Systemic Therapy Update

Volume 23 Issue 4
April 2020

For Health Professionals Who Care for Cancer Patients

Inside This Issue:

Editor's Choice

COVID-19 – *Message* and Resources

Message from Dr. Helen Anderson, Provincial Medical Director, Systemic Therapy:

For all of us, who work in the world of systemic therapy, we take it for granted that change is a constant. Every month, new and modified cancer treatments are absorbed into our practices. Nothing though, has quite prepared us for the changes we are seeing to our personal and professional lives due to the ongoing COVID-19 pandemic. The steps we are taking as a society and healthcare system, as disruptive as they are, are intended to save lives and preserve our healthcare system so it can continue to maintain the health of all British Columbians both during this crisis and into the future. Needless to say, there is still a need to assess, manage and treat patients with cancer during this time and ensure we continue to provide safe and effective systemic therapy. Thank you for the work that you do both at this difficult time and on a daily basis for patients with cancer and their families across BC. Here are some useful links to information about COVID-19. Stay safe and keep doing all that you can to *flatten the curve,* and don't forget to **wash your hands!**

BC Cancer	Provincial Cancer Clinical Management Guidelines in a Pandemic Situation (COVID-19) COVID-19 and Cancer Treatments – Information for Patients BC Cancer Library: COVID-19 Resources *(links to Johns Hopkins, WHO, CDC)*
BCCDC	COVID-19 Resources for Health Professionals COVID-19 Guidance on Unproven Therapies COVID-19 Information for the Public
PHSA	PHSA POD: Coronavirus Resources
Canada.ca	Coronavirus Disease (COVID-19)

New Programs

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

Gynecology

Cisplatin and Etoposide for Small-Cell Gynecologic Cancer (GOSCPE, GOSCPERT) — The BC Cancer Gynecology Tumour Group is implementing cisplatin-etoposide in high-grade neuroendocrine cancers of the female genital tract. These rare cancers are associated with a poor prognosis and high risk of systemic recurrence.[1] Early stage gynecologic neuroendocrine cancers have been treated at BC Cancer using a complex treatment regimen requiring hospitalization. Based on experience in the treatment of lung neuroendocrine tumours, however, cisplatin-etoposide in combination with radiotherapy has become the preferred treatment option in gynecologic neuroendocrine cancers.[2] Moving forward, cisplatin-etoposide will replace GOSMCCRT in both early/limited stage (GOSCPERT – in combination with pelvic radiotherapy) and in extensive/metastatic stage gynecologic disease (GOSCPE).

Lymphoma

Pralatrexate for Relapsed or Refractory Peripheral T-Cell Lymphoma (ULYPRA) — The BC Cancer Lymphoma Tumour Group is introducing pralatrexate, a folate antagonist, for this rare and aggressive form of non-Hodgkin lymphoma. In the absence of curative stem cell transplant, patients with peripheral T-cell lymphoma (PTCL) have low response rates, short duration of response, and poor overall survival with available treatments.[3] Pralatrexate is now available as another option for patients failing at least one line of standard chemotherapy. Note that patients are eligible to receive one of pralatrexate or romidepsin (ULYROMI), but not the sequential use of these agents. A BC Cancer Compassionate Access Program (CAP) approval is required.

In the non-randomized, open-label phase II PROPEL trial, pralatrexate was associated with an overall response rate of 29% in 32 out of 109 patients (95% CI 21% to 39%), a median duration of response of 10.1 months (95% CI 3.4 months to not estimatable), a median progression-free survival of 3.5 months (95% CI 1.7 months to 4.8 months) and a median overall survival of 14.5 months (95% CI 10.6 months to 22.5 months).[4] Pralatrexate was considered to have a manageable safety profile, with the most common toxicities of all grades being mucositis (71%), nausea (41%), thrombocytopenia (41%) and fatigue (36%). Grades 3 and 4 toxicities, mostly considered reversible and/or manageable through dose modification, included thrombocytopenia (32%), mucositis (22%), neutropenia (22%) and anemia (18%). Leucovorin, folic acid and vitamin B_{12} are used with pralatrexate treatment to reduce the risk of mucositis.

