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

New Programs

The BC Cancer Provincial Systemic Therapy Program has approved the following new treatment programs effective 01 December 2020. The full details of these programs can be found on the BC Cancer website in the Chemotherapy Protocols section.

Head and Neck

Concurrent Carboplatin and Radiation for Locally Advanced Squamous Cell Carcinoma of the Head and Neck (HNLACART) — The BC Cancer Head and Neck Tumour Group is implementing the use of carboplatin concurrently with radiotherapy (RT) in patients with squamous cell carcinoma of the head and neck (HNSCC). Carboplatin is used at the radiosensitizing dose of AUC 2 and is administered weekly for 7 weeks concurrently with RT. This treatment program is appropriate for patients who cannot receive cisplatin due to conditions such as renal insufficiency, severe neuropathy or intolerance to fluid loading. Patients who are eligible for cisplatin should be treated according to the HNLAPRT protocol, the standard of care.

For patients who are not eligible for cisplatin, the use of an alternative radiosensitizer has been unclear. A linked SEER-Medicare database study found that carboplatin- and cisplatin-based chemoradiotherapy had

Editor's Choice

New Programs

similar incidences of death attributable to HNSCC (3-year cancer-specific mortality 29% vs 26%).[1] Chemoradiotherapy with either cisplatin or carboplatin was superior to RT alone. As expected, cisplatin chemoradiotherapy was associated with more nausea, stomatitis, nephrotoxicity and neurotoxicity, whereas hematological adverse effects were more common with carboplatin chemoradiotherapy.[2]

Lymphoma

Brentuximab Vedotin with Doxorubicin, Cyclophosphamide and Prednisone for CD30-Positive Peripheral T-Cell Lymphoma (LYCHPBV) — The BC Cancer Lymphoma Tumour Group is implementing brentuximab vedotin (BV) in combination with cyclophosphamide, doxorubicin and prednisone (CHP) for patients with newly diagnosed CD30-positive peripheral T-cell lymphomas (PTCLs). Brentuximab vedotin is an antibody-drug conjugate targeting the CD30 receptor expressed on the cell membrane of many PTCLs. PTCL subtypes eligible for LYCHPBV include PTCL-NOS (not otherwise specified), systemic anaplastic large cell lymphoma and angioimmunoblastic T-cell lymphoma. Treatment is administered 3-weekly for 6 cycles. Filgrastim is used upfront with LYCHPBV for the primary prevention of neutropenia.

Until now, the standard of care has been to treat PTCLs with CHOP or CHOP-like regimens (cyclophosphamide, doxorubicin, vincristine and prednisone), with or without stem cell transplantation. These regimens, however, have resulted in poor progression-free survival (PFS) and low complete remission (CR) rates.[3] Approval of CHP-BV for previously untreated CD30-positive PTCL is based on the phase III ECHELON-2 trial with standard CHOP serving as the comparator. The primary endpoint of median PFS was significantly improved in favour of CHP-BV (mPFS 48.2 months vs. 20.8 months, HR 0.71, 95% CI 0.54-0.93), as was the CR rate (68% vs. 56%).[4] Similar rates of peripheral neuropathy (52% vs. 55%) and febrile neutropenia (18% vs. 15%) were reported between the treatment groups.

References

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Provincial Systemic Therapy Program

SURVEY: Implementation of Biosimilars

The Provincial Systemic Office is conducting an evaluation survey on the implementation and use of biosimilars at BC Cancer and wants to hear from you! Provide your feedback in the survey by **December 15th**, and enter for a chance to win a $20 coffee card.

Provincial Systemic Therapy Program

Implementation and Uptake of Biosimilars

Oncology biosimilars were implemented at BC Cancer just over one year ago. Biosimilar bevacizumab was launched in November 2019, followed by biosimilar trastuzumab and biosimilar rituximab in February and August of 2020. Biosimilars have since been adopted into practice, both at BC Cancer centres and Community Oncology Network (CON) sites.

