Systemic Therapy Update

BC Cancer Agency
CARE + RESEARCH
An agency of the Provincial Health Services Authority

January 2014
Volume 17, Number 1

For Health Professionals Who Care For Cancer Patients

Inside This Issue:

EDITOR'S CHOICE

NEW PROGRAMS

The Provincial Systemic Therapy Program has approved the following programs effective 01 January 2014:

Breast:

Eribulin for Treatment of Metastatic or Incurable Locoregionally Recurrent Breast Cancer (UBRAVERIB) – The Breast Tumour Group has approved this new treatment for patients who have received at least two lines of prior chemotherapy for metastatic or locally recurrent disease. Treatment must have included an anthracycline and a taxane in either the adjuvant or advanced setting. Prior to eribulin, patients may have received UP TO TWO of the following agents (vinorelbine, gemcitabine, capecitabine) as monotherapy or combination therapy, but not all three agents. In other words, BCCA does NOT approve ALL FOUR of the following agents in the advanced setting – eribulin, vinorelbine, gemcitabine, capecitabine. A Compassionate Access Program (CAP) approval must be granted prior to initiation of eribulin treatment.

Approval of eribulin was based on the EMBRACE study, an open-label phase III trial that randomized 762

EDITOR'S CHOICE

woman with locally recurrent or metastatic breast cancer 2:1 between eribulin mesylate (1.4 mg/m^2 IV over 2-5 min on days 1 and 8 of a 21-day cycle) and treatment of physician choice (TPC). All patients had received between 2 and 5 previous chemotherapy regimens, including an anthracycline and a taxane. In this heavily treated population, eribulin demonstrated an overall survival benefit over TPC (13.1 mo vs. 10.6 mo, HR 0.81 [95% CI 0.66-0.99]). *[Cortes et al. Lancet 2011;377:914-923]* Eribulin was associated with higher rates of grades 3 and 4 peripheral neuropathy (8.2% vs. 2.0%) and febrile neutropenia (4.6% vs. 1.6%). For the pharmacologic information about eribulin, please see the Cancer Drug Manual section below.

Gastrointestinal:

- **Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Patients with Peritoneal Mesothelioma Using Doxorubicin, Cisplatin and Paclitaxel (UGIPMHIPEC)** – This regimen is indicated for select patients with peritoneal mesothelioma who demonstrate a good performance status. The cytoreductive debulking surgery (CRS) and HIPEC are carried out at Vancouver General Hospital under the supervision of Surgical Oncology in conjunction with Medical Oncology. In a multi-national data registry involving 405 patients with diffuse malignant peritoneal mesothelioma, 46% of patients underwent complete or near-complete CRS, and 92% received HIPEC. *[Yan TD et al. JCO 2009;27:6237-6242]* The median overall survival was 53 months (1 to 235 months), and the 3- and 5-year survival rates were 60% and 47%, respectively.

  It is anticipated that 1 to 2 patients will be treated with this protocol in British Columbia every year. Patients shall be referred to Dr. Barb Melosky, BCCA Vancouver Centre, for medical oncology consultation, with concurrent surgical referral to Dr. Yarrow McConnell, Vancouver General Hospital. All eligible cases shall be presented and reviewed at the BCCA multidisciplinary GI conference for approval.

DRUG UPDATE

APREPITANT COVERAGE VIA THE FINANCIAL SUPPORT DRUG PROGRAM

Effective 01 January 2014, the Financial Support Drug Program (FSDP) will provide coverage for aprepitant, an anti-nausea medication. Patients are eligible for coverage if they are enrolled in the FSDP and are receiving highly emetogenic chemotherapy treatments as per the BCCA SCNAUSEA protocol. BC PharmaCare Special Authority must be in place prior to the dispensing of aprepitant in order for the drug to be covered by the FSDP. Individual patient coverage through the FSDP is according to the percentage of financial benefit determined by the Canadian Cancer Society. For more information about the FSDP, a joint program between the BCCA and the Canadian Cancer Society, please refer patients to the BCCA Communities Oncology Network website.