References

1. Gardner GJ, Reidy-Lagune D, Gehrig PA. Neuroendocrine tumors of the gynecologic tract: A Society of Gynecologic Oncology (SGO) clinical document. Gynecol Oncol 2011;122(1):190-198. doi: 10.1016/j.ygyno.2011.04.011
2. De Ruysscher D, Lueza B, Le Pechoux D, et al. Impact of thoracic radiotherapy timing in limited-stage small-cell lung cancer: usefulness of the individual patient data meta-analysis. Ann Oncol 2016;27(10):1818-1828. doi: 10.1093/annonc/mdw263
3. Pan-Canadian Oncology Drug Review (pCODR) Expert Review Committee (pERC). Final recommendation for pralatrexate (Folotyn®) for peripheral T-cell lymphoma (PTCL). 04 April 2019.
4. O'Connor O, Pro B, Pinter-Brown L, et al. Pralatrexate in patients with relapsed or refractory peripheral T-cell lymphoma: results from the pivotal PROPEL study. 2011;29(9):1182-1189. doi: 10.1200/JCO.2010.29.9024

Drug Update

PharmaCare Collaborative Prescribing Agreements for Antiemetics

The **PharmaCare Collaborative Prescribing Agreement (CPA)** for aprepitant was replaced by a CPA for netupitant-palonosetron on 01 February 2020. After consulting with BC Cancer, PharmaCare recently reversed its decision to eliminate the aprepitant CPA.

Aprepitant (plus ondansetron) and netupitant-palonosetron, both in combination with dexamethasone, are indicated for the prevention of acute and delayed chemotherapy-induced nausea and vomiting (CINV) due to highly-emetogenic cancer chemotherapy. Moving forward, prescribers may prescribe either aprepitant or netupitant-palonosetron for this indication via a CPA, as outlined below:

- Oncologists who had *previously* been granted a CPA for aprepitant do not need to reapply for an aprepitant CPA, nor send in Special Authority requests for aprepitant, as their CPAs have been reactivated as of 25 February 2020.

- Prescribers who have no prior CPA for either aprepitant or netupitant-palonosetron may apply for individual specialist exemption; CPAs for aprepitant and netupitant-palonosetron are both available on the BC Pharmacare website.

Please see the BC Pharmacare Newsletter for further information on decisions regarding netupitant-palonosetron (November 26, 2019 issue, page 4) and aprepitant (March 02, 2020 issue, page 3).

Affected BC Cancer treatment protocols, pre-printed orders (PPPOs) and/or handouts will be revised gradually; revisions will be noted in the *Revised Protocols, PPPOs and Patient Handouts* table at the end of the newsletter.

PharmaCare Changes During COVID-19 Pandemic

Effective 26 March 2020, BC PharmaCare has implemented changes to ensure efficient access to medications and promote patient safety during the COVID-19 pandemic. Temporary manual Special Authority extensions are now available over the phone for select drugs when the prescriber is not available for completion of renewal requests (*PharmaCare Medical Practitioner Line* 1-866-905-4912). Also note that during the pandemic, dalteparin and tinzaparin will be the first-line treatment options for venous thromboembolism (VTE) in cancer patients. The usual requirement of a prior trial of warfarin, or to provide rationale for avoiding warfarin, has been waived for this indication. Please see the March 26, 2020 issue of the BC PharmaCare Newsletter for further details.

Drug Update

New Dosing Schedule Options for Durvalumab and Pembrolizumab

Effective 01 April 2020, the BC Cancer Lung Tumour Group has approved new dosing schedule options for durvalumab and pembrolizumab. These changes allow for additional flexibility in scheduling patient clinic appointments. For patients with lung cancer previously approved for these treatments by the BC Cancer Compassionate Access Program (CAP), new CAP approval is not required when switching to a new dosing schedule. Please note that there is no change to the pembrolizumab dosing schedule in metastatic melanoma (USMAVPEM).

Durvalumab

Until now, durvalumab has been administered every 2 weeks. Effective immediately, durvalumab can also be administered every 4 weeks. The infusion time for both dosing schedules remains 60 minutes. Note that patients switching from a 2-weekly dosing schedule to a 4-weekly dosing schedule should receive the first 4-weekly dose on the day they are due for their next 2-weekly dose.

BC Cancer-approved durvalumab dosing schedules in lung cancer are summarized below:

Dosing Schedules	Protocols
Durvalumab 10 mg/kg IV every 2 weeks	ULULADUR
Durvalumab 20 mg/kg IV every 4 weeks (*maximum 1500 mg*)	ULULADUR4 ***(new)***

Pembrolizumab

Until now, pembrolizumab has been administered every 3 weeks. Effective immediately, pembrolizumab can also be administered every 6 weeks. The infusion time for both dosing schedules remains 30 minutes. Note that patients switching from a 3-weekly dosing schedule to a 6-weekly dosing schedule should receive the first 6-weekly dose on the day they are due for their next 3-weekly dose.