The **BC Cancer Oncology Biosimilars Utilization Policy [III-190]**, available on the Shared Health Organizations Portal (SHOP) BC Cancer page, was created to support the implementation and 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. In most circumstances, patients starting treatment on or after the biosimilar launch are funded for the biosimilar only. Although the reference biologic continues to be funded for patients who started treatment prior to the biosimilar launch, clinicians may choose to switch patients currently receiving the reference biologic to the biosimilar, after discussion with the patient.

An analysis describing the uptake of bevacizumab and trastuzumab biosimilars was carried out at BC Cancer centres and CON sites for the 7-month and 4-month periods after biosimilar bevacizumab and biosimilar trastuzumab implementation, respectively. The analysis found that in the 7th month after biosimilar bevacizumab implementation, bevacizumab biosimilar accounted for 55.7% of bevacizumab orders. Uptake of biosimilar trastuzumab has been a little slower, accounting for 28.1% of trastuzumab orders in the 4th month after trastuzumab biosimilar implementation.

An evaluation of the Oncology Biosimilars Utilization Policy found that it has been appropriately applied in the majority of orders processed at BC Cancer centres. As expected, virtually all initial orders for bevacizumab were dispensed as the biosimilar. The biosimilar policy applied to all trastuzumab orders, with the exception of BRAVPTRAD or BRAVPTRAT protocols (pertuzumab-containing protocols in which patients receive the trastuzumab reference biologic for metastatic breast cancer). All other initial trastuzumab orders would be dispensed as the biosimilar. However, the evaluation found that 14% of these orders had still been dispensed as the reference biologic. Further analysis suggested that the biosimilars policy might have been misinterpreted for patients receiving trastuzumab with pertuzumab as a Compassionate Access Program-approved neoadjuvant regimen; these new patients should receive biosimilar trastuzumab, not the reference biologic. The biosimilars policy was most recently updated August 2020 to clarify language on the appropriate selection of biosimilar trastuzumab, and to incorporate biosimilar rituximab.

An analysis of biosimilar rituximab uptake at BC Cancer is forthcoming.

Revised Policy: Systemic Therapy Treatment Delivery Process [III-10]

The BC Cancer Provincial Systemic Therapy Program has updated **Policy III-10 — Systemic Therapy Treatment Delivery Process** effective 01 December 2020. A summary of other recent updates to this policy can be found in the September 2020 issue of the Systemic Therapy Update. All Systemic Therapy policies can be found on the Shared Health Organizations Portal (SHOP) BC Cancer page.

Why are changes being made to Policy III-10?

A request was made for more discerning policy language around how to apply the 10% rule for weight change assessment and the 5% rule for dose calculation variance.

What is the importance of identifying significant patient weight change?

BC Cancer has defined a greater than 10% weight change as significant. It is a clinical indicator used to flag providers to evaluate changes in the patient's performance status that may require adjustment of cancer treatment and supportive care measures.

What are the changes to Policy III-10?

Section	Change
2.2 Prescription Requirements: *Dosing method*	BSA dosing (mg/m^2) and weight-based dosing (mg/kg): • Separate processes outlined for dosing in cycle 1 and in subsequent cycles • Clarified when dose adjustment should be considered: o When a patient's weight change results in a dose variance of greater than 5% from the previous dose o When it is warranted by a patient's clinical status
2.4 Pharmacy and Nursing Processes: *Assessment of 10% weight change*	If a patient's weight change is greater than 10% from cycle 1 of the treatment protocol or from the time of the most recent dose recalculation, discuss with the prescriber, in addition to evaluating changes in the patient's performance status that may require adjustment of cancer treatment and supportive care measures
2.4 Pharmacy and Nursing Processes: *BSA dosing and weight-based dosing*	Separate processes outlined for dosing in cycle 1 and in subsequent cycles Clarified when dose adjustments should be considered as per Prescription Requirements section above

Frequently Asked Questions about weight change and dose calculation variance include:

Q A cancer treatment protocol may indicate that a dose adjustment is not needed despite a greater than 10% change in a patient`s weight. This appears to contradict Policy III-10. Which should I follow?

Policy III-10 outlines that individual treatment protocols should be consulted for protocol-specific parameters, prior to applying the 10% rule as outlined in Policy III-10.

