

For Health Professionals Who Care for Cancer Patients

Inside This Issue:

Editor's Choice

New Programs: Carboplatin and Paclitaxel NAB (ABRAXANE) for Gynecological Malignancies (GOCABR, GOCABRBEV) | 6-Weekly Pembrolizumab for Adjuvant Treatment of Resected Melanoma (USMAJPEM6) | **Program Updates:** Infusion-Related Reactions (SCDRUGRX)

Drug Update

Patient Assistance Programs

Provincial Systemic Therapy Program

Revised Policy: Systemic Therapy Treatment Delivery Process [III-10]

Cancer Drug Manual[®]

New: Gemtuzumab ozogamicin | **Revised:** Cisplatin, Cyclophosphamide, Paclitaxel NAB, Palbociclib

Drug Shortages

Resolved: Chlorambucil

ST Update Editorial Board

Membership Update

Benefit Drug List

New: GO: GOCABR, GOCABRBEV | SM: USMAJPEM6 | **Revised:** LK: LKCMLD

NEW Protocols, PPPOs and Patient Handouts

GO: GOCABR, GOCABRBEV | SC: SCDRUGRX | SM: USMAJPEM6

REVISED Protocols, PPPOs and Patient Handouts

BR: BRAJACTW, BRAJCMFPO, BRAJDC, BRAJTTW, BRAVA7, BRAVABR, BRAVCAP, BRAVCMF, BRAVDOC7, BRAVGEMP, BRAVLHRHA, BRAVNAV, BRAVTW, BRLACTWAC, BRLATWAC | GI: GIPGEMABR | HN: HNNAVPG, HNOTVAN | LK: LKCMLD | LU: ULUAVPGPMB | LY: LYABVD, LYEPOCHR | MY: MYBORMTN, MYBORPRE, UMYDARBD, UMYDARLD | SA: SAAVI | SC: SCDRUGRX | SM: USMAJDT, USMAJNIV, USMAJNIV4, USMAJPEM, SMAVNIV, SMAVNIV4

Resources and Contact Information

Editor's Choice

New Programs

Effective 01 September 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

Carboplatin and Paclitaxel NAB (ABRAXANE) for Gynecological Malignancies (GOCABR, GOCABRBEV) —

The BC Cancer Gynecology Tumour Group is implementing paclitaxel NAB (ABRAXANE), in combination with carboplatin, for use in patients who are not able to receive standard paclitaxel due to moderate to severe hypersensitivity reactions (HSRs) (also referred to as infusion-related reactions).^{1,2} Paclitaxel administration is associated with a high rate of HSRs, thought to be elicited by either the taxane moiety or the Cremophor[®] EL solvent.² Due to potentially significant rates of cross-reactivity between paclitaxel and docetaxel, a safe treatment alternative is needed for patients who develop treatment-limiting HSRs with paclitaxel.³ Paclitaxel NAB is a solvent-free, nanoparticle, albumin-bound (NAB) formulation of paclitaxel, with which severe HSRs have very rarely been reported.⁴ A retrospective series of patients with gynecological malignancies and a history of paclitaxel and/or docetaxel HSRs reported that none of the subjects experienced a HSR with paclitaxel NAB.⁵

Editor's Choice

Patients with curative and advanced-stage gynecological malignancies are eligible for paclitaxel NAB if either of the following criteria are met: previous severe HSR or anaphylaxis to paclitaxel despite the use of premedications, or a previous moderate HSR to paclitaxel that cannot be managed with premedications due to a strong contraindication to high-dose corticosteroids (e.g., poorly controlled diabetes). The usual paclitaxel NAB dose is 260 mg/m²; it is administered in combination with the standard carboplatin dose (AUC 6 or 5) on day 1 of each cycle. Premedication for the prevention of HSRs is not routinely used with paclitaxel NAB.