BC Cancer-approved pembrolizumab dosing schedules in lung cancer are summarized below:

Dosing Schedules	Protocols
Pembrolizumab 2 mg/kg IV every 3 weeks (*maximum 200 mg*)	ULUAVPMB ULUAVPMBF
Pembrolizumab 4 mg/kg IV every 6 weeks (*maximum 400 mg*)	ULUAVPMB6 ***(new)*** ULUAVPMBF6 ***(new)***

Manufacturer Patient Assistance Programs

The listing of patient assistance programs offered by pharmaceutical manufacturers has been updated and can be accessed directly at www.bccancer.bc.ca/mpap. It can also be found on the BC Cancer website under Health Professionals > Systemic Therapy > Reimbursement & Forms.

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).

Updated

Dexamethasone Tablets

(Adapted from BC Cancer Briefing Note Update 16Mar2020)

Dexamethasone tablet supplies are now reported as being low or unavailable. Existing dexamethasone tablet supplies should be used, including combining multiple strengths to make up the correct dose. Oral therapeutic alternatives include:

Antiemetic prophylaxis		Replace dexamethasone 8 mg with prednisone 50 mg
Hypersensitivity prophylaxis	**Pre-docetaxel**	Replace dexamethasone 8 mg with prednisone 50 mg
	SCDRUGRX	Replace dexamethasone 20 mg with prednisone 100 mg
Cancer treatment		See Briefing Note for individual treatment protocols

Vinorelbine Injectable

(Adapted from BC Cancer Briefing Note Update 05Mar2020)

The vinorelbine 5 mL vial size is now available; the 1 mL vial remains on restricted allocation.

Cancer Drug Manual©

All BC Cancer Drug Manual© documents can be accessed from the Cancer Drug Manual© home page on the BC Cancer website.

Revised Documents

Highlights of key changes are listed below:

Ceritinib Monograph and **Patient Handout**

Dosage Guidelines: added new recommended dosing regimen and note about food effect

Patient Handout: updated instructions to administer with food

Doxorubicin Pegylated Liposomal Monograph

Dosage Guidelines: updated with BC Cancer protocols

Durvalumab Monograph

Dosage Guidelines: added new dosing regimens and new BC Cancer protocol

Cancer Drug Manual©

Leuprolide Monograph

Supply and Storage: updated with currently available Canadian brands

Pembrolizumab Monograph

Dosage Guidelines: added new dosing regimens and new BC Cancer protocols

Pralatrexate Monograph and **Patient Handout**

Parenteral Administration table: updated with new BC Cancer protocol

Dosage Guidelines: added escalating dosage regimen and new BC Cancer protocol

Benefit Drug List

New Programs

Effective 01 April 2020, the following new treatment programs have been added to the BC Cancer Benefit Drug List:

Protocol Title	Protocol Code	Benefit Status
Treatment of Small-Cell Gynecologic Cancer with **Cisplatin** and **Etoposide**	**GOSCPE**	Class I
Treatment of Small-Cell Gynecologic Cancer using **Cisplatin** and **Etoposide** with **Radiation Therapy**	**GOSCPERT**	Class I
Treatment of Advanced Non-Small Cell Lung Cancer using **6-Weekly Pembrolizumab**	**ULUAVPMB6**	Restricted
First-Line Treatment of Advanced Non-Small Cell Lung Cancer using **6-Weekly Pembrolizumab**	**ULUAVPMBF6**	Restricted
Locally Advanced Non-Small Cell Lung Cancer using **4-Weekly Durvalumab**	**ULULADUR4**	Restricted
Treatment of Relapsed or Refractory Peripheral T-Cell Lymphoma (PTCL) with **Pralatrexate**	**ULYPRA**	Restricted

Deleted Programs

The following treatment program has been deleted from the BC Cancer Benefit Drug List:

Protocol Title	Protocol Code	Benefit Status
Treatment of Small-Cell or Neuroendocrine Carcinoma of Gynecologic System Origin using Paclitaxel, Cisplatin, Etoposide and Carboplatin with Radiation	**GOSMCCRT**	*Replaced by **GOSCPE** and **GOSCPERT***