Q Does the new Policy III-10 language mean that any weight change resulting in 5% dose variance should be flagged for discussion with the prescriber, even if the weight change is less than 10%?

Yes. For drugs that use weight-based (mg/kg) dosing, a patient's weight change of between 5% and 10% may result in dose variance of greater than 5%. This has created confusion for staff to determine when and how to apply the 5% and 10% rules. To simplify the dose calculation checking process, Policy III-10 now states to consider dose adjustment when "a patient's weight change results in a dose variance of greater than 5% from the previous dose."

Q Is a dose adjustment always required if the weight has changed by greater than 10% or if the dose variance is greater than 5%?

No. It depends on many patient-specific clinical factors. Discuss with the prescriber if the reason for omitting a dose adjustment has not been identified. Document the decision in the patient's medical record.

Drug Update

PD-1/PD-L1 Checkpoint Inhibitor Dosing and Immune-Related Adverse Events

Checkpoint inhibitor immunotherapy acts by enhancing the immune system to destroy tumour cells, with the most commonly used agents inhibiting the programmed cell death 1 receptor (PD-1) or ligand (PD-L1). BC Cancer has recently introduced regimens for these agents using extended dosing intervals with corresponding higher doses (table below). The extended dosing regimens have the benefit of reducing the number of clinic visits, thus decreasing workload within the healthcare system, lessening the travel burden for patients and reducing the potential for COVID-19 viral exposure.

The effect of PD-1/PD-L1 inhibitors on the immune system leads to a unique spectrum of immune-related adverse events (irAEs), most commonly affecting the skin, gastrointestinal tract, liver and endocrine systems. Although severe irAEs are relatively uncommon, they require prompt recognition and management.[6-8] Unlike the dose-related toxicities associated with cytotoxic chemotherapy, however, the incidence of irAEs does not appear to increase with increased doses of PD-1/PD-L1 inhibitors, including doses used in the extended dosing regimens.[1-5]

No relationship has been established between the pharmacokinetics and the safety of the PD-1/PD-L1 inhibitors nivolumab, pembrolizumab and durvalumab.[9] PD-1/PD-L1 inhibitors have been investigated at a range of dose levels in phase I studies (last column in table below). Notably, no dose-limiting toxicities were observed at the maximum dosing levels, which either exceed or equate to the maximum doses used in extended dosing regimens.

In summary, unlike with cytotoxic chemotherapy, patients are not expected to experience more toxicities with the higher doses of PD-1/PD-L1 inhibitors used in extended dosing regimens.[1-5,9] However, our understanding of the mechanisms of irAEs is still evolving, and it is difficult to predict the manifestations of these toxicities in individual patients with standard or extended dosing regimens, or when switching from standard to extended dosing regimens.[6-8,10] Therefore, decisions to start with extended dosing or switch from standard to extended dosing regimens need to be based on the risk for potential irAEs to individual patients.

Table: Checkpoint Inhibitor Dosing

Checkpoint Inhibitors	Standard Dosing Interval in BC Cancer Protocols		Extended Dosing Interval in BC Cancer Protocols		Maximum Dosing Levels used in Phase I Studies*
	Weight-Based	Maximum Dose	Weight-Based	Maximum Dose	
PD-1 Inhibitors					
Nivolumab	3 mg/kg Q2week	240 mg Q2week	6 mg/kg Q4week	480 mg Q4week	10 mg/kg
Pembrolizumab	2 mg/kg Q3week	200 mg Q3week	4 mg/kg Q6week	400 mg Q6week	10 mg/kg
PD-L1 Inhibitors					
Atezolizumab	1200 mg Q3week *flat dose*		1680 mg Q4week *flat dose*		20 mg/kg
Avelumab	10 mg/kg Q2week	no information	no information		20 mg/kg
Durvalumab	10 mg/kg Q2week	under review	20 mg/kg Q4week	1500 mg Q4week	20 mg/kg

***No dose limiting toxicities observed**

Drug Update

PD-1/PD-L1 Checkpoint Inhibitor Dosing and Immune-Related Adverse Events

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Drug Shortages

The following are updates of drug supply shortages in BC. Full details about new, updated or resolved drug shortages, including recommended treatment alternatives, can be found in the *Briefing Notes* and email communications previously circulated to BC Cancer and the Community Oncology Network (CON).