Drug Update

Treatment Protocol Discontinuation: Radioimmunotherapy for Relapsed Indolent Non-Hodgkin Lymphoma

Two radioimmunotherapy agents, tositumomab (BEXXAR®) and ibritumomab (ZEVALIN®), are currently funded by the BCCA for the treatment of relapsed indolent lymphoma (LYRITB and LYRITZ) but will no longer be available. Recently, the manufacturer has announced the discontinuation of tositumomab starting February 2014 due to limited usage. Also, ibritumomab has not been commercially available for several years in Canada.

The BCCA Lymphoma Tumour Group does not expect this change to impact the current treatment of relapsed indolent lymphoma as these agents are rarely used in British Columbia, and alternative therapies are available. Both radioimmunotherapy protocols will be deleted from the BCCA website starting February 2014.

Medication Safety Corner

Medication Error Alert – Mistaking SUFentanil for fentaNYL

BC Patient Safety and Quality Council has issued an alert regarding a mix-up between fentaNYL and SUFentanil at a hospital in British Columbia. A nurse administered SUFentanil (5 to 10 times more potent) instead of fentaNYL IV to a patient.

It was concluded that the reasons for the incident include:

1. fentaNYL and SUFentanil have similar names.
2. Health care staff was unfamiliar with the differences between the two drugs.
3. SUfentanil was provided as a ward stock item on a nursing unit where it was normally used sublingually for dressing changes (off-label use).

Look-alike/sound-alike medication errors are a concern at all stages of the medication management process – prescribing, procurement, storage, preparation and administration. It is important to regularly review and identify any gaps in the process to prevent errors. In the above scenario, SUFentanil was removed from ward stock in the specific patient care area. In addition, the narcotic prescribing practice and the labelling of “off-label use” medications will be reviewed.

Readers are reminded that the use of the 7 “rights” prior to administering medications will help further reduce the risk for medication errors:

1. Right medication
2. Right patient
3. Right dose
4. Right time
5. Right route
6. Right reason
7. Right documentation

NURSING UPDATE

INDEX OF NURSING PRACTICE/EDUCATION RESOURCES – NOW AVAILABLE ONLINE

The Index of Nursing Practice/Education Resources is now available on the BCCA Nursing Education website. This document was developed by BCCA Professional Practice Nursing to assist BCCA and Communities Oncology Network nurses to identify and locate education and practice-related resources for ongoing professional development. Resources in the index are divided into 3 categories based on location of access:

1. Resources available on the BCCA website
2. Resources available on the Provincial Health Services Authority (PHSA) Learning Hub
3. Resources accessible from BCCA Professional Practice Nursing

COMMUNITIES ONCOLOGY NETWORK

PROTOCOL CODING FOR CHRONIC MYELOID AND LYMPHOID MALIGNANCIES

Patients with chronic myeloid and lymphoid malignancies are commonly treated with Class II or Restricted (Compassionate Access Program [CAP]) protocols in combination with one or more Class I drug(s). These concurrent uses are included in the eligibility criteria of the affected Class II/Restricted protocols, and do not require CAP approval.

When entering protocol codes into OSCAR (Online System for Cancer drugs Adjudication and Reimbursement), please note that the Class II/Restricted drug should be coded according to its associated protocol, while the Class I drug should be coded with the default code "XXNOS" (not otherwise specified), where "XX" represents the tumour site being treated.

The following table specifies the appropriate protocol coding for different scenarios of combined treatments for myeloid and lymphoid indications.

Indications	Combined Treatment	Should Be Coded As
Myeloid Malignancies		
Chronic Myeloid Leukemia and Ph+ Acute Lymphoblastic Leukemia	Class II/Restricted Drugs: ▪ Imatinib (LKCMLI) ▪ Nilotinib (ULKCMLN) ▪ Dasatinib (ULKCMLD) May be used in combination with Class I Drugs: (LKNOS) ▪ Busulfan, ▪ Dexamethasone, ▪ Hydroxyurea, ▪ Interferon, ▪ Melphalan, or ▪ Prednisone	LKCMLI or ULKCMLN or ULKCMLD plus LKNOS
Myeloproliferative Disorder	Class II Drugs: ▪ Anagrelide (LKANAG) May be used in combination with Class I Drugs: (LKNOS) ▪ Busulfan,	LKANAG plus LKNOS

