BC Cancer Agency

Systemic Therapy Update

Volume 2, Number 7 *for health professionals who care for cancer patients* July/August 1999

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

BENEFIT DRUG LIST

The following drugs are added to the BCCA Benefit Drug List:

- **pamidronate** for the treatment of acute bone pain secondary to breast cancer metastases for hospital inpatients only (NOT for use in medical day units) effective July 1, 1999 (see protocol summary BRAVPAM). Please note that pamidronate is also reimbursed for any breast cancer patient with bone metastases who is unable to tolerate oral clodronate (see protocol summary BRAVCLOD, activated May 1, 1999).
- **long-acting octreotide** (Sandostatin LAR®) for growth hormone secreting pituitary tumours, and symptomatic management of functional carcinoid and neuroendocrine tumors of the GI tract.

A Class II form must be completed and submitted to the Provincial Systemic Therapy Program before pamidronate or octreotide will be dispensed at a radiation cancer centre or reimbursed to a community hospital.

Effective July 1, 1999:

- **interferon-alpha** is no longer reimbursed for metastatic melanoma
- **miscellaneous supplies** (for adult Port-a-Caths; ambulatory chemotherapy pumps; hepatic arterial lines; Hickman lines; syringes, needles and alcohol swabs for drug self-administration) are no longer included on the BCCA Benefit Drug List. BCCA will continue to reimburse pharmacies for mailing costs.
- **vinorelbine** moves from Class II to Class I

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

PROTOCOL UPDATE

- **INDEX to BCCA Protocol Summaries** revised monthly (includes tumour group, protocol code, indications, drugs, last revision date and version)
- **BRAVNAV** revised (Class II form no longer required) palliative therapy for metastatic breast cancer using vinorelbine
- **BRAVPAM** new, treatment of acute bone pain secondary to breast cancer metastases in hospitalized patients
- **GIEFUP** revised, interim version (outpatient administration added) combined modality therapy for locally advanced esophageal cancer using fluorouracil and cisplatin
- **GIIR** revised (CEA testing schedule reduced) second-line palliative treatment for fluorouracil-

refractory metastatic colorectal cancer using irinotecan

- **GIOCTLAR** new, symptomatic management of functional carcinoid and neuroendocrine tumors of the GI tract using octreotide (Sandostatin LAR®)
- **HNDE** revised, interim version (reference added) cisplatin and etoposide for recurrent and metastatic nasopharyngeal cancer
- **HNE+/-C** deleted (inactive) etoposide with or without cis-retinoic acid (Acutane®) in recurrent non-nasopharyngeal head and neck cancer
- **HNF** revised, interim version (dose modifications) fluorouracil for recurrent head and neck cancer
- **HNFUA** revised, interim version (outpatient administration added) split course radiation therapy combined with mitomycin + fluorouracil as initial treatment for advanced head and neck cancer
- **HNFUP** revised, interim version (outpatient administration added) cisplatin and fluorouracil for advanced head and neck cancer
- **HNH** deleted (inactive) hydroxyurea for recurrent head and neck cancer
- **HNM** revised, interim version (tests and alternatives clarified) methotrexate for head and neck cancer (standard therapy)
- **ULYRITUX** revised (eligibility clarified) rituximab via Special Access Program

DRUG UPDATE

Diethylstilbestrol (DES) Shortage

DES 0.1 mg tablets are temporarily unavailable from the manufacturer. In the interim, the BCCA GU Tumour Group recommends that patients currently on cyproterone acetate 50 mg bid plus DES 0.1 mg po daily for advanced prostate cancer be managed as follows:

- the currently available supply could be eked out by use of DES 0.1 mg alternate days in those patients on therapy for a year or more, who are very unlikely to experience testosterone escape over a few months
- OR substitute one-quarter of a DES 1 mg tablet to be taken on alternate days (= 0.125 mg daily)
- the dose of cyproterone should not be increased due to risk of toxicity

Any change of regimen should be associated with testosterone and PSA monitoring at the time of change, q3months, or in the event of disease progression. The testosterone should remain below 1 nmol/L, otherwise orchiectomy or LHRH agonist should be considered.

Management of new patients who would have been offered cyproterone plus DES:

- the current BCCA policy for first-line therapy of advanced prostate cancer remains in effect, orchiectomy remains the preferred therapy option
- any new patients to be started on androgen withdrawal therapy during DES 0.1 mg unavailability who decline orchiectomy should be offered cyproterone 50 mg po bid and DES 0.25 mg po every other day

Fluorouracil Bulk Vials

It may be advantageous for some centres to use the 5 g vials rather than the 500 mg vials if more than 2500 mg is used per day due to the price difference between these 2 vial sizes. The 5 g vial is a pharmacy bulk vial intended for single puncture and multiple dispensing.