The following table outlines which protocols are eligible for **GOCABR** and **GOCABRBEV**:

Paclitaxel NAB-based Protocols	Indication	Paclitaxel-based Protocols
GOCABR carboplatin + paclitaxel NAB	<i>ovarian</i>	GOOVCATM, GOOVCATR, GOOVCATX , GOOVDDCAT
	<i>cervical</i>	GOCXAJCAT, GOCXCAT
	<i>endometrial</i>	GOENDCAT
GOCABRBEV carboplatin + paclitaxel NAB + bevacizumab	<i>ovarian</i>	GOOVCATB
	<i>cervical</i>	GOCXCATB

Melanoma

6-Weekly Pembrolizumab for Adjuvant Treatment of Resected Melanoma (USMAJPEM6) — The BC Cancer Skin and Melanoma Tumour Group is adding a 6-weekly dosing schedule option for pembrolizumab in the adjuvant treatment setting, based on clinical data from the KEYNOTE-555 trial.⁶

Pembrolizumab dosing schedules in the adjuvant setting now include:

Protocols	Dosing Schedules
USMAJPEM	Pembrolizumab 2 mg/kg IV every 3 weeks (<i>maximum 200 mg</i>)
USMAJPEM6 (new)	Pembrolizumab 4 mg/kg IV every 6 weeks (<i>maximum 400 mg</i>)

Patients switching from the existing 3-weekly dosing schedule (USMAJPEM) to the 6-weekly dosing schedule should receive the first 6-weekly dose on the day they are due for their next 3-weekly dose. For patients previously approved for 3-weekly treatment by the BC Cancer Compassionate Access Program (CAP), new CAP approval is not required when switching to the 6-weekly dosing schedule.

References

1. BC Cancer Supportive Care Tumour Group. (SCDRUGRX) BC Cancer protocol summary for management of infusion-related reactions to systemic therapy agents. Vancouver, British Columbia: BC Cancer; 01 September 2020. <http://www.bccancer.bc.ca>
2. Roselló S, Blasco I, García Fabregat L, et al. Management of infusion reactions to systemic anticancer therapy: ESMO Clinical Practice Guidelines. *Ann Oncol* 2017;28(suppl_4):iv100-iv118. <https://doi.org/10.1093/annonc/mdx216>
3. Dizon DS, Schwartz J, Rojan A, et al. Cross-sensitivity between paclitaxel and docetaxel in a women's cancers program. *Gynecol Oncol* 2006;149-151. <https://doi.org/10.1016/j.ygyno.2005.08.004>
4. Celgene Inc. Abraxane® product monograph. Mississauga, Ontario. 31 August 2018.
5. Maurer K, Michener C, Mahdi H, et al. Universal tolerance of nab-paclitaxel for gynecologic malignancies in patients with prior taxane hypersensitivity reactions. *J Gynecol Oncol* 2017;28:e38. <https://doi.org/10.3802/jgo.2017.28.e38>
6. Lala M, Akala O, Chartash E, et al. Pembrolizumab 400 mg Q6W dosing: First clinical outcomes data from KEYNOTE-555 cohort B in patients with metastatic melanoma. American Association for Cancer Research Annual Virtual Meeting 2020. Abstract #CT042.

Supportive Care

Management of Infusion-Related Reactions to Systemic Therapy Agents (SCDRUGRX) — The BC Cancer Supportive Care Tumour Group and the Hypersensitivity Working Group are implementing updates to SCDRUGRX to create a consistent and safe approach to the management of infusion-related reactions.

Previously referred to as *Management of Hypersensitivity Reactions to Chemotherapeutic Agents*, the protocol title has been updated to *Management of Infusion-Related Reactions to Systemic Therapy Agents*. The broader term *infusion-related reactions* encompasses the different classifications of reactions, such as hypersensitivity, allergic and anaphylactoid reactions. In addition, the term *systemic therapy* reflects the diverse therapies used in the treatment of cancer including conventional chemotherapeutic agents and monoclonal antibodies.

The SCDRUGRX protocol outlines the immediate management of the infusion-related reaction, as well as resumption of the drug infusion following resolution of the reaction/recovery of symptoms. To harmonize the language used for grading and describing infusion-related reactions, an infusion-related reaction grading tool has been incorporated into the protocol. This grading tool applies both a grading scale (grades 1 to 4), adapted from the Common Terminology Criteria for Adverse Events (CTCAE), and descriptive categories (mild, moderate, severe) for infusion-related reactions.¹

The SCDRUGRX provincial pre-printed order (PPPO) allows for documentation of the agents used in the immediate management of the infusion-related reaction. For resumption of the drug infusion following resolution of the reaction, the PPPO outlines the suggested infusion rate escalation/titration to be followed.

