



Systemic Therapy Update

Volume 9, Number 8 *for health professionals who care for cancer patients* August 2006
Website access at <http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate.htm>

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EDITOR'S CHOICE

NEW LOOK ON WEBSITE CHEMOTHERAPY PROTOCOLS

Change in Website Protocol Format As of August 1st, all chemotherapy protocols will be available only in PDF format. This means that you will no longer see the links on the left-hand column on the web page.

BC Cancer Agency >> Health Professionals Info >> Chemotherapy Protocols >> Leukemia/BMT

Leukemia/BMT

Code	Print Version (Revision Date)			Title
	Protocol	Pre-printed Order	Patient Handout	
BMTMM0301	(01 Oct 2004)			Conditioning therapy for autologous stem cell transplant using high dose melphalan in the treatment of multiple myeloma
BMTIVBUCY	(01 Jul 2003)			Myeloablative conditioning therapy prior to autologous and allogeneic hematopoietic stem cell transplantation for myeloid malignancies using IV busulfan and cyclophosphamide
CMLIFNCYT	(01 Nov 2000)			Therapy of chronic myeloid leukemia using interferon and cytarabine
LKANAG	(01 May 2005)			Anagrelide as second-line treatment of thrombocytosis related to myeloproliferative disorders
LKCMLI	(01 Jun 005)			Therapy for chronic myeloid leukemia using imatinib (Gleevec®)
MYHDC	(01 Nov 2005)			Single dose cyclophosphamide priming therapy for multiple myeloma prior to autologous stem cell transplant

This change will streamline the development and maintenance of website protocols. To view protocols, pre-printed physician orders and patient handouts, please click on the PDF icon located in the table.

Since these documents can only be opened with Adobe Acrobat, you will need Adobe Reader, which is widely available on most computers. Adobe Reader is free at <http://www.adobe.com/>.

CANCER DRUG MANUAL

Methotrexate and Leucovorin Monographs and Patient Handouts These have been completely updated. Expert review was provided by Dr. Tamara Shenkier (Breast and Lymphoma Tumour Groups) and Dr. Sharlene Gill (Gastrointestinal Tumour Group).

In the methotrexate monograph, the leucovorin rescue information has been expanded and moved to the Special Precautions section. The acute renal failure section contains information on new approach for treating methotrexate toxicity due to decreased renal elimination. Other changes include:

- expanded indications and toxicity profile
- updated interactions with other drugs

In the leucovorin monograph, the Dosage Guidelines now also include information on use with fluorouracil. Also, the patient handout no longer contains information on the potential interactions with phenytoin, phenobarbital and carbamazepine, as they are mainly a concern with very high doses of leucovorin.

Interferon Patient Handout The reference to sterility and menopause has been deleted. The reproductive effects of interferon are generally rare and transient, and do not warrant special mention. However, information on impotence and menstrual irregularities will continue to be included in the side effect section of the monograph.

Patient Handouts for Irritant Drugs: All patient handouts for both vesicant and irritant agents have been revised using the same terminology. Patients are asked to tell their nurse immediately if they feel any burning, stinging, or other change while the drug is being given. A complete list of cancer drugs which are considered as vesicants and irritants can be found in the BC Cancer Agency Extravasation Guidelines ([Systemic Therapy Policy III-20](#)).

CANCER MANAGEMENT GUIDELINES

Adjuvant Chemotherapy for Non-Small Cell Lung Cancer (NSCLC): This section has been updated based on new data presented at the 2006 meeting of the American Society of Clinical Oncology (ASCO). The lung tumour group continues to recommend adjuvant platinum-based combination chemotherapy in patients with fully resected stage II and IIIA NSCLC, but there is now uncertainty about its prescription in those with resected stage IB NSCLC.

The initial report of CALGB 9633 in 2004 indicated that adjuvant treatment with carboplatin and paclitaxel in resected stage IB NSCLC was associated with a 12% improvement in survival at 4 years. However, an update presented this year demonstrated only a non-significant trend in favour of treatment at 5 years.

The lung tumour group advises that adjuvant chemotherapy may still be offered to highly motivated individuals with resected stage IB NSCLC who are considered to be at high risk of relapse; however, a discussion regarding the potential risks and harms of treatment is necessary. Please refer to the [Cancer Management Guidelines](#) for more information. The eligibility criteria of LUAJNP and LUAJCAT have also been revised.

HIGHLIGHTS OF PROTOCOL CHANGES

Taxane-Based Gynecological Protocols All the taxane-based (paclitaxel, docetaxel) protocols have been revised to clarify that a maximum of 6 cycles of taxane treatment will be reimbursed for each line of therapy. The number of cycles for each line of treatment may be extended to 9 cycles if the patient has not achieved a complete response but is continuing to improve.

