Systemic Therapy Update



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For Health Professionals Who Care For Cancer Patients

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EDITOR'S CHOICE

New Programs

The Provincial Systemic Therapy Program has approved the following program effective 1 January 2015:

Lenalidomide Maintenance for Multiple Myeloma (UMYLENMTN) – This new program has been introduced for patients with multiple myeloma who have achieved stable disease or better response after stem cell transplant. In three phase III trials, maintenance lenalidomide post-transplant was associated with consistently increased progression free survival (42 vs 22 mos; 46 vs 27 mos; 41 vs 23 mos) [Palumbo. NEJM 2014;371:895, McCarthy. NEJM 2012;366:1770, Attal. NEJM 2012;366:1782] and one trial was associated with improved overall survival (3-year survival 88% vs 80%, HR 0.62) [McCarthy. NEJM 2012;366:1770]. The maintenance dose for lenalidomide is 10 mg daily continuously, a lower dose than can be used for active treatment (e.g., UMYLENDEX). A BCCA Compassionate Access Program application is required for each patient.

DRUG UPDATE

Shortage of Mitomycin and Bacillus Calmette-Guerin (BCG) – The ongoing national shortage of the BCG vaccine (see October issue of Systemic Therapy Update) has led to a temporary shortage of mitomycin (Teva), an alternative intravesical agent for bladder cancer. Mitomycin is also used in chemoradiotherapy for anal cancer. The shortage of mitomycin is expected to last until March 2015. Therefore, the BCCA Systemic Therapy Program recommends the following:

Bladder Cancer:

The BC Cancer Agency, along with HSSBC, has worked closely with Merck to ensure that BCG supplies

EDITOR'S CHOICE

continue to be available. An allocation of BCG was made available on the week of 8 December 2014. Another supply is expected to be available on the week of 19 January 2015. Based on this information and the weekly counts of BCG in all health authorities, BCG supplies should be reasonably maintained. Therefore, BCG should be preferentially used where possible and any remaining mitomycin supplies be conserved for electromotive mitomycin (if equipment available) and patients intolerant to BCG.

Epirubicin, gemcitabine and docetaxel may be considered as alternative intravesical agents if neither BCG nor mitomycin is available. They will be reimbursed by BCCA for this indication during the BCG and mitomycin shortage.

Preference	Intravesical agents	Dose*	Protocol code
1.	Epirubicin ¹	Single post-op dose: 50 mg in 50 mL NS Induction: 50 mg in 50 mL NS weekly x 6 weeks Maintenance: 50 mg in 50 mL NS monthly x 10 months	GUNOS
2.	Gemcitabine ^{2,3}	Induction: 2000 mg in 50 mL NS weekly x 6 weeks Maintenance: 2000 mg in 50 mL NS monthly x 10 months	GUNOS
3.	Docetaxel ⁴	Induction: 75 mg in 100 mL NS weekly x 6 weeks Maintenance: 75 mg in 100 mL NS monthly x 10 months	GUNOS

^{*} intravesically via a catheter with a dwell time of 1-2 hours with the patient changing positions every 15 minutes

Anal Cancer:

Mitomycin is used with concurrent radiotherapy in two combined modality protocols with curative intent (GIFUART, GICART). If mitomycin is not available, two cisplatin containing protocols can be substituted (GIFUPART, GICPART).

References:

- 1. van der Meijden APM, et al. Intravesical instillation of epirubicin, BCG and BCG plus isoniazid for intermediate and high risk Ta, T1 papillary carcinoma of the bladder. J Urol 2001:166:476.
- 2. Jones G, et al. Intravesical gemcitabine for non-muscle invasive bladder cancer. Cochrane Database Syst Rev 2012;1:009294.
- 3. Addeo R, et al. Randomized phase III trial on gemcitabine versus mytomicin in recurrent superficial bladder cancer. J Clin Oncol 2010;28:543.
- 4. Barlow LJ, et al. Long-term survival outcomes with intravesical docetaxel for recurrent nonmuscle invasive bladder cancer after previous BCG therapy. J Urol 2013;189:834.

BCCA WEBSITE

New Website Platform – As part of a larger initiative of the Provincial Health Services Authority, the BCCA will be getting a new website based on the Sharepoint 2013 platform. The migration of the contents is currently underway and the tentative launch date is late February 2015.

CANCER DRUG MANUAL

REVISED MONOGRAPHS, PATIENT HANDOUTS AND HAZARDOUS DRUG LIST

The Cancer Drug Manual staff would like to acknowledge the contributions of the Editorial Board as well as our expert reviewers for their ongoing support of the Manual and for generously sharing their time and expertise throughout the year.

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REVISED MONOGRAPHS, PATIENT HANDOUTS AND HAZARDOUS DRUG LIST

The following were posted in November 2014 but missed the announcement in the previous Systemic Therapy Update:

Supply and Storage, Chemotherapy Preparation Chart – addition of Accord brand of paclitaxel

Pembrolizumab Interim Monograph and Chemotherapy Preparation Chart:

■ *Name* — the name has been changed from Lambrolizumab to Pembrolizumab to match the generic drug name marketed in the US.