Reference

1. National Cancer Institute Cancer Therapy Evaluation Program. Common Terminology Criteria for Adverse Events (CTCAE) 2017;v5.0. https://ctep.cancer.gov/protocolDevelopment/electronic_applications/ctc.htm

Drug Update

Manufacturer Patient Assistance Programs

The listing of patient assistance programs offered by pharmaceutical manufacturers has been updated and can be accessed on the BC Cancer website under Health Professionals > Systemic Therapy > [Reimbursement & Forms](#).

Provincial Systemic Therapy Program

Revised Policy: Systemic Therapy Treatment Delivery Process [III-10]

The BC Cancer Provincial Systemic Therapy Program has updated **Policy III-10 – Systemic Therapy Treatment Delivery Process** effective 01 September 2020. All Systemic Therapy policies can be found on the Shared Health Organizations Portal (SHOP) [BC Cancer page](#).

Frequently Asked Questions about Policy III-10 include:

What is Policy III-10?

Policy III-10 defines the standards and processes for health professionals involved in the safe prescribing, assessment, preparation, dispensing and administration of systemic cancer drug treatments to BC Cancer patients. The policy has been developed in accordance with Accreditation Canada standards, provincially legislated requirements, BC Cancer policies, BC Cancer tumour group protocols, and medical/radiation oncology clinical trials.

To whom does Policy III-10 apply?

The policy is in effect throughout BC Cancer centres. While BC Cancer has a provincial mandate with respect to the development of high standards of patient care, it has no jurisdiction over the delivery of patient care in any other healthcare institution. The use of this policy by any other healthcare institution to direct patient care is the sole responsibility of that institution.

What are some of the changes to Policy III-10?

The policy has been reformatted to correspond with the current BC Cancer policy document template. Additionally, hyperlinks have been added where appropriate. For updates pertaining to authorized prescribers, prescription requirements and the prescriber process, please see the table below:

Section	Change
2.1 Authorized prescribers	<ul style="list-style-type: none">• Whole section updated to improve clarity• New terminology added (also see 4.0 Definitions):<ul style="list-style-type: none">○ Most Responsible Oncology Provider (MROP)○ Nurse Practitioner in Oncology<ul style="list-style-type: none">▪ Scope clarified: Nurse practitioners may initiate or renew a prescription for tamoxifen or aromatase inhibitors in accordance with the hormonal therapy guidelines and within their scope of practice and standards, limits and conditions of the BC College of Nurses and Midwives
2.2 Prescription requirements 2.3 Prescriber process	<ul style="list-style-type: none">• New terminology added:<ul style="list-style-type: none">○ Electronic medication order
2.3 Prescriber process	<ul style="list-style-type: none">• Language updated to reflect new BC Cancer Assessment of Patient Pregnancy Status: Female Sex Patients Policy; link to the policy added

How was Policy III-10 reviewed?

An interdisciplinary working group reviewed and updated Policy III-10 to reflect current practice and standards. The revised policy has been endorsed by the BC Cancer Provincial Systemic Therapy Program Committee.

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Provincial Systemic Therapy Program

Revised Policy: Systemic Therapy Treatment Delivery Process [III-10]

How will the Clinical System Transformation (CST) project affect Policy III-10?

The overarching principles of safe systemic therapy delivery outlined in Policy III-10 should be applicable to all cancer centres regardless of the adoption of computerized prescriber order entry and closed-loop medication management processes.

While the revised policy will be used to inform the CST build, CST design and resulting workflow changes will also impact the future direction of systemic therapy delivery. Policy III-10 is subject to change as per CST development. The document language has been updated to include “electronic medication order” where applicable to anticipate future changes.

Cancer Drug Manual[©]

All BC Cancer Drug Manual[©] documents can be accessed from the [Cancer Drug Manual[©]](#) home page on the BC Cancer website.

New Documents

Note that the following drug is NOT a BC Cancer Benefit Drug and requires application to the BC Cancer Compassionate Access Program (CAP). The corresponding Interim Monograph and Patient Handout are made available for reference only.

The **Gemtuzumab ozogamicin Interim Monograph and Patient Handout** have been developed with expert review provided by Dr. David Sanford (hematologist) of the Leukemia/Bone Marrow Transplant Program of BC. Gemtuzumab ozogamicin is a CD33-directed antibody-drug conjugate composed of a humanized monoclonal antibody (gemtuzumab) linked to a small molecule cytotoxic agent (N-acetyl-gamma-calicheamicin). The usual dose when used in combination therapy for the treatment of acute myeloid leukemia is 3 mg/m² IV on days 1, 4, and 7 of the induction cycle, followed by 3 mg/m² on day 1 in up to 2 consolidation cycles.

