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FAX request form and IN TOUCH phone list are provided if additional information is needed.

Ministry of Health Announces New Funding for Cancer Drugs

The Ministry of Health has increased this year's drug budget in the amount of \$4.6 million. This allows the BC Cancer Agency to expand its existing program and introduce new programs approved by our Priorities and Evaluation Committee, such as adjuvant CEF, anastrozole or letrozole, gemcitabine, irinotecan, adjuvant goserelin and cyproterone/diethylstilbestrol.

Dr. Susan O'Reilly first made a presentation outlining the need for more money to the Ministry in late 1997, followed by a second request in April 1998. This new funding represents a 28% increase over the actual expenditure for the 1997/98 fiscal year.

BENEFIT DRUG LIST

The following new program has been funded by the Provincial Systemic Therapy Program:

- **Irinotecan** (CPT-11, Camptosar©) for fluorouracil-leucovorin refractory metastatic colorectal cancer.

This drug is now approved as a Class II drug on the benefit list. A Class II form must be completed and submitted to the Provincial Systemic Therapy Program before the drug will be dispensed at a radiation cancer centre or reimbursed to a community hospital.

Please note: Patients must have an excellent performance status to merit palliative therapy with this agent.

Susan O'Reilly, MB, FRCPC
Provincial Systemic Program Leader

PROTOCOL UPDATE

- **GIIR** new, palliative therapy for fluorouracil-refractory metastatic colorectal cancer using irinotecan
- **GOENDCAT** revised, therapy for primarily advanced or recurrent endometrial cancer using carboplatin and paclitaxel
- **LYRITUX** new, monoclonal antibody therapy for follicular lymphoma, CD20-positive B-cell lymphoma and post-transplant lymphoproliferative disease using rituximab (emergency-release, undesignated indication approval required)

PATIENT HANDOUTS

- **Irinotecan** new, see above protocol summary GIIR.

FOCUS ON IRINOTECAN

Irinotecan vs Best Supportive Care (BSC)

A recent phase III trial compared irinotecan plus BSC to BSC alone for fluorouracil (5FU)-refractory metastatic colorectal cancer. There was a significant survival and quality of life benefit for irinotecan, with the exception of diarrhea. (1,2)

Irinotecan vs Fluorouracil

A second Phase III trial compared second-line irinotecan to 5FU-based chemotherapy for patients with metastatic colorectal cancer previously treated with 5FU. There was a significant survival benefit for irinotecan with no significant difference in quality of life between the 2 agents. (2, 3)

European Dose Schedule

The European dose schedule (300-350 mg/m² q3w) was used in the pivotal trials described above and is recommended in GIIR. Neutropenia is more prominent with the q3w regimen as compared to the North American weekly regimen for all grades (80% vs 54%) as well as grades 3-4 (47% vs 26%). The incidence of diarrhea is similar with each regimen. (4)

Deadly Diarrhea

Irinotecan-induced diarrhea may be life-threatening. Patient teaching regarding diarrhea management is critical for the safe use of this agent.

- **Early diarrhea** or abdominal cramps occurring within the first 24 hours is treated with **atropine** 0.25-1 mg IV or SC. Prophylactic atropine may be required for subsequent treatments.
- **Late diarrhea** has a median onset of 5 days post-treatment with the 3-weekly regimen and must be treated with **loperamide** (eg, Imodium®). The loperamide dose is higher than recommended by the manufacturer. Instruct your patients to have loperamide on hand and start treatment at the first poorly formed or loose stool, or earliest onset of more frequent stool than usual:
 - 4 mg stat
 - then 2 mg every 2 hours until diarrhea-free for 12 hours
 - may take 4 mg every 4 hours at night (5)

Robin O'Brien, PharmD
Acting Drug Information Pharmacist, BCCA

References:

1. Proc ASCO 1998;17:A1.
2. Oncology 1998;12(S6):13-21.
3. Proc ASCO 1998;17:A256.
4. Personal Communication, Pharmacia & Upjohn.
5. Oncology 1998;12(S6):72-8.