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
GOSCPE	Treatment of Small-Cell Gynecologic Cancer with Cisplatin and Etoposide	☑	☑	☐
GOSCPERT	Treatment of Small-Cell Gynecologic Cancer using Cisplatin and Etoposide with Radiation Therapy	☑	☑	☐
ULUAVPMB6	Treatment of Advanced Non-Small Cell Lung Cancer using 6-Weekly Pembrolizumab	☑	☑	☑
ULUAVPMBF6	First-Line Treatment of Advanced Non-Small Cell Lung Cancer using 6-Weekly Pembrolizumab	☑	☑	☑
ULULADUR4	Locally Advanced Non-Small Cell Lung Cancer using 4-Weekly Durvalumab	☑	☑	☑
ULYPRA	Treatment of Relapsed or Refractory Peripheral T-Cell Lymphoma (PTCL) with Pralatrexate	☑	☑	☑

REVISED Protocols, PPPOs and Patient Handouts *(revisions in respective columns)*

Code	Protocol Title	Protocol	PPPO	Handout
BR | Breast				
BRAVPAM	Prevention of Skeletal-Related Events Secondary to Breast Cancer Metastases using Pamidronate	*Tests clarified (serum creatinine frequency)*	*Tests clarified (serum creatinine frequency)*	-----
GI | Gastrointestinal				
GIAVCETIR	Third-Line Treatment of Metastatic Colorectal Cancer using Cetuximab in Combination with Irinotecan	*Tests (optional CEA added to baseline and CA19-9 deleted) and Precautions (institutional name) updated*	*Tests updated (CA19-9 deleted); Treatment clarified (cetuximab line flush)*	-----
GIAVFL	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Fluorouracil Injection and Infusion and Leucovorin Infusion	*ST Chair contact number updated*	-----	-----

REVISED Protocols, PPPOs and Patient Handouts *(revisions in respective columns)*				
Code	**Protocol Title**	**Protocol**	**PPPO**	**Handout**
GIAVPANI	Palliative Third-Line Treatment of Metastatic Colorectal Cancer using Panitumumab	*Baseline Tests updated (optional CEA added)*	*Institutional name updated*	-----
GICAPIRI	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Irinotecan and Capecitabine in Patients Unsuitable for GIFOLFIRI	*Tests and Monitoring updated*	-----	-----
UGIFFOXPAN	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Oxaliplatin, Fluorouracil, Leucovorin and Panitumumab	-----	*Chemotherapy section updated (line flushing clarified to be consistent with UGIFFIRPAN)*	-----
GIGAVCOXT	Palliative Treatment of Metastatic or Locally Advanced Gastric, Gastroesophageal Junction, or Esophageal Adenocarcinoma using Capecitabine, Oxaliplatin and Trastuzumab	-----	*Tests clarified (serum creatinine)*	-----
GIIR	Palliative Chemotherapy of ~~for~~ Metastatic Colorectal Cancer using Irinotecan	*Protocol Title corrected and Treatment duration clarified*	-----	-----
GIIRINALT	Palliative Chemotherapy of ~~for~~ Metastatic Colorectal Cancer using Weekly Irinotecan	*Protocol Title, Institutional name, Tests, Dose Modification (hematological) and ST Chair contact information updated; Treatment duration clarified*	*Institutional logo and tests (tumour markers, ALT) updated*	*Institutional name and Side Effect management updated*
GU | Genitourinary				
UGUPENZ	Palliative Therapy for Metastatic Castration-Resistant Prostate Cancer using Enzalutamide	*Exclusions and Tests updated; Treatment duration clarified*	*Tests updated*	-----
LU | Lung				
ULUAVPMBF	First-Line Treatment of Advanced Non-Small Cell Lung Cancer using Pembrolizumab	*Eligibility clarified*	-----	-----
LY | Lymphoma				
LYABVD	Treatment of Hodgkin's Disease with Doxorubicin, Bleomycin, Vinblastine and Dacarbazine	-----	*Antiemetics updated*	-----
LYCHOP	Treatment of Lymphoma with Doxorubicin, Cyclophosphamide, Vincristine and Prednisone	*Institutional name and Tests (AST removed) updated*	*Antiemetics updated*	-----

REVISED Protocols, PPPOs and Patient Handouts *(revisions in respective columns)*

