number. o Use of the term "top up" in the context of dexamethasone administration by nursing has been removed. o Pharmacy to dispense all dexamethasone doses – the patient's dexamethasone supply is to be used for the weekly therapeutic dose AND for daratumumab premedication. • Infusion rate clarified for patients experiencing an infusion reaction with the first daratumumab infusion using the alternative regimen (first daratumumab dose split over Days 1 and 2). • Dose modifications for toxicities clarified (protocol only).
PPPO only	• Timing of laboratory tests revised.
Patient Handout	• Use of the term dexamethasone "top up" dose removed.

For more information about the **UMYDARBD** and **UMYDARLD** programs, please see the February 2019 issue and July 2019 supplement of the Systemic Therapy Update.

Drug Update

Drug Shortages

The following are updates of drug supply shortages in British Columbia. Further details about the shortages and their recommended treatment alternatives can be found in the associated briefing notes and/or email communications previously circulated to BC Cancer and the Community Oncology Network (CON).

Tamoxifen:

(Adapted from BC Cancer Briefing Notes 07Oct2019, 08Oct2019 and 01Nov2019)

The shortage of tamoxifen continues, with limited supplies remaining in both BC Cancer and CON centres. All centres are asked to continue conservation strategies by limiting dispensing quantities to a maximum of a one month supply, or using alternate protocols where clinically appropriate. The next anticipated tamoxifen supply release date is mid-November. Aromatase inhibitors, with the addition of an LHRH agonist in premenopausal patients, may be a treatment alternative in adjuvant and advanced breast cancer protocols. Treatment alternatives in sarcoma, gynecologic and head and neck cancers, are outlined in the briefing notes.

Ranitidine:

(Adapted from BC Cancer Briefing Notes 20Sept2019, 25Sept2019 and 25Oct2019)

Health Canada has stopped the distribution of ranitidine, due to concerns about an impurity called N-nitrosodimethylamine (NDMA) found in some oral ranitidine products. Oral ranitidine tablets are not utilized in BC Cancer protocols but may be stocked in patient care areas. Parenteral ranitidine is used at BC Cancer as part of the premedication regimen used in the prevention of paclitaxel hypersensitivity reactions, and in the prevention of hypersensitivity reactions using the SCDRUGRX protocol. At this time, parenteral ranitidine has not been recalled, and any existing parenteral ranitidine supply may continue to be used. Additional supply is anticipated to be released by early November. If parenteral ranitidine is not available, therapeutic alternatives include famotidine 20 mg IV 30 minutes prior to, or cimetidine 400 mg PO 45 to 90 minutes prior to, paclitaxel and/or chemotherapy.

Medical Patient Assistance Programs

The listing of oncology medical patient assistance programs offered by pharmaceutical companies has been updated and can be found at: www.bccancer.bc.ca/mpap.*

*Located on the BC Cancer Systemic Therapy website under Health Professionals > Systemic Therapy > Reimbursement & Forms

CANCER DRUG MANUAL

REVISED MONOGRAPHS AND PATIENT HANDOUTS

Highlights of key changes and/or updates to the Monographs, Patient Handouts and Chemotherapy Preparation and Stability Chart are listed below:

Bevacizumab Monograph, Patient Handout and **Chemotherapy Preparation and Stability Chart:**

- *Common Trade Names:* added brand names of biosimilar formulations
- *Uses:* added ovarian cancer
- *Supply and Storage:* added biosimilar brands
- *Dosage Guidelines:* revised dosing in hepatic and renal failure
- *Patient Handout:* added brand names of biosimilar formulations
- *Chemotherapy Preparation and Stability Chart:* added entries for biosimilar brands

Capecitabine Monograph and **Patient Handout:**

- *Side Effects:* added loss of fingerprints (adermatoglyphia) to table and paragraph section

Etoposide Monograph:

- *Supply and Storage:* updated with currently available Canadian brands

Imatinib Patient Handout:

- *Bullets:* updated sterility/fertility information
- *Side Effects:* added 'Changes in blood counts' table

SYSTEMIC THERAPY UPDATE EDITORIAL BOARD

MEMBERSHIP UPDATE

The Systemic Therapy Update Editorial Board would like to welcome **Jennifer Pesut** (Oncology Nurse Educator, Professional Practice Nursing, BC Cancer) to the Editorial Board. Welcome Jen!