HPB APPROVALS

Capecitabine (Xeloda®, Hoffmann-La Roche) has been approved for the treatment of taxane resistant metastatic breast cancer. Capecitabine is currently NOT covered under the BCCA drug benefit list.

Liposomal doxorubicin (Caelyx®, Schering) has been approved for the treatment of advanced HIV-associated Kaposi's sarcoma. Liposomal doxorubicin is currently NOT covered under the BCCA drug benefit list.

CON UPDATE

Funding Formula Development

The Communities Oncology Network is working with the communities to identify a better way to fund the non-radiation cancer centres. Three task groups are coming together to address specific objectives that will be helpful in developing a generic funding formula for community Oncology Services. Each is co-chaired by a community stakeholder organization and the task groups draw most of their members from communities. The preliminary wording of the objectives is as follows:

- **Task Group 1:** To review and contribute to the development of oncology patient outcome standards as they relate to the operation of a non radiation cancer centre. Professional practice standards for the oncology interdisciplinary team will also be incorporated.
- **Task Group 2:** To identify the practical, realistic, consistently captured indicators of activity that should be used to develop a funding model for non-radiation cancer centres.

- **Task Group 3:** To describe and/or profile a smaller non-radiation cancer service to both describe factors that impact on the scope and nature of the service and also estimate cost implications.

The overall goal is to develop a funding process for the non-radiation cancer centres that is based on cancer care standards defined in terms of cancer care services, professional practice and patient care outcomes.

Please contact any of the organizers if you want to have input into a task group deliberation:

Task Group 1

Carolyn Tayler, Fraser Valley Cancer Centre, Surrey (250)-930-4049 and
Sandi Broughton, Cancer Centre for the Southern Interior, Kelowna (250)-712-3903 or
Toll-Free 1-888-563-7773

Task Group 2

Tim Murphy, Vancouver Cancer Centre (604)-877-6000 or Toll-Free 1-800-663-3333

Task Group 3

Marika Kenwell, Vancouver Island Cancer Centre, Victoria (250)-370-8739 or Toll-Free 1-800-670-3322

Jack Chritchley MD
Vice President, Communities Oncology

PROVINCIAL SYSTEMIC THERAPY PROGRAM

Provincial Process Design

The design teams are underway with the Patient Care Scheduling and Professional Roles & Responsibilities groups combined into one team. Anyone interested in contributing should contact one of our team leaders:

High Level Process Design Team

Kelly Henderson (250)-712-3904

Patient Care Scheduling and Professional Roles & Responsibilities Team

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Johanna Stapleton (250)-370-8228 Ext 2306

Workload Indicators – Future State Team

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BCCA SYSTEMIC THERAPY UPDATE FAX REQUEST FORM

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<input type="checkbox"/>	All items
	Patient Handouts:
<input type="checkbox"/>	Irinotecan
	Protocol Summaries:
<input type="checkbox"/>	GIIR
<input type="checkbox"/>	GOENDCAT
<input type="checkbox"/>	LYRITUX
	Reimbursement
<input type="checkbox"/>	Benefit Drug List (01 Oct 98)
<input type="checkbox"/>	Class 2 Form (01 Oct 98)

RADIATION CANCER CENTRE ACCESS

BULLETIN UPDATES	LOCATION
Patient Handouts:	H:\everyone\systemic\chemo\Pt_Educ
Irinotecan	H:\everyone\systemic\chemo\Pt_Educ\irinotecan.doc
Protocol Summaries	H:\everyone\systemic\chemo\Protocol
GIIR	H:\everyone\systemic\chemo\Protocol\GI\GIIR.doc
GOENDCAT	H:\everyone\systemic\chemo\Protocol\Gyne\GOENDCAT.doc
LYRITUX	H:\everyone\systemic\chemo\Protocol\Lymphoma\LYRITUX.doc
Reimbursement	H:\everyone\systemic\chemo\Reimburs
Benefit Drug List	H:\everyone\systemic\chemo\Reimburs\Benefit.doc
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