Code	Protocol Title	Protocol	PPPO	Handout
LYCHOPR	Treatment of Lymphoma with Doxorubicin, Cyclophosphamide, Vincristine, Prednisone and Rituximab	*Tests updated (AST removed)*	*Antiemetics updated*	-----
LYCHOPRMTX	Central Nervous System Prophylaxis with High-Dose Methotrexate, CHOP and Rituximab in Diffuse Large B-Cell Lymphoma	*Tests updated (AST replaced by ALT, electrolytes clarified)*	*Antiemetics updated*	-----
LYCLLFLUDR	Treatment of Chronic Lymphocytic Leukemia or Prolymphocytic Leukemia with Fludarabine and Rituximab	*Tests updated (AST removed) and Dose Modifications clarified (renal parameters)*	-----	-----
LYCODOXMR	Treatment of Burkitt's Lymphoma and Leukemia (ALL-L3) with Cyclophosphamide, Vincristine, Doxorubicin, Methotrexate, Leucovorin (CODOX-M) and Rituximab	*Antiemetics updated*	*Antiemetics updated*	-----
LYEPOCHR	Treatment of Lymphoma with Dose-Adjusted Etoposide, Doxorubicin, Vincristine, Cyclophosphamide, Prednisone and Rituximab with Intrathecal Methotrexate	-----	*Antiemetics updated (inpatient PPO)*	-----
LYFCR	Treatment of Chronic Lymphocytic Leukemia (CLL) or Prolymphocytic Leukemia with Fludarabine, Cyclophosphamide and Rituximab	*Tests updated (AST removed) and Dose Modifications clarified (renal parameters)*	-----	-----
LYFLU	Treatment of Low-Grade Lymphoma or Chronic Lymphocytic Leukemia with Fludarabine	*Tests updated (AST removed) and Dose Modifications clarified (renal parameters)*	*Institutional logo updated*	-----
LYFLUDR	Treatment of Relapsed Indolent Lymphoma with Fludarabine and Rituximab	*Tests updated (AST removed) and Dose Modifications clarified (renal parameters)*	-----	-----
LYGDP	Treatment of Lymphoma with Gemcitabine, Dexamethasone and Platinum	*Tests updated (AST removed)*	*Antiemetics updated*	-----
LYGDPR	Treatment of Lymphoma with Gemcitabine, Dexamethasone and Platinum with Rituximab	-----	*Antiemetics updated*	-----
ULYMFBEX	Treatment of Cutaneous T-Cell Lymphoma (Mycosis Fungoides/Sézary Syndrome) with Bexarotene	*Institutional name, Contact Physician, Dose Modification (hematological) and Tests (AST removed) updated*	*Tests updated; AST replaced by ALT*	-----

REVISED Protocols, PPPOs and Patient Handouts *(revisions in respective columns)*				
Code	**Protocol Title**	**Protocol**	**PPPO**	**Handout**
ULYROMI	Treatment of Relapsed or Refractory Peripheral T-Cell Lymphoma (PTCL) with Romidepsin	*Institutional name and Eligibility updated*	-----	-----
MY | Myeloma				
MYBORMTN	Maintenance Therapy of Multiple Myeloma using Bortezomib for Patients with the High-Risk Chromosome Abnormality	*Irradiated blood product requirement revised*	-----	-----
MYBORPRE	Treatment of Multiple Myeloma using Bortezomib, Dexamethasone with or without Cyclophosphamide as Induction Pre-Stem Cell Transplant	*Dose Modification (cyclophosphamide) clarified and irradiated blood product requirement revised*	*Dose Modification (cyclophosphamide) clarified*	-----
MYBORREL	Treatment of Relapsed Multiple Myeloma using Bortezomib, Dexamethasone with or without Cyclophosphamide	*Dose Modification (cyclophosphamide) clarified and irradiated blood product requirement revised*	*Dose Modification (cyclophosphamide) clarified*	-----
UMYCARLD	Therapy of Multiple Myeloma using Carfilzomib, Lenalidomide with Dexamethasone	*DVT prophylaxis revised*	*Lenalidomide dispensing quantity revised*	-----
UMYDARBD	Treatment of Relapsed and Refractory Multiple Myeloma with Daratumumab in Combination with Bortezomib and Dexamethasone with or without Cyclophosphamide	*Dose Modification clarified (cyclophosphamide, hematological); Supportive medications and irradiated blood product requirement revised*	-----	-----
UMYDARLD	Treatment of Relapsed and Refractory Multiple Myeloma with Daratumumab in Combination with Lenalidomide and Dexamethasone	*Supportive medications and irradiated blood product requirement revised*	*DVT prophylaxis clarified (Cycle 1 and Cycle 2+ PPPOs)*	-----
UMYLDF	Treatment of Previously Untreated Multiple Myeloma and Not Eligible for Stem Cell Transplant using Lenalidomide with Low-Dose Dexamethasone	*Supportive medications added and irradiated blood product requirement revised*	*Lenalidomide dispensing quantity revised and DVT prophylaxis clarified*	-----
UMYLDREL	Therapy of Relapsed Multiple Myeloma using Lenalidomide with Dexamethasone	*Supportive medications added and irradiated blood product requirement revised*	*Lenalidomide dispensing quantity revised and DVT prophylaxis clarified*	-----

