

Systemic Therapy Update



BC Cancer Agency

CARE + RESEARCH

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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 new programs effective 01 March 2013:

Gastrointestinal:

- **Adjuvant CISplatin and Capecitabine with Radiotherapy for Resected Gastric Cancer (UGIGAJCPRT)** – This regimen is introduced for patients with non-metastatic, resected gastric cancer that is stage IIA or higher. It has been studied in a phase III trial involving 396 patients with extensive (D2) lymph node dissection. [Lee et al. *J Clin Oncol* 2012;30:268-73] The regimen was associated with a 3-year disease free survival of 78.2%, was well tolerated, and had a treatment completion rate of 82%. Patients with stage IB non-metastatic disease should be reviewed at multi-disciplinary conference, and if adjuvant therapy is recommended, could be considered for combined modality therapy with 5-fluorouracil and radiotherapy (GIGAIRT).

Gynecological:

- **Tamoxifen for Advanced Ovarian Cancer (GOOVTAM)** – Tamoxifen is now approved as an additional endocrine therapy option for advanced ovarian cancer. In one phase II trial with 105 patients, tamoxifen was associated with an overall response rate of 18% (complete response 10%, median 7.5

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months; partial response 8%, median 3 months). [Markman et al. *Gynecologic Oncology*,1996;62:40-6]

Lung:

- **Irinotecan With or Without Platinum for Second-Line Treatment of Extensive Stage Small Cell Lung Cancer (SCLC) (LUSCPI)** – After failure of first-line therapy, irinotecan with or without CISplatin or CARBOplatin is now approved as a treatment alternative to topotecan (LUSCTOP) or DOXOrubicin-cyclophosphamide-vinCRISTine (LUSCCAV). Irinotecan with platinum has demonstrated overall survival benefit in the metastatic SCLC setting. [Noda et al. *NEJM* 2002;346:85-91] It is associated with a more favourable toxicity profile, with reported rates of grades 3 and 4 neutropenia, thrombocytopenia and diarrhea at 26%, 17% and 18%, respectively. [Schmittl et al. *Ann of Oncol* 2006;17: 663-667] This regimen may offer a better tolerated second-line treatment option for the metastatic SCLC patient population.

PHARMACY AWARENESS WEEK

Celebrate the profession of Pharmacy with your colleagues from March 3rd to 9th! The theme to this year's Pharmacy Awareness Week (PAW) is "Providing More Health Care Than You Know: Ask a Pharmacist". Activities are planned for each BCCA regional cancer centre and more details will be available locally.

PAW was first developed by the Canadian Society of Hospital Pharmacists (CSHP) in 1990 to increase awareness among health professionals and the public on the evolving roles of pharmacists and pharmacy technicians. National, provincial, and local changes in pharmacy practice are underway. At the BCCA, pharmacy assistants are expanding their skills and knowledge to become regulated pharmacy technicians; as they do so, pharmacists will also expand their role in clinical practice.

The World Health Organization stated that "pharmacy services...have been associated with improved health and economic outcomes, a reduction in medicine-related adverse events, improved quality of life, and reduced morbidity and mortality". Please take this opportunity to participate in the local activities or just ask your friendly pharmacist to learn more about how pharmacists and pharmacy technicians contribute as members of the patient care team.

Submitted by: Winnie Cheng, BSc(Pharm)
BCCA Pharmacy Resident

MEDICATION SAFETY CORNER

REMINDER: SAFE PRACTICES AROUND AMBIGUOUS MEDICAL NOTATIONS

Ambiguous medical notations are one of the most common and preventable causes of medication errors, and should not be used in any medication-related documentation.¹ In 2006, the Institute for Safe Medication Practices (ISMP) of Canada established a list of abbreviations, symbols and dose designations that were deemed unsafe (see table below).² The BCCA has since removed all ambiguous medical notations from Provincial Pre-Printed Orders (PPPOs), and Pharmacy-generated labels and forms according to the ISMP Canada recommendations. This article serves as a reminder to all staff to avoid the use of unsafe notations.