Highlights from these documents include:

- premedication with a corticosteroid, antihistamine and acetaminophen is recommended for all patients prior to each dose to prevent infusion reactions
- severe and sometimes fatal veno-occlusive disease/sinusoidal obstruction syndrome has been reported; monitor for elevations in liver enzymes, hepatomegaly, rapid weight gain and ascites
- myelosuppression, infection and bleeding/hemorrhagic events are commonly reported

Gemtuzumab ozogamicin has been added to the **Chemotherapy Preparation and Stability Chart** and has been evaluated for the **BC Cancer Hazardous Drug List**.

Revised Documents

Highlights of key changes are listed below:

Paclitaxel, nanoparticle, albumin-bound (nab[®]) Monograph and Patient Handout

Synonyms: updated to include “paclitaxel NAB” as accepted nomenclature (used as drug name throughout)

Uses: updated with Health Canada-approved indications and other common uses

Cautions: added AV block and ECG abnormalities

Side Effects: updated hypersensitivity paragraph

Parenteral Administration table: added new protocols for gynecologic indications

Dosage Guidelines: added new protocols for gynecologic indications; updated dosing in renal/hepatic impairment

Patient Handout: updated nomenclature to include “paclitaxel NAB” (used as drug name throughout)

Palbociclib Monograph and Patient Handout

Supply and Storage: added new tablet formulation

Dosage Guidelines: added new administration instructions for tablet formulation; updated dosing in hepatic impairment

Patient Handout (capsules): revised to include “capsules” in header/footer and drug name

Patient Handout (tablets): created new handout for tablet formulation (includes new administration and storage instructions; note: tablets do not contain lactose)

Chemotherapy Preparation and Stability Chart

Cisplatin: updated dose cut-offs for recommended bag volumes

Cyclophosphamide: updated dose cut-offs for recommended bag volumes

Paclitaxel, nanoparticle, albumin-bound (nab[®]): revised “nab” to “NAB” per updated nomenclature

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).

Resolved

Chlorambucil

(Adapted from BC Cancer email communication 27Aug2020)

Chlorambucil supplies are now available and the shortage is considered resolved.

Systemic Therapy Update Editorial Board

Membership Update

The Systemic Therapy Update Editorial Board would like to welcome **Fatima Ladha** to the Board as **Assistant Editor**. She has recently transitioned roles within BC Cancer, from her previous experience as a Compassionate Access Program (CAP) Coordinator to her new position as the Provincial Pharmacy Education Coordinator. Welcome Fatima!

Benefit Drug List

New Programs

Effective 01 September 2020, the following new treatment programs have been added to the BC Cancer [Benefit Drug List](#):

Protocol Title	Protocol Code	Benefit Status
Alternative Treatment of Gynecological Malignancies using Carboplatin and Paclitaxel NAB (ABRAXANE)	GOCABR	Class I
Alternative Treatment of Gynecological Malignancies using Bevacizumab , Carboplatin and Paclitaxel NAB (ABRAXANE)	GOCABRBEV	Class I
Adjuvant Treatment of Resected Stage III-IV NED Melanoma using 6-Weekly Pembrolizumab	USMAJPEM6	Restricted

Revised Programs

Effective 01 September 2020, the following treatment program has been transferred to Class I status on the BC Cancer [Benefit Drug List](#):

Protocol Title	Protocol Code	Benefit Status
Treatment of Chronic Myeloid Leukemia and Ph+ Acute Lymphoblastic Leukemia using Dasatinib	LKCMLD	Class I <i>(Previously Restricted)</i>