Raltitrexed (Tomudex®) Eligibility

At present, raltitrexed is available only for patients with advanced colorectal adenocarcinoma who have experienced prior fluorouracil toxicity (see protocol GIRALT). The GI Tumour Group is developing a proposal for additional funding to extend the eligibility for raltitrexed to first-line therapy for palliative patients >70 years old who are considered at increased risk of fluorouracil toxicity. In extraordinary circumstances, physicians may submit "Undesignated Indication" requests for raltitrexed for patients considered at exceptional risk of developing fluorouracil toxicity.

PATIENT HANDOUTS

Octreotide revised (LAR dosage form added)
The revised octreotide handout will soon be located in the patient information section of the Cancer Drug Manual on the BCCA website (www.bccancer.bc.ca).

OUTBOUND INFUSER CAUTION

The radiation cancer centres have encountered problems with incomplete drug delivery when using OutBound Disposable Syringe Infusers, especially with the 7-day Infusers. BCCA is working with the manufacturer to enhance the performance for the delivery of fluorouracil. In the interim, the GI Tumour Group recommends that OutBound Infusers be used only for palliative 2-day fluorouracil infusions (protocols GIFUINF and GIFUC).

BASELINE CBC FOR CHEMOTHERAPY

A patient's baseline complete blood count (CBC) may be obtained up to **four weeks** prior to the first cycle of chemotherapy. This is the BCCA Systemic Therapy Program standard for the maximum interval allowed for a patient's baseline CBC to be considered valid.

Physicians should always use their clinical judgment to decide if they need more current laboratory data. This new policy is intended to provide guidance to nurses and pharmacists checking chemotherapy orders for patients beginning a new chemotherapy regimen.

Susan O'Reilly, MB, FRCPC
Chair, Provincial Systemic Program Committee

NURSING PRACTICE TIPS: GLASS AMPOULES

Many injectable medications are administered to oncology patients from glass ampoules, such as medications for nausea and pain. Current practice at the BCCA involves drawing up these medications from glass ampoules using either a large bore (15-gauge) syringe cannula (Interlink© needleless IV system), or a large bore needle (18-gauge). Since the switch to the needleless IV system at the Vancouver Cancer Centre (VCC), nurses have questioned whether this larger bore syringe cannula allows more glass particles to be drawn up into the syringe, and in turn, injected into the patient with potential adverse effects. Filter needles are currently not used to draw up medications from glass ampoules outside of pharmacy at VCC.

Are Glass Particles Harmful to Patients?

Research has shown that glass particle contamination of the medication does occur upon opening of glass ampoules. The larger the bore of the needle/syringe cannula used, the greater the number and size of glass particles that can be drawn up into the syringe. Research findings also suggest that bacterial contamination is of concern when the glass ampoules are not cleaned prior to breaking them open.

While no human studies have been carried out to assess the effects of glass particles after deliberate injection, animal studies have shown that glass particles can cause several complications such as phlebitis and granuloma formation in pulmonary, hepatic, splenic, renal and interstitial tissue. While some side effects are apparent almost immediately, chronic exposure to these particles may increase the risk of adverse outcomes. These can be particularly worrisome for individuals with cancer, especially since cancer treatments can alter the inflammatory response, and increase the risk for infections and bleeding. Bacterial contamination from uncleansed ampoules compounds these adverse outcomes.

Recommendations for Practice

Nurse representatives on the Provincial Nursing Practice Committee have made two practice recommendations:

1. Filter needles should be used when drawing up medications from glass ampoules. This filter needle must be replaced with a regular needle (or syringe cannula, where appropriate) prior to injecting the medication.

2. Prior to breaking a glass ampoule, the neck of the ampoule must be swabbed vigorously with an alcohol swab to reduce the risk of bacterial contamination of the medication.

A new Directive and Procedure (F10), articulated in the BCCA Nursing Practice Reference Manual (NPRM), will provide more specific directions for practice related to drawing up medications from glass ampoules. This directive and procedure will be in place in the NPRM by August 15, 1999. For further information, please contact your Regional Nurse Leader.

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Tracy Truant,
Regional Nurse Leader, Vancouver Cancer Centre

References
Anesth Analg, 1986;65:1361.
New Eng J Med 1985;312:78-82.
CINA 1992;8(2):8-9.
Crit Care Med 1989;17(8):812-813.
Crit Care Nurse 1998;18(4):97.
CINA 1990;6(2):9-13.
New Eng J Med 1972;287:1204.