REVISED Protocols, PPPOs and Patient Handouts *(revisions in respective columns)*				
Code	**Protocol Title**	**Protocol**	**PPPO**	**Handout**
UMYLENMTN	Maintenance Therapy of Multiple Myeloma using Lenalidomide	*Supportive medications added and irradiated blood product requirement revised*	*Lenalidomide dispensing quantity revised and DVT prophylaxis clarified*	-----
MYMP	Treatment of Multiple Myeloma using Melphalan and Prednisone	*Institutional name updated; Dose Modification clarified (hematological); AST removed; irradiated blood product requirement added*	-----	-----
MYMPBOR	Treatment of Multiple Myeloma using Melphalan, Prednisone and Weekly Bortezomib with the Option of Substituting Cyclophosphamide for Melphalan	*Dose Modification (hematological) clarified; Supportive medications revised; irradiated blood product requirement revised*	-----	-----
MYPAM	Treatment of Multiple Myeloma with Pamidronate	*Dose Modification (renal dysfunction) clarified*	-----	-----
UMYPOMDEX	Therapy of Multiple Myeloma using Pomalidomide with Dexamethasone	*Supportive medications added and irradiated blood product requirement revised*	*Lenalidomide dispensing quantity revised and DVT prophylaxis clarified*	-----
MYZOL	Treatment of Multiple Myeloma with Zoledronic Acid	*Irradiated blood product requirement added*	*Tests section added; Return Appointment Orders revised*	-----
SM | Skin and Melanoma				
USMAJDT	Adjuvant Treatment of Stage III and IV, BRAF-Mutated, Fully Resected Melanoma using Dabrafenib and Trametinib	*Eligibility updated*	-----	-----
USMAJNIV	Adjuvant Treatment of Resected Stage III-IV NED Melanoma using Nivolumab	*Eligibility updated*	-----	-----
USMAJNIV4	Adjuvant Treatment of Resected Stage III-IV NED Melanoma using 4-Weekly Nivolumab	*Eligibility updated*	-----	-----
USMAVFIPI	First-Line Treatment of Unresectable or Metastatic Melanoma using Ipilimumab	*Eligibility updated*	-----	-----
USMAVIPNI	Treatment of Unresectable or Metastatic Melanoma using Ipilimumab and Nivolumab	*Eligibility updated; acetaminophen 1000 mg replaced by 975 mg*	*Acetaminophen 1000 mg replaced by 975 mg*	-----

REVISED Protocols, PPPOs and Patient Handouts *(revisions in respective columns)*

Code	Protocol Title	Protocol	PPPO	Handout
USMAVNIV	Treatment of Unresectable or Metastatic Melanoma using Nivolumab	*Eligibility updated; acetaminophen 1000 mg replaced by 975 mg*	*Acetaminophen 1000 mg replaced by 975 mg*	-----
USMAVNIV4	Treatment of Unresectable or Metastatic Melanoma using 4-Weekly Nivolumab	*Eligibility updated; acetaminophen 1000 mg replaced by 975 mg*	*Acetaminophen 1000 mg replaced by 975 mg*	-----
USMAVPEM	Treatment of Unresectable or Metastatic Melanoma using Pembrolizumab	*Eligibility updated*	-----	-----
USMAVVIS	Treatment of Metastatic or Locally Advanced Basal Cell Carcinoma using Vismodegib	*Institutional name updated; AST deleted*	*Minor typo corrected; AST deleted*	-----
USMMCCAVE	Second-Line Treatment of Recurrent or Metastatic Merkel Cell Carcinoma using Avelumab	*Acetaminophen 500 mg dose deleted*	-----	-----

The laboratory test *AST* has been removed from the following BC Cancer Lymphoma Protocols (in addition to some protocols as noted above). Those protocols denoted with * have had the institutional logo and/or institutional name updated on the respective Provincial Pre-Printed Order.