COMMUNITIES ONCOLOGY NETWORK

	▪ Dexamethasone, ▪ Hydroxyurea, ▪ Interferon, or ▪ Melphalan	
Myelodysplastic Syndrome	Restricted Drug: ▪ Lenalidomide (ULKMDSL) May be used in combination with Class I Drugs: (LKNOS) ▪ Busulfan ▪ Dexamethasone ▪ Hydroxyurea ▪ Melphalan, or ▪ Prednisone	ULKMDSL plus LKNOS
Lymphoid Malignancies		
Multiple Myeloma	Restricted Drugs: ▪ Lenalidomide (UMYLENDEX) ▪ Thalidomide (UMYCTD, UMYMPT, UMYTHALID) May be used in combination with Class I Drugs: (MYNOS) ▪ Cyclophosphamide, ▪ Dexamethasone, ▪ Melphalan, or ▪ Prednisone	UMYLENDEX or UMYCTD or UMYMPT or UMYTHALID plus MYNOS

CONTINUING PROFESSIONAL DEVELOPMENT

XIV INTERNATIONAL SYMPOSIUM ON ONCOLOGY PHARMACY PRACTICE (ISOPP 2014)

Date: April 2-5, 2014
Location: Montreal, Quebec
Early Bird Registration Deadline: January 20, 2014
Website: www.isoppxiv.org

This international symposium is hosted every two years by the International Society of Oncology Pharmacy Practitioners (ISOPP). In 2014, it will be held in beautiful Montreal in conjunction with the Canadian Association of Pharmacy in Oncology (CAPhO) Conference. The theme for this symposium is "Building Partnerships in Care". Please visit the conference website for details about the program and speakers.

CANCER DRUG MANUAL

NEW MONOGRAPHS AND PATIENT HANDOUTS

Eribulin Monograph and **Patient Handout** have been developed with expert review provided by Dr.

CANCER DRUG MANUAL

Vanessa Bernstein (Chair, BCCA Breast Systemic Group). Eribulin is a non-taxane microtubule dynamics inhibitor, belonging to the new halichondrin class of antineoplastic agents. Like other antimicrotubule agents (i.e. taxanes, vinca alkaloids), eribulin inhibits the formation of mitotic spindles and blocks cell cycle progression, resulting in cell apoptosis. However, eribulin also exhibits activity against taxane-resistant cells by inhibiting the growth phase without affecting the microtubule shortening phase, and sequestering tubulin into non-functional aggregates.

Common side effects of eribulin include myelosuppression, fatigue, nausea, constipation and peripheral neuropathy. QT-interval prolongation and electrolyte disturbances have also been observed. Electrolyte abnormalities should be corrected prior to and monitored throughout treatment.

Pertuzumab Interim Monograph has been expanded to a full **Monograph,** and a **Patient Handout** has been created. Pertuzumab is a recombinant humanized monoclonal antibody which targets HER-2 dimerization. It binds to a different HER-2 antigenic region than trastuzumab, which may result in a more complete inhibition of HER-2 signalling when used in combination with trastuzumab. Pertuzumab is given intravenously as an 840 mg loading dose in the first cycle, followed by a maintenance dose of 420 mg in subsequent cycles, in combination with docetaxel and trastuzumab.

The Monograph now includes:

- *Pharmacokinetics* table
- *Drug Interactions* section
- Expanded information on *Special Precautions*, *Side Effects*, and *Dosage Guidelines*

Highlights in the Monograph and Patient Handout include:

- Infusion reactions and hypersensitivity reactions can occur. See BCCA Guidelines on the *Management of Hypersensitivity Reactions to Chemotherapeutic Agents* (SCDRUGRX).
- Although decreased left ventricular ejection fraction (LVEF) has been reported with anti-HER2 agents, the addition of pertuzumab to trastuzumab does not appear to further increase the incidence of symptomatic congestive heart failure or decreased LVEF.

