Systemic Therapy Education Bulletin

BC Cancer news and updates from across the province for Systemic Therapy teams

Biosimilar Oncology Drugs – Trastuzumab (Herzuma®)

Following the implementation of Bevacizumab biosimilar in November, the Provincial Systemic Therapy Program Committee will soon introduce the second oncology biosimilar, trastuzumab.

Nineteen treatment programs will be affected by the implementation of biosimilar trastuzumab. New patients starting on these treatment programs from February 1st onwards will receive the biosimilar for trastuzumab (BC Cancer will stock Herzuma® as the designated biosimilar). Existing patients will continue to receive the reference biologic for trastuzumab, Herceptin®. For patients on the reference biologic, physicians may choose to switch patients to the biosimilar following discussion with their patients.

Information and resources on Biosimilar Drugs for **health care professionals** and **patients**, is available on the BC Cancer Website.

Trastuzumab

Affected Treatment Programs	Indication (Refer to protocol for more details)
BRAJACTT	Neoadjuvant or Adjuvant Therapy for **Breast Cancer**
BRAJACTTG	Neoadjuvant or Adjuvant Therapy for **Breast Cancer**
BRAJDCARBT	Neoadjuvant or Adjuvant Therapy for **Breast Cancer**
BRAJFECDT	Neoadjuvant or Adjuvant Therapy for **Breast Cancer**
BRAJTDC	Neoadjuvant or Adjuvant Therapy for **Breast Cancer**
BRAJTR	Adjuvant Therapy for **Breast Cancer**
UBRAJTTW	Adjuvant Therapy for **Breast Cancer**
UBRAVTCAP	Palliative Therapy for **Metastatic Breast Cancer**
BRAVTPCARB	Palliative Therapy for **Metastatic Breast Cancer**
BRAVTR	Palliative Therapy for **Metastatic Breast Cancer**
BRAVTRAD	Palliative Therapy for **Metastatic Breast Cancer**
BRAVTRAP	Palliative Therapy for **Metastatic Breast Cancer**
BRAVTRVIN	Palliative Therapy for **Metastatic Breast Cancer**
BRLAACDT	Treatment of **Locally Advanced Breast Cancer**
GIGAVCCT	Palliative Treatment of **Metastatic or Locally Advanced Gastric, Gastroesophageal Junction, or Esophageal Adenocarcinoma**
GIGAVCFT	Palliative Treatment of **Metastatic or Inoperable, Locally Advanced Gastric or Gastroesophageal Junction Adenocarcinoma**
GIGAVCOXT	Palliative Treatment of **Metastatic or Locally Advanced Gastric, Gastroesophageal Junction, or Esophageal Adenocarcinoma**
GIGAVFFOXT	Palliative Treatment of **Metastatic or Locally Advanced Gastric, Gastroesophageal Junction, or Esophageal Adenocarcinoma**
GIGAVTR	Continuation of Palliative Treatment of **Metastatic or Inoperable, Locally Advanced Gastric or Gastroesophageal Junction Adenocarcinoma**

Biosimilars Update: Trastuzumab

In February, 2020, trastuzumab will be the next biosimilar implemented in British Columbia.

Currently, trastuzumab is programmed into the Alaris DERS pumps as **trastuzumab (HERCEP)** to differentiate it from look-alike/ sound-alike drug trastuzumab emtansine (Kadcyla®), which is programmed into the pump as **KADCYLA**.

With the implementation of the trastuzumab biosimilar, which will have a different brand name than "Herceptin®," this has necessitated a change in how trastuzumab will be labeled in the pump. Starting February 3rd, 2020, or with your next pump update, trastuzumab (the reference biologic *as well as* the biosimilar), will be programmed into the pump as, **"trastuzumab".**

There will be no changes to the programming of trastuzumab emtansine (Kadcyla®).

Current Pump Programming

Drug	**Pump Programming Label**
trastuzumab	trastuzumab (HERCEP)
trastuzumab emtansine (Kadcyla®)	KADCYLA

Future Pump Programming (February 2020, or with your next pump update)

Drug	**Pump Programming Label**
trastuzumab	trastuzumab
trastuzumab emtansine (Kadcyla®)	KADCYLA

Questions? Please connect with your team leader.

Antiemetic Update – netupitant-palonosetron

*** Since publication, important changes to the antiemetic coverage policy have been made. For more information, please refer to the March 2020 Education Bulletin ***

Effective February 1st 2020, BC Cancer will implement netupitant-palonosetron, a combination NK_1/5-HT_3 receptor antagonist, as an antiemetic option for the highly emetogenic chemotherapy protocols.