BENEFIT DRUG LIST

NEW PROGRAMS

Effective 01 November 2019, the following treatment programs have been added to the BC Cancer Benefit Drug List:

Protocol Title	Protocol Code	Benefit Status
Treatment of Meningeal Disease using High-Dose Methotrexate with Leucovorin Rescue	BRAVHDMTX	Class I
Combined Modality for Stage IV Gastrointestinal Cancers using Capecitabine and Radiation Therapy	GIAVCRT	Class I
Treatment of Advanced Non-Small Cell Lung Cancer using Atezolizumab	ULUAVATZ	Restricted
Treatment of Pediatric Patients with High-Risk Neuroblastoma who Achieve a Response to Prior First-Line Multi-Agent, Multimodal Therapy using Dinutuximab in Combination with Sargramostim, Aldesleukin and Tretinoin	Pediatric	Restricted
3-Day Doxorubicin, Ifosfamide and Mesna for Use in Patients with Advanced Soft Tissue Sarcoma	SAAI3	Class I
Adjuvant Treatment of Stage III and IV, BRAF-Mutated, Fully Resected Melanoma using Dabrafenib and Trametinib	USMAJDT	Restricted
Adjuvant Treatment of Resected Stage III-IV NED Melanoma using Nivolumab	USMAJNIV	Restricted
Adjuvant Treatment of Resected Stage III-IV NED Melanoma using 4-Weekly Nivolumab	USMAJNIV4	Restricted

List of New and Revised Protocols, Pre-Printed Orders and Patient Handouts

BC Cancer Protocol Summaries, Provincial Pre-Printed Orders (PPPOs) and Patient Handouts are revised periodically. New, revised or deleted protocols, PPPOs and patient handouts for this month are listed below. Protocol codes for treatment requiring BC Cancer 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
BRAVHDMTX	☑	☐	☐	Treatment of Meningeal Disease using High-Dose Methotrexate with Leucovorin Rescue
GIAVCRT	☑	☑	☐	Combined Modality for Stage IV Gastrointestinal Cancers using Capecitabine and Radiation Therapy
ULUAVATZ	☑	☑	☑	Treatment of Advanced Non-Small Cell Lung Cancer using Atezolizumab
SAAI3	☑	☐	☐	3-Day Doxorubicin, Ifosfamide and Mesna for Use in Patients with Advanced Soft Tissue Sarcoma
USMAJDT	☑	☑	☑	Adjuvant Treatment of Stage III and IV, BRAF-Mutated, Fully Resected Melanoma using Dabrafenib and Trametinib
USMAJNIV	☑	☑	☑	Adjuvant Treatment of Resected Stage III-IV NED Melanoma using Nivolumab
USMAJNIV4	☑	☑	☑	Adjuvant Treatment of Resected Stage III-IV NED Melanoma using 4-Weekly Nivolumab

Revised Protocols, PPPOs and Patient Handouts (affected documents are checked)

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
BRAJLHRHT	☑	☐	☐	*Institutional name updated and Eligibility clarified*	Neoadjuvant or Adjuvant Therapy for Breast Cancer using a LHRH Agonist and Tamoxifen
BRAVGEMP	☑	☐	☐	*Eligibility clarified*	Palliative Therapy for Metastatic Breast Cancer using Cisplatin and Gemcitabine
BRAVLHRHA	☑	☐	☐	*Institutional name updated and Eligibility clarified*	Therapy for Advanced Breast Cancer using a LHRH Agonist and an Aromatase Inhibitor
BRAVLHRHT	☑	☐	☐	*Institutional name updated and Eligibility clarified*	Palliative Therapy for Breast Cancer using a LHRH Agonist and Tamoxifen