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
GOCABR	Alternative Treatment of Gynecological Malignancies using Carboplatin and Paclitaxel NAB (ABRAXANE)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GOCABRBEV	Alternative Treatment of Gynecological Malignancies using Bevacizumab, Carboplatin and Paclitaxel NAB (ABRAXANE)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCDRUGRX	Management of Infusion-Related Reactions to Systemic Therapy Agents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
USMAJPEM6	Adjuvant Treatment of Resected Stage III-IV NED Melanoma using 6-Weekly Pembrolizumab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Code	Protocol Title	Protocol	PPPO	Handout
BR Breast				
BRAJACTW	Neoadjuvant or Adjuvant Therapy for Early Breast Cancer using Doxorubicin and Cyclophosphamide Followed by Weekly Paclitaxel	<i>Paclitaxel dose modifications updated and paclitaxel bag size clarified</i>	<i>Pre-treatment metrics updated (ANC)</i>	----
BRAJCMFPO	Adjuvant Therapy for High-Risk Breast Cancer using Cyclophosphamide (Oral), Methotrexate and Fluorouracil	<i>Emetogenic potential clarified</i>	----	----
BRAJDC	Neoadjuvant or Adjuvant Therapy for Breast Cancer using Docetaxel and Cyclophosphamide	<i>Emetogenic potential clarified</i>	----	----
BRAJTTW	Adjuvant Therapy for Breast Cancer using Weekly Paclitaxel and Trastuzumab	<i>Paclitaxel dose modifications updated</i>	<i>Pre-treatment metrics updated (ANC)</i>	----
BRAVA7	Palliative Therapy for Metastatic Breast Cancer using Weekly Doxorubicin	<i>Emetogenic potential clarified and institutional name updated</i>	----	----

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

Code	Protocol Title	Protocol	PPPO	Handout
BRAVABR	Palliative Therapy for Metastatic Breast Cancer using Paclitaxel-NAB (ABRAXANE)	<i>Protocol Title and drug name clarified</i>	<i>Drug name clarified</i>	----
BRAVCAP	Therapy of Metastatic Breast Cancer using Capecitabine	<i>Tests clarified (baseline)</i>	----	----
BRAVCMF	Palliative Therapy for Advanced Breast Cancer using Cyclophosphamide, Methotrexate and Fluorouracil	<i>Emetogenic potential clarified</i>	----	----
BRAVDOC7	Palliative Therapy for Metastatic Breast Cancer using Weekly Docetaxel	<i>Administration time, diluent and bag size clarified</i>	<i>Administration time clarified</i>	----
BRAVGEMP	Palliative Therapy for Metastatic Breast Cancer using Cisplatin and Gemcitabine	<i>Emetogenic potential clarified; cisplatin bag size and infusion duration updated</i>	<i>Cisplatin bag size and infusion duration updated</i>	----
BRAVLRHA	Therapy for Advanced Breast Cancer using a LHRH Agonist and an Aromatase Inhibitor	<i>Eligibility updated</i>	----	----
BRAVNAV	Palliative Therapy for Metastatic Breast Cancer using Vinorelbine	<i>Emetogenic potential clarified and institutional name updated</i>	----	----
BRAVTW	Palliative Therapy for Metastatic Breast Cancer using Weekly Paclitaxel (3 Weeks out of 4 Weeks Schedule)	<i>Dose Modifications updated and bag size clarified</i>	<i>Pre-treatment metrics updated (ANC) and bag size clarified</i>	----
BRLACTWAC	Neoadjuvant Therapy for Triple-Negative Breast Cancer using Carboplatin and Weekly Paclitaxel Followed by Doxorubicin and Cyclophosphamide	<i>Carboplatin dose and paclitaxel bag size clarified</i>	<i>Carboplatin treatment day clarified</i>	----
BRLATWAC	Neoadjuvant Therapy for Locally Advanced Breast Cancer using Weekly Paclitaxel Followed by Doxorubicin and Cyclophosphamide	<i>Paclitaxel dose modifications updated and paclitaxel bag size clarified</i>	<i>Pre-treatment metrics updated (ANC)</i>	----
GI Gastrointestinal				
GIPGEMABR	First-Line Treatment of Locally Advanced and Metastatic Pancreatic Cancer with Paclitaxel NAB Nab (ABRAXANE [®]) and Gemcitabine	<i>Protocol Title and drug name clarified</i>	<i>Drug name clarified</i>	<i>Protocol Title and drug name clarified</i>
HN Head and Neck				
HNNAVPG	Treatment of Locoregionally Recurrent and/or Metastatic Nasopharyngeal Cancer with Platinum and Gemcitabine	----	<i>Antiemetics clarified</i>	----