CONTINUING EDUCATION

7th International Symposium on Oncology Pharmacy Practice

Prague, Czech Republic
April 5-8, 2000
For more information, see the ISOPP website
http://congress.cls.cz/ISOPP

8th International Symposium on Oncology Pharmacy Practice

We are pleased to announce that ISOPP 8 will be held in Vancouver, BC in 2002.

IN TOUCH	www.bccancer.bc.ca	bulletin@bccancer.bc.ca
BC Cancer Agency	(604)-877-6000	Toll-Free 1-(800)-663-3333
Cancer Centre for the Southern Interior (CCSI)	(250) 712-3900	Toll-Free 1-(888)-563-7773
Fraser Valley Cancer Centre (FVCC)	(604)-930-2098	
Vancouver Cancer Centre (VCC)	(604)-877-6000	Toll-Free 1-(800)-663-3333
Vancouver Island Cancer Centre (VICC)	(250) 370-8228	Toll-Free 1-(800)-670-3322
Communities Oncology Network	(604) 877-6098 Ext 2744	Toll-Free 1-(800)-663-3333 Ext 2744
Nursing Professional Practice	(604)-877-6098 Ext 2623	Toll-Free 1-(800)-663-3333 Ext 2623
Pharmacy Professional Practice	(604)-877-6098 Ext 2247	Toll-Free 1-(800)-663-3333 Ext 2247
Provincial Systemic Program	(604)-877-6098 Ext 2247	Toll-Free 1-(800)-663-3333 Ext 2247
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RADIATION CANCER CENTRE ACCESS

BULLETIN UPDATES	LOCATION
Patient Handouts	H:\everyone\systemic\chemo\Pt_Educ
Octreotide	H:\everyone\systemic\chemo\Pt_Educ\octreotide.doc website www.bccancer.bc.ca
Protocol Summaries	H:\everyone\systemic\chemo\Protocol
BRAVNAV	H:\everyone\systemic\chemo\Protocol\headneck\HNM.doc
BRAVPAM	H:\everyone\systemic\chemo\Protocol\sarcoma\oshdmtx.doc
GIEFUP	H:\everyone\systemic\chemo\Protocol\gi\giefup.com
GIIR	H:\everyone\systemic\chemo\Protocol\gi\giir.com
GIOCTLAR	H:\everyone\systemic\chemo\Protocol\gi\gioctlar
HNDE	H:\everyone\systemic\chemo\Protocol\head&neck\hnde.com
HNF	H:\everyone\systemic\chemo\Protocol\head&neck\hnf.com
HNFUA	H:\everyone\systemic\chemo\Protocol\head&neck\hnfua.com
HNFUP	H:\everyone\systemic\chemo\Protocol\head&neck\hnfup.com
HNM	H:\everyone\systemic\chemo\Protocol\head&neck\hnm.com
Index to BCCA Protocol Summaries	H:\everyone\systemic\chemo\Protocol\Index\IndexNT or Index_W6
Reimbursement	H:\everyone\systemic\chemo\Reimburs
Benefit Drug List	H:\everyone\systemic\chemo\Reimburs\Benefit.doc
Class 2 Form	H:\everyone\systemic\chemo\Reimburs\Class2.doc

For easy access, double-click your systemic chemo icon.

We appreciate your comments. Write us at bulletin@bccancer.bc.ca

BCCA SYSTEMIC THERAPY UPDATE FAX REQUEST FORM

FAX (604) 877-0585
bulletin@bccancer.bc.ca

TO SUBSCRIBE: FAX OR EMAIL YOUR REQUEST OR CALL @ 877-6098 LOCAL 2247

FOR URGENT REQUESTS PLEASE CALL (604) 877-6098 LOCAL 2247

OR TOLL-FREE IN BC 1-800-663-3333 LOCAL 2247

PLEASE FEEL FREE TO MAKE COPIES FOR YOUR COLLEAGUES

I WOULD PREFER TO RECEIVE THIS INFORMATION VIA:

❑ E-mail (Word 6.0)	@
❑ Fax	( ) Attn:

UPDATES **Please ☑ Fax-Back information below:**

❑		All items
		Patient Handouts
❑		Octreotide
		Protocol Summaries:
❑		BRAVNAV
❑		BRAVPAM
❑		GIEFUP
❑		GIIR
❑		GIOCTLAR
❑		HNDE
❑		HNF
❑		HNFUA
❑		HNFUP
❑		HNM
❑		Index: Protocol Summaries (01 Jul 99)
		Reimbursement
❑		Benefit Drug List (01 Jul 99)
❑		Class 2 Form (01 Jul 99)