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)					
CODE	**Protocol**	**PPPO**	**Patient Handout**	**Changes**	**Protocol Title**
CNBEV	☑	☑	☐	*Protocol: Dose Modifications clarified* *PPPO:* *Pharmacy Selection Box added to accommodate biosimilar bevacizumab*	Palliative Therapy for Recurrent Malignant Gliomas using Bevacizumab With or Without Concurrent Etoposide or Lomustine
CNCCNU	☑	☐	☐	*Dose Modifications clarified*	Treatment of Recurrent Malignant Brain Tumours with Lomustine
CNCCV	☑	☐	☐	*Logo and Tests updated;* *Dose Modifications clarified*	Adjuvant Treatment of Adult High-Risk Medulloblastoma or other Primitive Neuro-Ectodermal Tumour (PNET) using Lomustine, Cisplatin and Vincristine
CNMODPCV	☑	☐	☐	*Dose Modifications clarified*	Treatment of Brain Tumours using Modified Procarbazine, Lomustine and Vincristine
GIAVCAPB	☐	☑	☐	*Pharmacy Selection Box added to accommodate biosimilar bevacizumab*	Palliative Therapy of Metastatic Colorectal Cancer using Capecitabine and Bevacizumab
GIAVPG	☑	☑	☐	*Protocol: Institutional name, Tests, Dose Modifications and Contact Physician updated* *PPPO: Institutional name updated and Premedication checkboxes added*	First-Line Palliative Chemotherapy for Advanced Gallbladder Cancer and Cholangiocarcinoma using Gemcitabine and Cisplatin
GICIRB	☑	☑	☐	*Protocol: Precautions bullet numbering corrected* *PPPO:* *Pharmacy Selection Box added to accommodate biosimilar bevacizumab*	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Irinotecan, Bevacizumab and Capecitabine
GICOXB	☐	☑	☐	*Pharmacy Selection Box added to accommodate biosimilar bevacizumab*	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Oxaliplatin, Bevacizumab and Capecitabine
GIFFIRB	☑	☑	☐	*Protocol: Precautions added* *PPPO:* *Pharmacy Selection Box added to accommodate biosimilar bevacizumab*	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Irinotecan, Fluorouracil, Leucovorin, and Bevacizumab
GIFFOXB	☐	☑	☐	*Pharmacy Selection Box added to accommodate biosimilar bevacizumab*	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Oxaliplatin, Fluorouracil, Leucovorin, and Bevacizumab