For example, a patient who had previously responded to 6 cycles of say, a paclitaxel-based regimen may be retreated with another 6 cycles of paclitaxel- or docetaxel-based regimen (9 cycles if patient continues to improve). For any further treatment cycles, a Compassionate Access Program (Undesignated Indication) request and approval is required.

Neuro-Oncology Protocols All the current protocols and pre-printed orders used for neuro-oncology malignancies have been reviewed. The following protocols have been revised for clarifications in eligibility, tests, premedications and dose modifications in a number of protocols:

- CNTEMOZ, CNAJTMZ
- CNCARV, CNCCNU, CNCCV, CNMODPCV, CNPROC
- CNTAM, CNTAMCAR

Non-Small Cell Lung Cancer Protocols The adjuvant chemotherapy protocols have been revised. See under Cancer Management Guidelines in this issue for more details.

LIST OF NEW AND REVISED PROTOCOLS

The **BC Cancer Agency Protocol Summaries** are revised on a periodic basis. New and revised protocols for this month are listed below. Protocol codes for treatments requiring “Undesignated Indication” approval are prefixed with the letter **U**.

New protocols:

Code	Protocol Name
CNETO	Palliative treatment of patients with recurrent malignant gliomas and ependymoma using low dose etoposide
ULYRICE	First-line therapy for advanced stage large B-cell non-Hodgkin’s lymphoma based on mid-treatment positron emission tomography (PET) scan result

Revised protocols:

Code	Changes	Protocol Name
CNTEMOZ	<i>Eligibility, Tests, Precautions clarified</i>	Therapy for malignant brain tumours using temozolomide
CNAJTMZ	<i>Tests, Treatment, Precautions clarified</i>	Concomitant and adjuvant temozolomide for newly diagnosed malignant gliomas
CNCARV	<i>Title, Eligibility, Tests and Premedications clarified; Treatment and Dose Modifications tables reformatted</i>	Carboplatin and etoposide in the treatment of recurrent ependymoma and oligodendroglioma
CNCCNU	<i>Eligibility, Tests, Premedications, Duration of treatment, dose modifications clarified</i>	Lomustine (CCNU) for treatment of recurrent malignant brain tumours
CNMODPCV	<i>Eligibility, Tests, maximum vincristine dose revised; dose modifications clarified</i>	Modified PCV chemotherapy of brain tumours using procarbazine, lomustine (CCNU) and vincristine
CNPROC	<i>Eligibility and Tests clarified, Treatment and Dosing Modifications tables reformatted</i>	Standard procarbazine for second-line treatment of recurrent brain tumour

Code	Changes	Protocol Name
CNTAM	<i>Tests, Treatment and Precautions revised</i>	Tamoxifen for patients with recurrent brain tumours which are resistant to first line chemotherapy
CNTAMCAR	<i>Eligibility clarified, Treatment and Dose Modifications Tables reformatted, Precautions revised</i>	Second and third line treatment of recurrent gliomas with carboplatin and high dose tamoxifen
GOCXCAD	<i>maximum of number of cycles in Eligibility revised</i>	Primary treatment of advanced/recurrent non-small cell cancer of the cervix with carboplatin and docetaxel in ambulatory care settings
GOENDCAD	<i>maximum of number of cycles in Eligibility revised</i>	Treatment of primary advanced or recurrent endometrial cancer using carboplatin and docetaxel
GOOVCADM	<i>maximum of number of cycles in Eligibility revised</i>	Primary treatment of invasive epithelial ovarian, fallopian tube and primary peritoneal cancer, with no visible residual tumour (moderate-high risk) using carboplatin and docetaxel
GOOVCADR	<i>maximum of number of cycles in Eligibility revised</i>	Second line treatment using docetaxel and carboplatin for epithelial ovarian cancer relapsing after primary treatment
GOOVCADX	<i>maximum of number of cycles in Eligibility revised</i>	Primary treatment of visible residual (extreme risk) invasive epithelial ovarian cancer using carboplatin and docetaxel
GOCXCAT	<i>maximum of number of cycles in Eligibility revised</i>	Primary treatment of advanced/recurrent non-small cell cancer of the cervix with carboplatin and paclitaxel in ambulatory care settings
GOENDCAT	<i>maximum of number of cycles in Eligibility revised</i>	Treatment of primary advanced or recurrent endometrial cancer using carboplatin and paclitaxel (GO 95 01)
GOOVCATM	<i>maximum of number of cycles in Eligibility revised</i>	Primary treatment of invasive epithelial ovarian, fallopian tube and primary peritoneal cancer, with no visible residual tumour (moderate-high risk), using carboplatin and paclitaxel
GOOVCATR	<i>maximum of number of cycles in Eligibility revised</i>	Second Line treatment using paclitaxel and carboplatin for epithelial ovarian cancer relapsing after primary treatment
GOOVCATX	<i>maximum of number of cycles in Eligibility revised</i>	Primary treatment of visible residual (extreme risk) invasive epithelial ovarian cancer using carboplatin and paclitaxel
LUAJEP	<i>deleted</i>	Adjuvant cisplatin and etoposide following resection of Stage I, II and IIIA non-small cell lung cancer
LUAJCAT	<i>eligibility and title revised</i>	Adjuvant carboplatin and paclitaxel following resection of non-small cell lung cancer
LUAJNP	<i>eligibility and title revised</i>	Adjuvant cisplatin and vinorelbine following resection of non-small cell lung cancer
LYRITB	<i>eligibility revised</i>	Palliative therapy for lymphoma using radioimmunotherapy: tositumomab-priming for ¹³¹ I tositumomab
LYRITZ	<i>eligibility and rituximab administration clarified; references to Vancouver Hospital Nuclear Medicine Department removed</i>	Palliative therapy for lymphoma using radioimmunotherapy: rituximab-priming for ibritumomab ⁹⁰ Y (Zevalin)