Resolved

Bleomycin

(Adapted from BC Cancer email communication 13Nov2020)

Bleomycin supply is now available and the shortage is considered resolved.

Benefit Drug List

New Programs

The following new treatment programs have been added to the BC Cancer Benefit Drug List effective 01 December 2020.

Protocol Title	Protocol Code	Benefit Status
Treatment of Locally Advanced Squamous Cell Carcinoma of the Head and Neck with Concurrent **Carboplatin** and Radiation	**HNLACART**	Class I
Treatment of CD30-Positive Peripheral T-Cell Lymphoma (PTCL) with **Doxorubicin**, **Cyclophosphamide**, **Prednisone (CHP)** and **Brentuximab Vedotin**	**LYCHPBV**	Class I

Highlights of New & Revised Protocols, PPPOs 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, with document revisions indicated in the respective columns. Protocol codes for treatment requiring BC Cancer Compassionate Access Program approval are prefixed with the letter **U**.

NEW Protocols, PPPOs and Patient Handouts *(new documents checked ☑)*

Code	Protocol Title	Protocol	PPPO	Handout
HNLACART	Treatment of Locally Advanced Squamous Cell Carcinoma of the Head and Neck with Concurrent Carboplatin and Radiation	☑	☑	☑
LYCHPBV	Treatment of CD30-Positive Peripheral T-Cell Lymphoma (PTCL) with Doxorubicin, Cyclophosphamide, Prednisone (CHP) and Brentuximab Vedotin	☑	☑	☑

REVISED Protocols, PPPOs and Patient Handouts *(revisions in respective columns)*				
Code	**Protocol Title**	**Protocol**	**PPPO**	**Handout**
GO | Gynecologic				
GOOVBEVLD	Treatment of Platinum-Resistant Epithelial Ovarian Cancer with Bevacizumab and Doxorubicin Pegylated Liposomal ~~(CAELYX)~~	*Protocol title and drug name updated (brand name CAELYX removed)*	*Drug name updated (brand name CAELYX removed)*	-----
GOOVFPLDC	First-Line Treatment of Epithelial Ovarian Cancer using Doxorubicin Pegylated Liposomal ~~(CAELYX)~~ and Carboplatin	*Protocol title and drug name updated (brand name CAELYX removed)*	*Drug name updated (brand name CAELYX removed)*	-----
GOOVLDOX	Treatment of Epithelial Ovarian Cancer Relapsing after Primary Treatment using Doxorubicin Pegylated Liposomal ~~(CAELYX)~~	*Protocol title and drug name updated (brand name CAELYX removed); LFTs clarified*	*Drug name updated (brand name CAELYX removed); AST removed*	-----
GOOVPLDC	Treatment of Epithelial Ovarian Cancer Relapsing after Primary Treatment using Doxorubicin Pegylated Liposomal ~~(CAELYX)~~ and Carboplatin	*Protocol title and drug name updated (brand name CAELYX removed)*	*Drug name updated (brand name CAELYX removed)*	-----
LY | Lymphoma				
LYCHLRR	Treatment of Indolent B-Cell Lymphoma with Chlorambucil and Rituximab	*Protocol Title clarified (typo corrected)*	-----	-----
LYCODOXMR	Treatment of Burkitt Lymphoma and Leukemia (ALL-L3) with Cyclophosphamide, Vincristine, Doxorubicin, Methotrexate, Leucovorin (CODOX-M) and Rituximab	*Lamivudine duration updated*	-----	-----
LYEPOCHR	Treatment of Lymphoma with Dose-Adjusted Etoposide, Doxorubicin, Vincristine, Cyclophosphamide, Prednisone and Rituximab with Intrathecal Methotrexate	*Cyclophosphamide and rituximab timing revised; lamivudine duration updated*	*Inpatient PPO: Cyclophosphamide and rituximab timing revised*	*Cyclophosphamide and rituximab timing revised*
LYIVACR	Treatment of Burkitt Lymphoma and Leukemia (ALL-L3) with Ifosfamide, Mesna, Etoposide, Cytarabine (IVAC) and Rituximab	*Lamivudine duration updated*	-----	-----
SA | Sarcoma				
KSLDO	Therapy of Kaposi Sarcoma using Doxorubicin Pegylated Liposomal ~~(CAELYX)~~	*Protocol title and drug name updated (brand name CAELYX removed)*	*Drug name updated (brand name CAELYX removed)*	-----
SANDADENO	Denosumab for Neoadjuvant Use in Patients with Non-Metastatic Operable Giant Cell Tumour of the Bone	*Treatment duration clarified*	-----	-----