REVISED MONOGRAPHS AND PATIENT HANDOUTS

Highlights of key changes and/or updates to the Monographs and Patient Handouts are listed below:

Carboplatin Monograph:

- *Dosing* section – updated renal dosing, including new information on dosing in dialysis

Panitumumab Monograph:

- *Dosing* section – new information on dosing in dialysis

BENEFIT DRUG LIST

NEW PROGRAMS

The following programs have been added to the Benefit Drug List effective 01 January 2014:

Protocol Title	Protocol Code	Benefit Status
Palliative Therapy for Metastatic Breast Cancer Using Eribulin	UBRAVERIB	Restricted
Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Patients with Peritoneal Mesothelioma Using Doxorubicin, Cisplatin and Paclitaxel	UGIPMHIPEC	Restricted

REVISED PROGRAMS

The following programs have been revised on the Benefit Drug List effective 01 January 2014:

Protocol Title	Protocol Code	Benefit Status
Therapy for Malignant Brain Tumours Using Metronomic Dosing of Temozolomide	CNTEMOZMD	Class II (Previously Restricted)
Palliative Therapy of Metastatic Neuroendocrine Cancer Using Temozolomide and Capecitabine	GIAVTZCAP	Class II (Previously Restricted)
Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan and Capecitabine in Patients Unsuitable for GIFOLFIRI	GICAPIRI	Class II (Previously Restricted)
Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Oxaliplatin and Capecitabine	GICAPOX	Class II (Previously Restricted)
Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan, Bevacizumab and Capecitabine	GICIRB	Class II (Previously Restricted)
Adjuvant Chemotherapy of Gastric Cancer Patients with D2 Resection (Node Negative) or Ineligible for Adjuvant Chemoradiation, Using CISplatin and Capecitabine	GIGAJCC	Class II (Previously Restricted)
Adjuvant Chemotherapy of Gastric Cancer patients with Completely Resected Gastric Cancer using CISplatin and Capecitabine and Radiation Therapy	GIGAJCPRT	Class II (Previously Restricted)
Palliative Treatment of Metastatic or Inoperable, Locally Advanced Gastric or Gastroesophageal Junction Adenocarcinoma using CISplatin, Capecitabine and Trastuzumab	GIGAVCCT	Class II (Previously Restricted)
Palliative Treatment of Metastatic or Inoperable, Locally Advanced Gastric or Gastroesophageal Junction Adenocarcinoma using CISplatin, Infusional Fluorouracil and Trastuzumab	GIGAVCFT	Class II (Previously Restricted)

BENEFIT DRUG LIST

DELETED PROGRAMS

The following program has been removed from the Benefit Drug List effective 01 January 2014:

Protocol Title	Protocol Code	Note
Treatment of Locally Advanced Bladder Cancer Using Concurrent CISplatin with Radiation	GUBPRT	Incorporated into GUBPWRT

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
UBRAVERIB	☑	☑	☐	Palliative Therapy for Metastatic Breast Cancer Using Eribulin
UGIPMHIPEC	☑	☐	☐	Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Patients with Peritoneal Mesothelioma Using Doxorubicin, Cisplatin and Paclitaxel

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED):

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
BRAJACTTG	☐	☑	☐	*Minor typo corrected*	Adjuvant Therapy for Breast Cancer using Dose Dense Therapy: DOXOrubicin and Cyclophosphamide followed by PACLitaxel and Trastuzumab
CNTEMOZMD	☑	☑	☐	*Benefit status updated; Protocol Code revised*	Therapy for Malignant Brain Tumours Using Metronomic Dosing of Temozolomide
GIAJCAPOX	☐	☐	☑	*Information on cold dysesthesia related to oxaliplatin expanded*	Adjuvant Combination Chemotherapy for Stage III and Stage IIB Colon Cancer Using Oxaliplatin and Capecitabine
GIAJFFOX	☐	☐	☑	*Information on cold dysesthesia related to oxaliplatin expanded*	Adjuvant Combination Chemotherapy for Stage III and Stage IIB Colon Cancer Using Oxaliplatin, Fluorouracil and Folinic Acid (Leucovorin)