MEDICATION SAFETY CORNER

Abbreviation	Intended Meaning	Problem	Correct Usage
U	Unit	Mistaken for "0", "4" or cc	Use "unit"
IU	International unit	Mistaken for "IV" or "10"	Use "unit"
Abbreviations for drug names		Misinterpreted because of similar abbreviations for multiple drugs: e.g., MS, MSO ₄ (morphine sulphate), Mg SO ₄ (magnesium sulphate) may be confused for one another.	
QD	Every day	QD and QOD have been mistaken for each other, or as "qid". The Q has also been misinterpreted as "2".	Use "daily" and "every other day".
QOD	Every other day		
OD	Every day	Mistaken for "right eye" (OD=oculus dexter)	Use "daily".
OS, OD, OU	Left eye, right eye, both eyes	May be confused with one another	Use "left eye", "right eye" or "both eyes".
D/C	Discharge	Interpreted as "discontinue whatever medications follow" (typically discharge medications)	Use "discharge"
CC	Cubic centimeter	Mistaken for "u" (units)	Use "mL" or "milliliter".
µg	Microgram	Mistaken for "mg" resulting in one thousand-fold overdose	Use "mcg".
Symbols	Intended Meaning	Problem	Correct Usage
@	at	Mistaken for "2" or "5"	Use "at".
>	Greater than	Mistaken for "7" or the letter "L"	Use "greater than"/"more than" or "less than"/"lower than".
<	Less than		
Dose Designation	Intended Meaning	Problem	Correct Usage
Trailing zero	X.0 mg	Decimal point is overlooked resulting in 10-fold dose error	Never use a zero by itself after a decimal point. Use "X mg".
Lack of leading zero	.X mg	Decimal point is overlooked resulting in 10-fold dose error	Always use a zero before a decimal point. "use "0.X mg"

Adapted from ISMP Canada Safety Bulletin, 16 July 2006 (www.ismp-canada.org/dangerousabbreviations.htm).

References:

1. Policy: Use of abbreviations/acronyms in clinical documentation (PIM 060-IV-B-65). BC Cancer Agency. Created: April 21, 2009. (BCCA Internal Document – H:\EVERYONE\BCCA Policy Manual\IX. Patient Information Management)
2. ISMP Canada Safety Bulletin, July 16, 2006: www.ismp.org

TALLMAN LETTERING IN BCCA PROTOCOLS AND PROVINCIAL PRE-PRINTED ORDERS

Drug names have been reformatted with TALLman lettering (developed by ISMP) for all the BCCA protocols and PPPOs within the following tumour sites:

- BMT/Leukemia
- Kaposi's Sarcoma
- Lymphoma and Myeloma
- Neuro-Oncology
- Primary Unknown
- Sarcoma

TALLman lettering implementation for the remaining tumour sites will occur over the next couple of months. This initiative intends to minimize medication errors that arise from similar names (look-

MEDICATION SAFETY CORNER

alike/sound-alike drugs), which constitute up to 25% of all medication errors. Examples of such mix-ups include:

- CISplatin and CARBOplatin
- DOCEtaxel and PACLitaxel
- vinCRISStine and vinBLASStine

More information on this safety initiative can be found in the [March 2011 issue](#) of the Systemic Therapy Update.

COMMUNITIES ONCOLOGY NETWORK

REMINDER: OSCAR SUBMISSION DEADLINE

The 2012/13 fiscal year will end on Sunday, 31 March 2013. This brings with it tight deadlines which must be met for external reporting to the Ministry of Health and the Office of the Comptroller General. All claims for the fiscal year must be invoiced by 11:59 pm on Tuesday, 09 April 2013 via OSCAR (Online System for Cancer drugs Adjudication and Reimbursement). Any claims invoiced after that date will not be eligible for reimbursement. For more information, please contact oscar@bccancer.bc.ca.

PROTOCOL CODING FOR HYDROXYUREA

The BCCA protocol code serves a number of functions:

- To communicate the treatment plan and safety information along the continuum of patient care
- To track ongoing expenses for budget evaluation
- To collect data for future treatment programs and research

Drugs that are used for various cancer indications must be appropriately coded when entering prescriptions into the Pharmacy system or when submitting treatment expenses through the Online System for Cancer drugs Adjudication and Reimbursement (OSCAR). For example, hydroxyurea is used to treat a variety of malignancies, including lymphoma, leukemia and other hematologic malignancies. Staff are encouraged to use the default protocol codes, LKNOS or LYNOS, according to the guidelines below.

Approved Hydroxyurea Indications at the BCCA	Correct Protocol Code
MYELOID NEOPLASMS	
Acute myeloid leukemia	LKNOS
Myelodysplastic syndromes, including: Refractory anemia Aplastic anemia Preleukemic syndrome	LKNOS
Myeloproliferative disease, including: Chronic myeloid leukemia Polycythemia (i.e., polycythemia rubra vera) Essential thrombocythemia (i.e., thrombocythemia thrombosis) Myelofibrosis	LKNOS

COMMUNITIES ONCOLOGY NETWORK

LYMPHOID NEOPLASMS

Cryoglobulinemia	LKNOS
Lymphoproliferative disease	LKNOS
Waldenstrom's macroglobulinemia	LKNOS

For further questions regarding the coding of hydroxyurea for the above or other indications, please contact the OSCAR Help line at 1-888-355-0355 or via email at oscar@bccancer.bc.ca.