The following **Provincial Pre-Printed Orders (PPPOs)** have been reformatted with minor revisions such as new checkboxes or increased line spacing:

Code	Protocol Title
BRAJAC	Adjuvant Therapy for Breast Cancer using Doxorubicin and Cyclophosphamide
BRAJZOL5	Adjuvant Therapy for Breast Cancer in Postmenopausal Women using 6-Monthly Zoledronic Acid
BRAVAC	Palliative Therapy for Metastatic Breast Cancer using Doxorubicin and Cyclophosphamide
BRAVCMPO	Palliative Therapy for Metastatic Breast Cancer using Metronomic Low-Dose Oral Cyclophosphamide and Methotrexate
BRAVGEM	Palliative Therapy for Metastatic Breast Cancer using Gemcitabine
BRAVLCAP	Therapy for Metastatic Breast Cancer using Capecitabine and Lapatinib
BRAVNAV	Palliative Therapy for Symptomatic Metastatic Breast Cancer using Vinorelbine
UBRAVRIBAI	Therapy of Advanced Breast Cancer using Ribociclib and Aromatase Inhibitor with or without LHRH Agonist
BRLAACDT	Treatment of Locally Advanced Breast Cancer using Doxorubicin and Cyclophosphamide Followed by Docetaxel and Trastuzumab
GIAJRALOX	Adjuvant Combination Chemotherapy for Node-Positive Colon Cancer using Oxaliplatin and Raltitrexed in Patients Intolerant to Fluorouracil or Capecitabine
GIAVCAPB	Palliative Therapy of Advanced Colorectal Cancer using Capecitabine and Bevacizumab
GIAVCETIR	Third-Line Treatment of Metastatic Colorectal Cancer using Cetuximab in Combination with Irinotecan
GIAVFL	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Fluorouracil Injection and Infusion and Leucovorin Infusion
GIEFFOXRT	Combined Modality Therapy for Locally Advanced Esophageal Cancer using Oxaliplatin, Fluorouracil, Leucovorin and Radiation Therapy
UGIFFIRPAN	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Irinotecan, Fluorouracil, Leucovorin and Panitumumab
UGIFFOXPAN	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Oxaliplatin, Fluorouracil, Leucovorin and Panitumumab
GIFUC	Palliative Chemotherapy for Upper Gastrointestinal Tract Cancer (Gastric, Esophageal, Gall Bladder Carcinoma and Cholangiocarcinoma) and Metastatic Anal Cancer using Infusional Fluorouracil and Cisplatin
GIGAJCOX	Adjuvant Chemotherapy in Gastric Cancer Patients with D2 Resection (Node-Negative) or Ineligible for Adjuvant Chemoradiation using Oxaliplatin and Capecitabine
GIGAJCPRT	Adjuvant Chemotherapy of Gastric Cancer Patients with Completely Resected Gastric Cancer using Cisplatin and Capecitabine and Radiation Therapy
GIGAJFFOX	Adjuvant Chemotherapy of Gastric Cancer Patients with D2 Resection (Node-Negative) or Ineligible for Adjuvant Chemoradiation using Oxaliplatin, Fluorouracil and Leucovorin
GIGAVFFOXT	Palliative Treatment of Metastatic or Locally Advanced HER2-Positive Gastric, Gastroesophageal Junction or Esophageal Adenocarcinoma using Oxaliplatin, Fluorouracil, Leucovorin and Trastuzumab
GIPAVCAP	Second-Line Treatment of Metastatic or Unresectable Pancreatic Adenocarcinoma using Capecitabine
GIRCAP	Adjuvant Therapy for Stage II and III Rectal Cancer Previously Treated with Preoperative Radiation Therapy using Capecitabine
UGISORAF	Therapy for Advanced Hepatocellular Carcinoma using Sorafenib
GOBEP	Therapy of Non-Dysgerminomatous Ovarian Germ Cell Cancer using Bleomycin, Etoposide and Cisplatin
GOCISP	Alternative Treatment of Gynecological Malignancies using Cisplatin and Paclitaxel
GOCXCAT	Primary Treatment of Advanced/Recurrent Non-Small Cell Cancer of the Cervix with Carboplatin and Paclitaxel in Ambulatory Care Settings
GOOVBEVLD	Treatment of Platinum-Resistant Epithelial Ovarian Cancer with Bevacizumab and Doxorubicin Pegylated Liposomal (CAELYX)
GOOVBEVP	Treatment of Platinum-Resistant Epithelial Ovarian Cancer with Bevacizumab and Paclitaxel