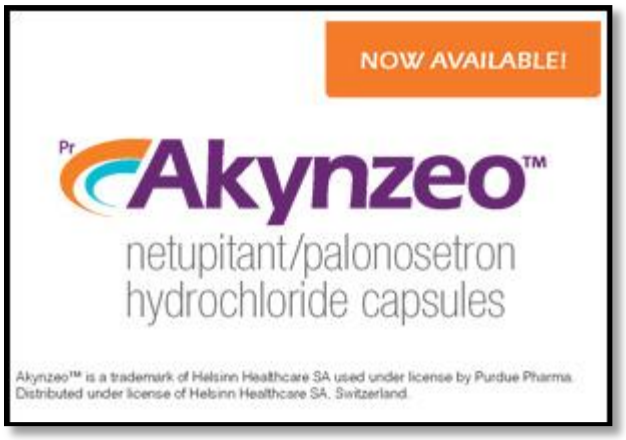
This combination drug is an alternative to the use of aprepitant (NK_1 receptor antagonist) and ondansetron (5-HT_3 receptor antagonist). Netupitant-palonosetron is dosed only once before a single day chemotherapy.

Common adverse effects include:

- Constipation
- Headache
- Redness
- Loss of strength and energy

Applicable Pre-printed orders (PPPOs) will include netupitant-palonosetron plus dexamethasone **or** ondansetron plus dexamethasone as the routine antiemetic pre-medication options. The BC Cancer Guideline for the Prevention and Treatment of Chemotherapy-Induced Nausea and Vomiting in Adults (SCNAUSEA) will be updated on Feb 1st with information pertaining to netupitant-palonosetron.

Packaging for netupitant-palonosetron 300 mg-0.5 mg capsule:



Provincial Systemic Therapy Drug Programs Under Consideration

The goal of the Education Bulletin is to support health care staff as they prepare for new treatments and to ensure safe patient care during the administration, distribution and management of new and complex treatments. These new drug treatments may also be delivered to patients prior to formal listing through manufacturer patient support programs or clinical trials. Full details around the funded indications and eligibility criteria will be available in the Protocol Summaries and summarized in the Systemic Therapy Update newsletter once funding decisions have been finalized. More details about the drugs, approved indications, and side effects can be found in the BC Cancer drug monographs, accessible from the Cancer Drug Manual Drug Index.

GIAAVCT

Treatment Programs	Indication: Under Review (Refer to protocol for more details)	Associated Adverse Events
Carboplatin **Plus** Paclitaxel	Treatment of patients with **metastatic anal squamous cell carcinoma**	Possible adverse events (**of any grade**): • Infusion-related reaction • Anemia • Neutropenia • Nausea and vomiting • Arthralgia/myalgia • Peripheral neuropathy • Alopecia • Mucositis

Dosing and Administration Information

Premedications:

- Prior to paclitaxel: dexamethasone 10 mg IV, diphenhydramine 25 mg IV, ranitidine 50 mg IV
- Prior to carboplatin: ondansetron 8 mg PO

Dosing and Schedule: One cycle = 21 days

Days of Treatment	Day 1	Day 8	Day 15
Chemotherapy	**IV paclitaxel*** 80 mg/m^2 (dose reduction: 70 mg/m^2 or 60 mg/m^2) PLUS **IV carboplatin** AUC 5 (dose reduction: AUC 4 or AUC 3)	**IV paclitaxel*** 80 mg/m^2	**IV paclitaxel*** 80 mg/m^2

* Use non-DEHP bag and non-DEHP tubing with 0.22 micron or smaller in-line filter

Premedication Options for Hypersensitivity Prophylaxis:

- If no paclitaxel hypersensitivity reaction occurs, no premedications may be needed for subsequent paclitaxel doses and may be omitted at physician's discretion.
- If no paclitaxel hypersensitivity reaction occurs, dexamethasone 8 mg PO may be given on Day 1 of each cycle in place of the standard paclitaxel premedication regimen .

Website Resources and Contact Information

CONTACT INFORMATION	EMAIL
To subscribe or update contact information, please contact:	
Provincial Systemic Therapy Program	ProvincialSystemicOffice@bccancer.bc.ca
Systemic Therapy Education Bulletin: http://www.bccancer.bc.ca/health-professionals/clinical-resources/systemic-therapy/education-bulletin	