Code	Changes	Protocol Name
UMYBORTEZ	<i>revised tests to delete alkaline phosphatase, clarified abbreviation for Hepatitis B core Antibody, revised dosing to delete 1 mg/m² starting dose, revised dose modifications to delete alkaline phosphatase</i>	Treatment of multiple myeloma with bortezomib

LIST OF NEW AND REVISED PRE-PRINTED ORDERS

The **INDEX to BC Cancer Agency Pre-printed Orders** are revised on a periodic basis. The revised pre-printed orders for this month are listed below.

New pre-printed orders:

Code	Protocol Name
CNETO	Palliative treatment of patients with recurrent malignant gliomas and ependymoma using low dose etoposide
ULYRICE	First-line therapy for advanced stage large B-cell non-Hodgkin's lymphoma based on mid-treatment positron emission tomography (PET) scan result

Revised pre-printed orders:

Code	Changes	Protocol Name
CNTEMOZ	<i>Eligibility, Tests, Precautions clarified</i>	Therapy for malignant brain tumours using temozolomide
CNAJTMZ	<i>Tests, Treatment, Precautions clarified</i>	Concomitant and adjuvant temozolomide for newly diagnosed malignant gliomas
CNCARV	<i>Title, Eligibility, Tests and Premedications clarified; Treatment and Dose Modifications tables reformatted</i>	Carboplatin and etoposide in the treatment of recurrent ependymoma and oligodendroglioma
CNCCNU	<i>Eligibility, Tests, Premedications, Duration of treatment, Dose Modifications clarified</i>	Lomustine (CCNU) for treatment of recurrent malignant brain tumours
CNMODPCV	<i>Eligibility, Tests, maximum vincristine dose revised, Dose Modifications clarified</i>	Modified PCV chemotherapy of brain tumours using procarbazine, lomustine (CCNU) and vincristine
CNPROC	<i>Eligibility and Tests clarified, Treatment and Dose Modifications tables reformatted</i>	Standard procarbazine for second-line treatment of recurrent brain tumour
CNTAM	<i>Tests, Treatment and Precautions revised</i>	Tamoxifen for patients with recurrent brain tumours which are resistant to first line chemotherapy
CNTAMCAR	<i>Eligibility clarified, Treatment and Dose Modifications Tables reformatted, Precautions revised</i>	Second and third line treatment of recurrent gliomas with carboplatin and high dose tamoxifen
LUAJEP	<i>deleted</i>	Adjuvant cisplatin and etoposide following resection of Stage I, II and IIIA non-small cell lung cancer

Revised pre-printed orders:		
Code	Changes	Protocol Name
LYRITB	<i>eligibility revised</i>	Palliative therapy for lymphoma using radioimmunotherapy: tositumomab-priming for ¹³¹ I tositumomab
LYRITZ	<i>eligibility and rituximab administration clarified; references to Vancouver Hospital Nuclear Medicine Department removed</i>	Palliative therapy for lymphoma using radioimmunotherapy: rituximab-priming for ibritumomab ⁹⁰ Y (Zevalin)
UMYBORTEZ	<i>revised tests to delete alkaline phosphatase, clarified abbreviation for Hepatitis B core Antibody, revised dosing to delete 1 mg/m² starting dose, revised dose modifications to delete alkaline phosphatase</i>	Treatment of multiple myeloma with bortezomib

NURSING RESOURCES OF THE MONTH

The following two resources are available on line by clicking on the links.