Code	Protocol Title
GOOVCAG	Treatment of Advanced Ovarian Cancer in Patients who have Progressed or Recurred Following First-Line Platinum-Based Treatment using Carboplatin and Gemcitabine
GOOVCIS	Therapy for Invasive Epithelial Ovarian Cancer using Cisplatin
GOOVFPLDC	First-Line Treatment of Epithelial Ovarian Cancer using Doxorubicin Pegylated Liposomal (CAELYX) and Carboplatin
GOOVLDOX	Treatment of Epithelial Ovarian Cancer Relapsing after Primary Treatment using Doxorubicin Pegylated Liposomal (CAELYX)
GOOVTAX3	Treatment of Progressive, Platinum-Refractory Epithelial Ovarian Carcinoma, Primary Peritoneal Carcinoma or Fallopian Tube Carcinoma using Paclitaxel
GOOVTOP	Treatment of Relapsed/Progressive Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer using Topotecan
GOSADG	Treatment of Uterine Sarcoma Cancer using Docetaxel and Gemcitabine
UGUAVIPNI	Treatment of Metastatic or Advanced Renal Cell Carcinoma using Ipilimumab and Nivolumab (Induction PPPO)
GUAVNIV	Treatment of Metastatic or Advanced Renal Cell Carcinoma using Nivolumab
GUAXIT	Therapy for Metastatic Renal Cell Carcinoma using Axitinib
GUEDPM	Treatment of Metastatic Adrenocortical Cancer with Etoposide, Doxorubicin, Cisplatin and Mitotane
GUPAZO	Palliative Therapy for Renal Cell Carcinoma using Pazopanib
GUSCPERT	Therapy of Genitourinary Small Cell Tumours with a Platin and Etoposide with Radiation
HNAVFUFA	Fluorouracil and Leucovorin for Recurrent Head and Neck Cancer (Squamous Cell Carcinoma)
HNAVP	Palliative Chemotherapy for Advanced Head and Neck Squamous Cell Carcinoma with Weekly Cisplatin
HNAVPC	Treatment for Unresectable, Locoregionally Recurrent or Metastatic Squamous Cell Carcinoma of the Head and Neck using Paclitaxel and Cisplatin or Carboplatin
HNAVPE	Treatment of Recurrent and Metastatic Squamous Cell Cancer with Platinum and Etoposide
HNLAALTPRT	Treatment of Locally Advanced (Alternate) Head and Neck Cancer using Cisplatin during Radiation Therapy
HNLACETRT	Combined Cetuximab and Radiation Treatment for Locally Advanced Squamous Cell Carcinoma of the Head and Neck
HNNAVCAP	Treatment of Recurrent or Metastatic Nasopharyngeal Cancer with Capecitabine
HNNLAPG	Induction Treatment of Locally Advanced Nasopharyngeal Cancer with Cisplatin and Gemcitabine
HNOTLEN	Therapy for Locally Recurrent or Metastatic, RAI-Refractory Differentiated Thyroid Cancer using Lenvatinib
HNSAVNP	Treatment of Advanced Salivary Gland Cancers with Cisplatin and Vinorelbine
ULKCMLP	Treatment of Chronic Myeloid Leukemia and Ph+ Acute Lymphoblastic Leukemia using Ponatinib
ULKPCVRUX	Treatment of Polycythemia Vera with Ruxolitinib
ULUAVOSIF	First-Line Treatment of Epidermal Growth Factor Receptor (EGFR) Mutation-Positive Advanced Non-Small Cell Lung Cancer (NSCLC) with Osimertinib
ULUAVPPPMB	First-Line Treatment of Advanced Non-Squamous Non-Small Cell Lung Cancer with Platinum, Pemetrexed and Pembrolizumab
LULAPE2RT	Treatment of Locally Advanced Non-Small Cell Lung Cancer using Alternative Dosing of Cisplatin and Etoposide with Radiation Therapy
LUMMPP	Treatment of Malignant Mesothelioma with Platinum and Pemetrexed
LUOTPAC	Treatment of Thymoma with Platinum, Doxorubicin and Cyclophosphamide
LUOTPERT	Treatment of Thymoma using Cisplatin and Etoposide with Radiation Therapy
LUSCCAV	Treatment of Extensive Small Cell Lung Cancer (SCLC) with Cyclophosphamide, Doxorubicin and Vincristine (CAV)
LUSCTOP	Second-Line Treatment of Recurrent Small Cell Lung Cancer (SCLC) with Topotecan
LYCHLRR	Treatment of Indolent B-Cell Lymphoma with Chlorambucil and Rituximab
LYCHOPRMTX	Central Nervous System Prophylaxis with High-Dose Methotrexate, CHOP and Rituximab in Diffuse Large B-Cell Lymphoma
LYCSPA	Cyclosporine for Cytopenias Associated with Lymphoproliferative Disorder of Large Granular Lymphocytes