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED):					
CODE	**Protocol**	**PPPO**	**Patient Handout**	**Changes**	**Protocol Title**
GIAVTZCAP	☑	☑	☑	*Benefit status updated; Protocol Code revised*	Palliative therapy of Metastatic Neuroendocrine Cancer using Temozolomide and Capecitabine
GICAPIRI	☑	☑	☑	*Benefit status updated; Protocol Code revised*	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan and Capecitabine in Patients Unsuitable for GIFOLFIRI
GICAPOX	☑	☑	☑	*Benefit status and Eligibility updated; Protocol Code revised; information on cold dysesthesia related to oxaliplatin expanded*	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Oxaliplatin and Capecitabine
GICIRB	☑	☑	☑	*Benefit status and Eligibility updated; Protocol Code revised*	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Irinotecan, Bevacizumab and Capecitabine
UGICOXB	☐	☐	☑	*Information on cold dysesthesia related to oxaliplatin expanded*	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Oxaliplatin, Bevacizumab and Capecitabine
GIENACTRT	☐	☑	☐	*Typo corrected in Class II checkbox*	Neoadjuvant Treatment of Esophageal and Gastroesophageal Carcinomas Using CARBOplatin, PACLitaxel and Radiation Therapy
UGIFFOXB	☐	☐	☑	*Information on cold dysesthesia related to oxaliplatin expanded*	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Oxaliplatin, Fluorouracil, Folinic Acid (Leucovorin) and Bevacizumab
UGIFIRINOX	☐	☐	☑	*Information on cold dysesthesia related to oxaliplatin expanded*	Palliative Combination Chemotherapy for Metastatic Pancreatic Adenocarcinoma Using Irinotecan, Oxaliplatin, Fluorouracil and Folinic Acid (Leucovorin)
GIFOLFOX	☐	☐	☑	*Information on cold dysesthesia related to oxaliplatin expanded*	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer Using Oxaliplatin, Fluorouracil and Folinic Acid (Leucovorin)
GIGAJCC	☑	☑	☑	*Benefit status updated; Protocol code revised*	Adjuvant Chemotherapy of Gastric Cancer Patients with D2 Resection (Node Negative) or Ineligible for Adjuvant Chemoradiation, Using CISplatin and Capecitabine
GIGAJCPRT	☑	☑	☑	*Benefit status updated; Protocol code revised*	Adjuvant Chemotherapy of Gastric Cancer Patients with Completely Resected Gastric Cancer Using CISplatin and Capecitabine and Radiation Therapy

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED):					
CODE	**Protocol**	**PPPO**	**Patient Handout**	**Changes**	**Protocol Title**
GIGAVCCT	☑	☑	☑	*Benefit status updated; Protocol code revised*	Palliative Treatment of Metastatic or Inoperable, Locally Advanced Gastric or Gastroesophageal Junction Adenocarcinoma using CISplatin, Capecitabine and Trastuzumab
GIGAVCFT	☑	☑	☑	*Benefit status updated; Protocol code revised*	Palliative Treatment of Metastatic or Inoperable, Locally Advanced Gastric or Gastroesophageal Junction Adenocarcinoma using CISplatin, Infusional Fluorouracil and Trastuzumab
GIHIPEC	☑	☐	☐	*Treatment and BSA calculation clarified*	Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Patients with Peritoneal Carcinomatosis from Limited Advanced Colorectal and Appendiceal Carcinomas Using Oxaliplatin and Fluorouracil (5-FU)
GIRAJCOX	☐	☐	☑	*Information on cold dysesthesia related to oxaliplatin expanded*	Adjuvant Combination Chemotherapy for Stage III Rectal Cancer Using Oxaliplatin and Capecitabine
GIRAJFFOX	☐	☐	☑	*Information on cold dysesthesia related to oxaliplatin expanded*	Adjuvant Combination Chemotherapy for Stage III Rectal Cancer Using Oxaliplatin, Fluorouracil and Folinic Acid (Leucovorin)
GOCXCAT	☐	☑	☐	*Treatment and Appointment sections clarified*	Primary Treatment of Advanced/Recurrent Non-Small Cell Cancer of the Cervix with CARBOplatin and PACLitaxel in Ambulatory Care Settings
GUAJPG	☐	☐	☑	*Treatment intent clarified*	Adjuvant Therapy for Urothelial Carcinoma Using Cisplatin and Gemcitabine
GUBPWRT	☑	☑	☐	*Eligibility, Exclusions, Treatment and References updated*	Treatment of Locally Advanced Bladder Cancer with Weekly CISplatin and Concurrent Radiation
LKANAG	☑	☐	☐	*Eligibility clarified*	Anagrelide as Second-line Treatment of Thrombocytosis Related to Myeloproliferative Disorders
LKCMLI	☑	☑	☐	*Eligibility clarified; minor typo removed from PPPO*	Therapy for Chronic Myeloid Leukemia and Ph+ Acute Lymphoblastic Leukemia Using Imatinib
ULKCMLD	☑	☐	☐	*Eligibility clarified*	Treatment of Chronic Myeloid Leukemia and Ph+ Acute Lymphoblastic Leukemia Using Dasatinib
ULKCMLN	☑	☐	☐	*Eligibility clarified*	Treatment of Chronic Myeloid Leukemia Using Nilotinib