Code	Protocol Title
HLHETCSPA *	Treatment of Hemophagocytic Lymphohistiocytosis with Etoposide, Dexamethasone and Cyclosporine
LYALEM *	Treatment of Subcutaneous or Intravenous Alemtuzumab for Fludarabine-Refractory B-Chronic Lymphocytic Leukemia (B-CLL) or with Intravenous Alemtuzumab for Previously Untreated T-Prolymphocytic Leukemia (T-PLL)
ULYBRENTUX	Treatment of Hodgkin Lymphoma and Anaplastic Large Cell Lymphoma with Brentuximab Vedotin
LYCDA *	Treatment of Hairy-Cell Leukemia with Cladribine
LYCHLOR	Therapy for Low-Grade Lymphoma and Chronic Lymphocytic Leukemia using Chlorambucil
LYCLLBEND	Treatment of Relapsed Chronic Lymphocytic Leukemia (CLL) with Bendamustine
LYCLLBENDR	Treatment of Relapsed/Refractory Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma with Bendamustine and Rituximab
LYCLLCVPR	Treatment of Relapsed Chronic Lymphocytic Leukemia using Cyclophosphamide, Vincristine, Prednisone and Rituximab
LYCVP *	Treatment of Advanced Indolent Lymphoma using Cyclophosphamide, Vincristine and Prednisone
LYCVPPABO	Treatment of Hodgkin's Disease with Cyclophosphamide, Vinblastine, Procarbazine and Prednisone
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
LYIT *	Treatment of Lymphoma using Intrathecal Methotrexate and Cytarabine

Code	Protocol Title
ULYMFECP	Treatment of Cutaneous T-Cell Lymphoma (Sézary syndrome) with Extracorporeal Photopheresis
ULYOBCHLOR	Previously Untreated Chronic Lymphocytic Leukemia (CLL) or Small Lymphocytic Lymphoma with Obinutuzumab and Chlorambucil
LYRITUX	Treatment of Lymphoma with Single Agent Rituximab
ULYRITZ *	Palliative Therapy for Lymphoma using Radioimmunotherapy: Rituximab-Priming for Ibritumomab ^{90}Y (ZEVALIN®)
LYRMTN	Maintenance Rituximab for Indolent Lymphoma

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		
Systemic Therapy Update Editor	604-877-6000 x 672649	bulletin@bccancer.bc.ca
Oncology Drug Information Cancer Drug Manual Editor Pharmacy Oncology Certification Nurse Educators	604-877-6275 250-519-5500 x 693742 250-712-3900 x 686820 604-877-6000 x 672638	druginfo@bccancer.bc.ca nbadry@bccancer.bc.ca rxchemocert@bccancer.bc.ca nursinged@bccancer.bc.ca
CAP – Compassionate Access Program	604-877-6277	cap_bcca@bccancer.bc.ca fax 604-708-2026
OSCAR – Online System for Cancer Drugs Adjudication and Reimbursement	888-355-0355	oscar@bccancer.bc.ca fax 604-708-2051
Library/Cancer Information	604-675-8003	toll free 888-675-8001 x 8003 requests@bccancer.bc.ca
Library Document Delivery	604-675-8002	requests@bccancer.bc.ca
Pharmacy Professional Practice Professional Practice, Nursing Provincial Systemic Therapy Program	604-877-6000 x 672247 604-877-6000 x 672623 604-877-6000 x 672247	mlin@bccancer.bc.ca BCCancerPPNAdmin@ehcnet.phsa.ca mlin@bccancer.bc.ca
BC Cancer – Abbotsford BC Cancer – Kelowna BC Cancer – Prince George BC Cancer – Surrey BC Cancer – Vancouver BC Cancer – Victoria	604-851-4710 250-712-3900 250-645-7300 604-930-2098 604-877-6000 250-519-5500	toll free 877-547-3777 toll free 888-563-7773 toll free 855-775-7300 toll free 800-523-2885 toll free 800-663-3333 toll free 800-670-3322
Community Oncology Network (CON) sites: To update your contact information, please contact: bulletin@bccancer.bc.ca		

Editorial Review Board