Code	Protocol Title
LYCVPR	Treatment of Advanced Indolent Lymphoma using Cyclophosphamide, Vincristine, Prednisone and Rituximab
LYCYCLO	Therapy of Lymphoma, Hodgkin's Disease, Chronic Lymphocytic Leukemia or Multiple Myeloma using Cyclophosphamide
LYFLU	Treatment of Low-Grade Lymphoma or Chronic Lymphocytic Leukemia with Fludarabine
LYFLUDR	Treatment of Relapsed Indolent Lymphoma with Fludarabine and Rituximab
LYMIBRU	Treatment of Relapsed/Refractory Mantle-Cell Lymphoma using Ibrutinib
ULYROMI	Treatment of Relapsed or Refractory Peripheral T-Cell Lymphoma (PTCL) with Romidepsin
SAAVA	Therapy for Advanced Soft Tissue Sarcoma using Doxorubicin
SAAVGEMD	Therapy for Soft Tissue Sarcomas using Gemcitabine and Docetaxel
SAAVGIDD	Treatment of Advanced c-KIT-Positive Gastrointestinal Stromal Cell Tumours (GISTs) using 800 mg Dosing of Imatinib
SAAVGS	Second-Line Treatment of Advanced c-KIT-Positive Gastrointestinal Stromal Cell Tumours (GISTs) after Imatinib using Sunitinib
SAVAC	Treatment of Sarcomas with Vincristine, Doxorubicin and Cyclophosphamide (SAVAC)
USMAVVIS	Treatment of Metastatic or Locally Advanced Basal Cell Carcinoma using Vismodegib
SMMCCPE	Treatment of Recurrent or Metastatic Merkel Cell Carcinoma (MCC) with Cisplatin and Etoposide

Resources and Contact Information

Resource	Phone	Email / Toll Free / Fax
Systemic Therapy Update: www.bccancer.bc.ca/health-professionals/clinical-resources/systemic-therapy/systemic-therapy-update		
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