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED):					
CODE	**Protocol**	**PPPO**	**Patient Handout**	**Changes**	**Protocol Title**
ULKMDSL	☑	☐	☐	*Eligibility clarified*	Therapy of Myelodysplastic Syndrome using Lenalidomide
ULUAVGEFF	☑	☐	☐	*Minor typo corrected in Dose Modifications*	First-Line Treatment of Epidermal Growth Factor Receptor (EGFR) Mutation-Positive Advanced Non-Small Cell Lung Cancer (NSCLC) with Gefitinib
LYGDPR	☐	☑	☐	*Dose Modification options added*	Treatment of Lymphoma with Gemcitabine, Dexamethasone and CISplatin (GDP) with riTUXimab
UMYCTD	☑	☐	☐	*Eligibility clarified*	Treatment of Systemic Light-chain (AL) Amyloidosis and Multiple Myeloma Using Cyclophosphamide, Thalidomide and Dexamethasone
UMYLENDEX	☑	☐	☐	*Eligibility clarified*	Therapy of Multiple Myeloma Using Lenalidomide with Dexamethasone
UMYMPT	☑	☐	☐	*Eligibility clarified*	Treatment of Multiple Myeloma Using Melphalan, predniSONE and Thalidomide
UMYTHALID	☑	☐	☐	*Eligibility clarified*	Therapy of Multiple Myeloma Using Thalidomide
SAAVGEMD	☑	☑	☐	*Premedications and Day 8 dose adjustment clarified*	Second or Third Line Therapy for Soft Tissue Sarcomas using Gemcitabine and DOCEtaxel

DELETED Protocols, PPPOs and Patient Handouts (AFFECTED DOCUMENTS ARE CHECKED):				
CODE	**Protocol**	**PPPO**	**Patient Handout**	**Protocol Title**
GUBPRT	☑	☑	☑	Treatment of Locally Advanced Bladder Cancer Using Concurrent CISplatin with Radiation

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	http://www.bccancer.bc.ca/HPI/Pharmacy/ContactUs.htm

Contact Information	Phone	Fax	Email
Systemic Therapy Update Editor	604.877.6000 x 673028		sally.waignein@bccancer.bc.ca
Provincial Systemic Therapy Program	604-877-6000 x 672247		mlin@bccancer.bc.ca
To update the contact information of any CON sites, please contact:			bulletin@bccancer.bc.ca
Oncology Drug Information	604.877.6275		druginfo@bccancer.bc.ca
Education Resource Nurse	604.877.6000 x 672638		nursinged@bccancer.bc.ca
Library/Cancer Information	604.675.8003 Toll Free 888.675.8001 x 8003		requests@bccancer.bc.ca
Pharmacy Professional Practice	250. 519.5574		jkippen@bccancer.bc.ca
Nursing Professional Practice	604.877.6000 x 672623		ilundie@bccancer.bc.ca
OSCAR	888.355.0355	604.708.2051	oscar@bccancer.bc.ca
Compassionate Access Program (CAP)	604.877.6277	604.708.2026	cap_bcca@bccancer.bc.ca
Pharmacy Chemotherapy Certification	250.712.3900 x 686741		rxchemocert@bccancer.bc.ca
BCCA-Abbotsford Centre	604.851.4710 Toll Free 877.547.3777		
BCCA-Centre for the North	250.645.7300 Toll Free 888.775.7300		
BCCA-Fraser Valley Centre	604.930.2098 Toll Free 800.523.2885		
BCCA-Sindi Ahluwalia Hawkins Centre for the Southern Interior	250.712.3900 Toll Free 888.563.7773		
BCCA-Vancouver Centre	604.877.6000 Toll Free 800.663.3333		
BCCA-Vancouver Island Centre	250.519.5500 Toll Free 800.670.3322		

Editorial Review Board

Sally Waignein, PharmD (Editor)
Mário de Lemos, PharmD, MSc (Oncol)
Caroline Lohrisch, MD
Beth Morrison, MLS
Susan Walisser, BSc (Pharm)
Ava Hatcher, RN