PHSA LEARNING HUB ACCESS FOR CON STAFF

Cancer care is an ever-evolving field of study. To support continuing professional development, health care staff across BC health authorities may access online BCCA education modules and resources through the PHSA Learning Hub. These education modules and resources provide information on timely topics for oncology health care professionals. Some examples include:

- Hazardous spills pharmacy in-service
- Nursing introduction to oncologic emergencies
- What is brain fog?
- Cancer-related fatigue

Any health professional involved in cancer care in BC may follow the steps below to access the PHSA Learning Hub:

1. Visit: <https://learninghub.phsa.ca>
2. Select "Sign Up for an Account"
3. Read agreement and select "I Agree"
4. Select appropriate account type (i.e., affiliate account)
5. Follow the step-by-step account creation process

Once you have access, more detailed information can be found on the "User Help" page (<http://lms.phsa.ca/help/userhelp.htm>) to assist you in navigating within the Learning Hub.

CANCER DRUG MANUAL

NEW MONOGRAPHS AND PATIENT HANDOUTS

Trastuzumab Emtansine (T-DM1) Interim Monograph and **Chemotherapy Preparation and Stability Chart** have been completed. T-DM1 is a novel antibody-drug conjugate incorporating trastuzumab (monoclonal antibody) with emtansine [DM1] (cytotoxic agent) to target HER2-positive malignancies. Similar to trastuzumab alone, T-DM1 is associated with infusion-related reactions that may occur on initial and subsequent infusions. The drug is not currently licensed by Health Canada, is not a benefit drug of the BCCA, and requires access through the Health Canada Special Access Programme (SAP).

BENEFIT DRUG LIST

NEW PROGRAMS

The following programs have been added to the Benefit Drug List effective 01 March 2013:

Protocol Title	Protocol Code	Benefit Status
CISplatin with Capecitabine and Radiation Therapy for Adjuvant Treatment of Completely Resected Gastric Cancer	UGIGAJCPRT	Restricted Funding
Tamoxifen for Advanced Ovarian Cancer	GOOVTAM	Class I
Irinotecan With or Without Platinum for Extensive Stage Small Cell Lung Cancer	LUSCPI	Class II

REVISED PROGRAMS

The following program change has been made on the Benefit Drug List effective 01 March 2013:

Protocol Title	Protocol Code	New Benefit Status
CARBOplatin, PACLitaxel and Radiation Therapy for the Neoadjuvant Treatment of Esophageal and Gastroesophageal Carcinomas	GIENACTRT	Class II

DELETED PROGRAMS

The following program has been removed from the Benefit Drug List effective 01 March 2013:

Protocol Title	Protocol Code	Replaced by
Neoadjuvant Combined Modality Therapy with CISplatin, Infusional Fluorouracil and Radiation Therapy for Resectable Esophageal and Gastroesophageal Junction Cancer	GIENAFUPRT	GIENACTRT

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
UGIGAJCPRT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adjuvant Chemotherapy of Gastric Cancer Patients with Completely Resected Gastric Cancer Using CISplatin and Capecitabine and Radiation Therapy

NEW Protocols, PPPOs and Patient Handouts (AFFECTED DOCUMENTS ARE CHECKED):

CODE	Protocol	PPPO	Patient Handout	Protocol Title
GOOVTAM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Therapy for Advanced Ovarian Cancer using Tamoxifen
LUSCPI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Second Line Treatment of Extensive Stage Small Cell Lung Cancer (SCLC) with Irinotecan With or Without Platinum

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
GIENACTRT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Eligibility revised; Creatinine lab work and CARBOplatin dosing based on creatinine revised</i>	Neoadjuvant Treatment of Esophageal and Gastroesophageal Carcinomas Using CARBOplatin, PACLitaxel and Radiation Therapy
GUBEP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Premedications section revised; TALLman lettering implemented</i>	Curative Therapy for germ cell cancer using Bleomycin, Etoposide and CISplatin
GUEP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Day 5 etoposide dose adjustments omitted; Premedications section revised; TALLman lettering implemented</i>	Therapy for Nonseminoma Germ Cell Cancer Using Etoposide-CISplatin
HNNLAPRT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Albumin removed from baseline tests</i>	Treatment of Locally Advanced Nasopharyngeal Cancer with Concurrent CISplatin and Radiation

DELETED Protocols, PPPOs and Patient Handouts (AFFECTED DOCUMENTS ARE CHECKED):

CODE	Protocol	PPPO	Patient Handout	Protocol Title
GIENAFUPRT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Neo-Adjuvant Combined Modality Therapy for Resectable Esophageal and Gastro-Esophageal Junction Cancer using CISplatin, Infusional Fluorouracil and Radiation Therapy

WEBSITE RESOURCES AND CONTACT INFORMATION

WEBSITE RESOURCES	www.bccancer.bc.ca
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
Systemic Therapy Update	www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate
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		sman3@bccancer.bc.ca
Provincial Systemic Therapy Program	250.712.3900 x 686620		mberk@bccancer.bc.ca
Communities Oncology Network (CON)	250.519.5616		jdenduyf@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	1.888.675.8003		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		

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