Nutrition Interventions That Affect Clinical Practice. It's NOT Just Calories

http://oes.digiton.com/novartis_02/

- Differentiate between facts and myths in the role of nutrition in cancer
- Identify the differences between reversible weight loss (starvation) and tumor-mediated weight loss (cachexia – irreversible weight loss)
- List the components of a complete nutritional assessment in the patient with cancer
- Identify the components of an individualized plan of care

Got Bones? It Takes More than Milk to Preserve Skeletal Health in Oncology Patients

www.ons.org/ceCentral/pdf/bonesMono.pdf

- Summarise the physiology of normal bone development and pathophysiology of bone loss
- Discuss current approaches to caring for patients with bone loss due to breast cancer therapy
- Discuss current approaches to caring for patients with bone loss due to prostate cancer therapy
- Implement a plan of care for patients experiencing cancer treatment-induced bone loss

CONTINUING EDUCATION

International Conference for Cancer Nursing (ICCN) The Canadian Association of Nurses in Oncology (CANO) and the International Society of Nurses in Cancer Care (ISNCC) will cohost the 14th ICCN on **27 September to 1 October, 2006**, at the Sheraton Centre in Toronto, Ontario. The ICCN is the largest international meeting of cancer nurses and the theme for this year is “*Reaching New Heights Together*”.

Conference information and registration forms are available on the CANO website at www.cos.ca/cano.

National Oncology Pharmacy Symposium (NOPS) 2006 will be held from **13-15 October, 2006** at the Hyatt Regency in Marriott Bloor-Yorkville in Montréal, Quebec. The theme for 2006 is “*The Dollars and Sense of Quality Cancer Care*”. This symposium is presented by the Canadian Association of Pharmacy in Oncology (www.capho.org).

Registration is now open and can be submitted online (www.meetingassistant.com/NOPS2006). Early registration rates will end by September 15, 2006 and online registration will close on October 10, 2006.

BC Cancer Agency Annual Cancer Conference 2006 You can now register for this year's conference, which will be held from **23-25 November, 2006** at the Westin Bayshore Resort and Marina in Vancouver. Registration fees are: \$125 early bird (before September 29), \$175 (after September 29 through November 23) and \$200 onsite (23-25 November).

The theme of this year will be "*Partners in Research and Care – BC & the World*", which will create the framework for the exploration of how the BC Cancer Agency encourages collaboration between researchers, scientists, clinicians and community resource professionals, within the provincial system of cancer control, as well as with organizations around the world.

The *Partners in Cancer Care* meeting and the BC Cancer Agency Research Centre *Scientific Meeting* will be held respectively on Thursday, 23 November. The *Clinical Scientific Symposium* will be held on Friday, 24 November. This is open to all healthcare professionals and is an academic, evidence-based exploration of new scientific insights that hold potential to advance cancer care. In addition, there will be *Provincial Oncology Professionals* education and business meetings held on selected dates (preliminary) on 23-25 November for the following disciplines:

<u>Thursday, 23 November</u>	
<ul style="list-style-type: none">• Oral Oncology• Psychosocial Oncology	
<u>Friday, 24 November</u>	
<ul style="list-style-type: none">• Nutrition• Palliative Care	
<u>Saturday, 25 November</u>	
<ul style="list-style-type: none">• Pharmacy• Nursing• Surgical Oncology• Medical Oncology	<ul style="list-style-type: none">• Radiation Therapy• Family Practice• Pediatric Oncology

Other programs will include the *Poster Presentation and Awards Banquet* (24 November) and the *Community Cancer Forum* (25 November).

For more information on the conference registration, please visit the BC Cancer Agency website www.bccancer.bc.ca.

WEBSITE RESOURCES

The following are available on the BC Cancer Agency website (www.bccancer.bc.ca) under the Health Professionals Info section:

Reimbursement and Forms: Benefit Drug List, Class II, Compassionate Access Program (Undesignated Indication)	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	www.bccancer.bc.ca/ChemoProtocols
Cancer Chemotherapy Pre-Printed Orders	www.bccancer.bc.ca/ChemoProtocols under the index page of each tumour site
Systemic Therapy Program Policies	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Policies
Unconventional Cancer Therapies Manual	under Patient/Public Info, Unconventional Therapies

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