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

Code	Protocol Title	Protocol	PPPO	Handout
HNOTVAN	Treatment for Locally Advanced or Metastatic Medullary Thyroid Cancer using Vandetanib	----	<i>Fax number deleted</i>	----
LK Leukemia				
ULKCMLD	Treatment of Chronic Myeloid Leukemia and Ph+ Acute Lymphoblastic Leukemia using Dasatinib	<i>Protocol Code revised (U removed) Eligibility and institutional name updated; AST deleted; funding diagram added</i>	<i>CAP requirement and U in Protocol Code removed; institutional name updated; AST deleted</i>	<i>Protocol Code revised (U removed) and institutional name updated</i>
LU Lung				
ULUAVPGPMB	First-Line Treatment of Advanced Squamous Non-Small Cell Lung Cancer with Platinum, Gemcitabine and Pembrolizumab	<i>Protocol Code typo corrected and Eligibility clarified</i>	----	----
LY Lymphoma				
LYABVD	Treatment of Hodgkin's Disease with Doxorubicin, Bleomycin, Vinblastine and Dacarbazine	<i>Cardiac monitoring threshold revised</i>	---	---
LYEPOCHR	Treatment of Lymphoma with Dose-Adjusted Etoposide, Doxorubicin, Vincristine, Cyclophosphamide, Prednisone and Rituximab with Intrathecal Methotrexate	<i>Cardiac monitoring threshold, Tests and Supportive Medications revised; mesna added</i>	<i>Standing order for etoposide toxicity revised; mesna added (Inpatient PPO)</i>	---
MY Myeloma				
MYBORMTN	Maintenance Therapy of Multiple Myeloma using Bortezomib for Patients with the High-Risk Chromosome Abnormality	<i>Minor typo corrected</i>	----	----
MYBORPRE	Treatment of Multiple Myeloma using Bortezomib, Dexamethasone with or without Cyclophosphamide as Induction Pre-Stem Cell Transplant	<i>Treatment duration clarified</i>	----	----
UMYDARBD	Treatment of Relapsed and Refractory Multiple Myeloma with Daratumumab in Combination with Bortezomib and Dexamethasone With or Without Cyclophosphamide	<i>Vital signs monitoring post-daratumumab infusion revised</i>	<i>Vital signs monitoring post-daratumumab infusion revised</i>	----
UMYDARLD	Treatment of Relapsed and Refractory Multiple Myeloma with Daratumumab in Combination with Lenalidomide and Dexamethasone	<i>Vital signs monitoring post-daratumumab infusion revised</i>	<i>Vital signs monitoring post-daratumumab infusion revised</i>	----

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

Code	Protocol Title	Protocol	PPPO	Handout
SA Sarcoma				
SAAVI	Ifosfamide for Use in Patients with Advanced Soft Tissue Sarcoma	<i>Post-chemotherapy ondansetron and IV prochlorperazine removed</i>	-----	-----
SC Supportive Care				
SCDRUGRX	Management of Infusion-Related Reactions to Systemic Therapy Agents	<i>Infusion-related reaction grading tool added to protocol; new PPPO created (see Editor's Choice)</i>		-----
SM Skin and Melanoma				
USMAJDT	Adjuvant Treatment of Stage III and IV, BRAF Mutated, Fully Resected Melanoma using Dabrafenib and Trametinib	-----	<i>Tests clarified</i>	-----
USMAJNIV	Adjuvant Treatment of Resected Stage III-IV NED Melanoma Using Nivolumab	-----	<i>Tests clarified</i>	-----
USMAJNIV4	Adjuvant Treatment of Resected Stage III-IV NED Melanoma using 4-Weekly Nivolumab	-----	<i>Tests clarified</i>	-----
USMAJPEM	Adjuvant Treatment of Resected Stage III-IV NED Melanoma using Pembrolizumab	<i>Eligibility and contact physician information clarified</i>	<i>Dosing interval added</i>	-----
SMAVNIV	Treatment of Unresectable or Metastatic Melanoma using Nivolumab	-----	<i>Tests clarified</i>	-----
SMAVNIV4	Treatment of Unresectable or Metastatic Melanoma using 4-Weekly Nivolumab	-----	<i>Tests clarified</i>	-----

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
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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	mclin@bccancer.bc.ca BCCancerPPNAdmin@ehcnet.phsa.ca mclin@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		

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