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)					
CODE	**Protocol**	**PPPO**	**Patient Handout**	**Changes**	**Protocol Title**
GIFIRINOX	☐	☑	☐	*Leucovorin infusion time revised and Return Appointment Orders updated*	Palliative Combination Chemotherapy for Advanced Pancreatic Adenocarcinoma using Irinotecan, Oxaliplatin, Fluorouracil and Leucovorin
GIPAJFIROX	☐	☑	☐	*Leucovorin infusion time revised and Random glucose added to Tests*	Adjuvant Chemotherapy for Resected Pancreatic Adenocarcinoma using Irinotecan, Oxaliplatin, Fluorouracil and Leucovorin
GOCXCATB	☐	☑	☐	*Pharmacy Selection Box added to accommodate biosimilar bevacizumab*	Primary Treatment of Metastatic or Recurrent Cancer of the Cervix with Bevacizumab, Carboplatin and Paclitaxel
UGOOVBEVG	☐	☑	☐	*Pharmacy Selection Box added to accommodate biosimilar bevacizumab*	Treatment of Platinum-Resistant Epithelial Ovarian Cancer with Bevacizumab and Gemcitabine
UGOOVBEVLD	☐	☑	☐	*Pharmacy Selection Box added to accommodate biosimilar bevacizumab*	Treatment of Platinum-Resistant Epithelial Ovarian Cancer with Bevacizumab and Doxorubicin Pegylated Liposomal (CAELYX®)
UGOOVBEVP	☐	☑	☐	*Pharmacy Selection Box added to accommodate biosimilar bevacizumab*	Treatment of Platinum-Resistant Epithelial Ovarian Cancer with Bevacizumab and Paclitaxel
UGOOVBEVV	☐	☑	☐	*Pharmacy Selection Box added to accommodate biosimilar bevacizumab*	Treatment of Platinum-Resistant Epithelial Ovarian Cancer with Bevacizumab and Vinorelbine
UGOOVCATB	☐	☑	☐	*Pharmacy Selection Box added to accommodate biosimilar bevacizumab*	Primary Treatment of Invasive Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer with High-Risk of Relapse using Bevacizumab, Carboplatin and Paclitaxel
GUBGEM	☑	☑	☐	*Treatment administration guidelines updated*	Intravesical Therapy for Non-Muscle Invasive Bladder Cancer using Gemcitabine
ULUAVALE	☐	☑	☐	*Return appointments clarified*	Treatment of ALK-Positive Advanced Non-Small Cell Lung Cancer (NSCLC) with Alectinib
ULUAVNIV	☑	☐	☐	*Eligibility clarified*	Treatment of Advanced Non-Small Cell Lung Cancer using Nivolumab
ULUAVNIV4	☑	☐	☐	*Eligibility clarified*	Treatment of Advanced Non-Small Cell Lung Cancer using 4-Weekly Nivolumab
ULUAVPMB	☑	☐	☐	*Eligibility clarified*	Treatment of Advanced Non-Small Cell Lung Cancer using Pembrolizumab
ULUAVPMBF	☑	☐	☐	*Eligibility clarified*	First-Line Treatment of Advanced Non-Small Cell Lung Cancer using Pembrolizumab

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)					
CODE	**Protocol**	**PPPO**	**Patient Handout**	**Changes**	**Protocol Title**
ULYVENETO	☑	☐	☐	*Start date for high-risk TLS patients clarified*	Treatment of Relapsed/Refractory Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma using Venetoclax
UMYDARBD	☑	☑	☑	*Eligibility and Dose Modifications clarified; Tests and Dexamethasone Premedications/Table revised* *Handout: Dexamethasone "top up" dose removed*	Treatment of Relapsed and Refractory Multiple Myeloma with Daratumumab in Combination with Bortezomib and Dexamethasone With or Without Cyclophosphamide
UMYDARLD	☑	☑	☑	*Eligibility and Dose Modifications clarified; Tests and Dexamethasone Premedications/Table revised* *Handout: Dexamethasone "top up" dose removed*	Treatment of Relapsed and Refractory Multiple Myeloma with Daratumumab in Combination with Lenalidomide and Dexamethasone
SAAI	☑	☐	☐	*Dose Modifications clarified*	Doxorubicin-Ifosfamide-Mesna For Use In Patients with Advanced Soft Tissue Sarcoma
USATEMBEV	☐	☑	☐	*Pharmacy Selection Box added to accommodate biosimilar bevacizumab*	Therapy for Advanced Solitary Fibrous Tumours and Hemangiopericytoma using Temozolomide and Bevacizumab
SCMESNA	☑	☐	☐	*Contact Physician updated*	Mesna Dosage Modification for Hematuria Secondary to Oxazaphosphorines (e.g. Ifosfamide and Cyclophosphamide)

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Library/Cancer Information	604-675-8003 Toll Free 888-675-8001 x 8003 Document Delivery 604-675-8002		requests@bccancer.bc.ca
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OSCAR	888-355-0355	604-708-2051	oscar@bccancer.bc.ca
Compassionate Access Program (CAP)	604-877-6277	604-708-2026	cap_bcca@bccancer.bc.ca
Pharmacy Oncology Certification	250-712-3900 x 686820		rxchemocert@bccancer.bc.ca
BC Cancer – Abbotsford	604-851-4710 Toll Free 877-547-3777		
BC Cancer – Kelowna	250-712-3900 Toll Free 888-563-7773		
BC Cancer – Prince George	250-645-7300 Toll Free 855-775-7300		
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