Note: Pembrolizumab is not a BCCA Benefit Drug and supply is only available through Health Canada Special Access Programme.

BENEFIT DRUG LIST

New Programs

The following program has been added to the Benefit Drug List effective 1 January 2015:

Protocol Title	Protocol Code	Benefit Status
Maintenance therapy of multiple myeloma using <i>lenalidomide</i>	UMYLENMTN	Restricted

BENEFIT DRUG LIST

The following program has been revised on the **Benefit Drug List** effective 1 January 2015:

Protocol Title	Protocol Code	Benefit Status
First-line treatment of advanced non-small cell lung cancer with platinum and <i>pemetrexed</i>	LUAVPP	Class II (Previously Restricted)

LIST OF NEW AND REVISED PROTOCOLS, PRE-PRINTED ORDERS AND PATIENT HANDOUTS

BC Cancer Agency 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 treatments requiring "Compassionate Access Program" (previously Undesignated Indications Request) approval are prefixed with the letter "U".

NEW Protocols, PPPOs and Patient Handouts (Affected Documents are Checked):						
CODE	Protocol	PPPO	Patient Handout	Protocol Title		
UMYLENMTN	$\overline{\checkmark}$	V		Maintenance Therapy of Multiple Myeloma Using Lenalidomide		

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED):					
CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
UCNBEV	\square			Eligibility updated	Palliative Therapy for Recurrent Malignant Gliomas Using Bevacizumab With or Without Concurrent Etoposide or Lomustine
CNMODPCV	\square			Dose modification for renal function clarified	Modified PCV Chemotherapy Of Brain Tumours Using Procarbazine, Lomustine (CCNU) and vinCRIStine
GOOVCATX	Ø			Page number corrected, contact physician updated	Primary Treatment of Visible Residual (Extreme Risk) Invasive Epithelial Ovarian, Fallopian Tube or Peritoneal Cancer Using CARBOplatin and PACLitaxel
GOOVDDCAT				Eligibility updated	Primary Treatment of Advanced Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma Using CARBOplatin and Weekly PACLitaxel
GUNAJPG		\checkmark		Page number added	Neo-Adjuvant Therapy for Urothelial Carcinoma Using CISplatin and Gemcitabine
UGUPRAD	$\overline{\checkmark}$			Eligibility updated	Therapy for Metastatic Castration Resistant Prostate Cancer Using Radium- 223
ULKATOATRA				Information on disease monitoring added	First-Line Induction and Consolidation Therapy of Acute Promyelocytic Leukemia Using Arsenic Trioxide and Tretinoin
ULKATOP				Information on disease monitoring added	First-Line Induction and Consolidation Therapy of Acute Promyelocytic Leukemia Using Arsenic Trioxide, Tretinoin and DAUNOrubicin

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED):					
CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
LUAVPEM				Exclusion updated	Second-Line Treatment of Advanced Non-Small Cell Lung Cancer With Pemetrexed
LUAVPP	V			CAP requirement replaced by Class II Benefit status, protocol code revised	First-Line Treatment of Advanced Non- Small Cell Lung Cancer with Platinum and Pemetrexed

ERRATA

DECEMBER 2014

Editor's Choice, New Programs – the new protocol for glioblastoma multiforme should have been CNTEM**60** (not CNTEM**M**).

Highlights of Changes in Protocols

- The new weekly paclitaxel protocol for breast cancer should have been BRAVTW (not BRAVPW).
- The sentence "It has a slightly higher dose at 90 mg/m" and is given *every* 3 weeks out of 4 weeks, thus" should have been ".....is given weekly for *3 weeks* out of 4 weeks....".

SEPTEMBER 2014

Editor's Choice, Dose-Banding of Infusional Fluorouracil – the protocol affected should have been GIRAJFF*O*X (not GIRAJFF*I*X).

Website Resources and Contact Information					
WEBSITE RESOURCES www.bccancer.bc.ca					
Systemic Therapy Update	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate				
Reimbursement & Forms: Benefit Drug List, Class II, Compassionate Access Program	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms				
Cancer Drug Manual	www.bccancer.bc.ca/cdm				
Cancer Management Guidelines	www.bccancer.bc.ca/CaMgmtGuidelines				
Cancer Chemotherapy Protocols, Pre-printed Orders, Protocol Patient Handouts	www.bccancer.bc.ca/ChemoProtocols				
Systemic Therapy Program Policies	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Policies				
CON Pharmacy Educators	www.bccancer.bc.ca/HPI/Pharmacy/ContactUs.htm				

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BCCA-Sindi Ahluwalia Hawkins Centre for the	250.712.3900		
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BCCA-Vancouver Centre	604.877.6000 Toll Free 800.663.3333		
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