

# Systemic Therapy Update



BC Cancer Agency

CARE + RESEARCH

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## EDITOR'S CHOICE

### HIGHLIGHTS FROM THE 2012 NATIONAL ONCOLOGY PHARMACY SYMPOSIUM (NOPS) – SASKATOON, SK, 25-28 OCT 2012

The following synopsis highlights three key plenary sessions from NOPS 2012. The plenaries aligned with this year's theme of *"Patients First!"*, and focused on patient safety through optimization of care, communication and collaboration between health care professionals.

#### Engaging Primary Care Physicians During Active Cancer Treatment:<sup>1</sup>

Cancer patients have a high rate of Emergency Department visits and hospitalizations due to chemotherapy-related toxicities. The speaker suggested that one area of improvement is to enhance the integration of primary care physicians (PCPs) during the patients' active cancer treatment. The PCP can help coordinate care, assist in the treatment decision-making process, provide supportive care (emotional, symptom and side effect management), and manage comorbidities. Surveys have shown that patients prefer coordinated care during their cancer treatment. However, there are a number of barriers to integrating PCPs into this process, including unclear expectations of their role during active cancer treatment, inadequate communication with the oncologist, and limited specialized knowledge or tools to support cancer patients. To optimize the care of cancer patients through the shared care model, it is essential to clarify the roles and expectations of PCPs, to engage in bi-directional communication with the oncologist, and to involve the patient in this process.

#### Effects of Interruptions on Chemotherapy Ordering:<sup>2</sup>

Interruptions during chemotherapy ordering can lead to prescribing errors and significant compromise in

patient safety. Contributing environmental factors include heavy workload (requiring multi-tasking), cognitive overload, difficult technology, miscommunication amongst multidisciplinary team members, and physical interruptions. Historically, prescribing errors were primarily the result of lack of knowledge; it has now shifted towards “misapplied” knowledge. Interruptions contribute to misapplied knowledge errors by crowding the working memory, disrupting prospective memory, and causing task confusion and omission.

In an observational study conducted by the speaker, oncologists were interrupted frequently during chemotherapy prescribing, which prolonged task completion times. The presence of clinical pharmacists in the patient care area significantly reduced the number of medication order errors without increasing the number of interruptions to the oncologists. To optimize safe prescribing practices, errors can be further prevented by using safer coping mechanisms, such as deferring or blocking the interruptions, rather than directly engaging in the interruptions or multi-tasking.

#### Patient Input into the pan-Canadian Oncology Drug Review (pCODR) Process:<sup>3</sup>

The pCODR is a transparent and rigorous drug review process that guides oncology drug approval decision-making for the Canadian provinces and territories. Recommendations are based on input from clinical and economic guidance panels, as well as external patient advocacy groups. Input from external patient advocacy groups is solicited at the time of pCODR submission, and when preliminary recommendations from the pCODR guidance panels are available. Additionally, two patient representatives are part of the pCODR clinical guidance panel and take part in the final decision making process. These patient members provide important insight on the burden of illness, patient-specific values and equity considerations.

Submitted by: Winnie Cheng, BSc(Pharm)  
BCCA Pharmacy Resident 2012-2013

#### References:

1. Krzyzanowska M. Engaging primary care providers during active cancer treatment. National Oncology Pharmacy Symposium, Saskatoon; 28 Oct 2012.
2. Trbovich P. Effects of interruptions on chemotherapy ordering and the impact of clinical pharmacists on medication order quality. National Oncology Pharmacy Symposium, Saskatoon; 28 Oct 2012.
3. Nanson J. Patient input into the pCODR review process. National Oncology Pharmacy Symposium, Saskatoon; presentation 27 Oct 2012.

## PROVINCIAL SYSTEMIC THERAPY PROGRAM POLICIES

### NEW POLICY: REFERRAL PROCESS, COMMUNITIES ONCOLOGY NETWORK (CON)

Effective 01 November, the Provincial Systemic Therapy Program is implementing a Policy on the Communities Oncology Network Referral Process. [Policy III-110](#) clarifies the responsibility of both the BCCA oncologist and the CON staff in the CON referral process, and addresses the gaps identified in a recent serious incident review. The review identified several key requirements during the referral process:

1. The CON referral is the definitive order for a transfer of care to a CON physician and cancer team.
2. The entire cancer care team must be clear about the information that needs to be included on the CON referral.
3. Each discipline in the CON team involved in prescribing, preparing and administering the 1<sup>st</sup> cycle of treatment must have access to and review the CON referral to ensure that a safe “triple check” is in place.
4. To align with the shared care model, it is important that BCCA makes available to the CON team all relevant patient information, and that CON physicians also ensure progress notes are sent to the most responsible oncologist at the BCCA in a timely manner.

## DRUG SAFETY CORNER

### BCCA IMPLEMENTATION OF A CLOSED-SYSTEM DRUG TRANSFER DEVICE (PHASEAL®)

To further reduce occupational exposure of hazardous drugs to health care staff, the BC Cancer Agency is implementing Closed-System Drug Transfer Devices (CSDTDs) across all six regional cancer centres.

Studies have demonstrated that healthcare workers can be exposed to the negative health effects of hazardous drugs despite complying with work practice guidelines and wearing personal protective equipment. The use of CSDTDs can prevent the escape of solutions, aerosols and vapours during the preparation, administration and disposal of hazardous drugs. The CSDTD facilitates the transfer of drug from a vial to an infusion bag, and from an infusion bag into a patient, so that the transfer of drug is completely enclosed.

After careful consideration of several CSDTDs on the Canadian market, the BCCA has chosen to implement the PhaSeal® system. PhaSeal® provides a leak-proof system for healthcare providers to prepare and deliver hazardous drugs. Implementation of the PhaSeal® system will occur sequentially across the BCCA centres over the next 9 months. The BCCA celebrated its first successful implementation of PhaSeal® at the Centre of the North during the opening of the new centre. The next centre for implementation is the Vancouver Island Centre which is planned for mid-January 2013.

Submitted by: Crystal Maric (BScPharm, MBA, ACPR, BCPS)  
Professional Practice Leader, BCCA – Abbotsford Centre

### REVISED MONOGRAPHS AND PATIENT HANDOUTS

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

- **Bendamustine Interim Monograph** has been updated with the revised dosing for the 4-week treatment regimen.
- **Pamidronate Chemotherapy Preparation and Stability Chart** has been updated to add the PPC and Omega brands, and delete the Hospira brand to reflect the recent change in manufacturers.
- **RiTUXimab Monograph, Patient Handout, and Chemotherapy Preparation and Stability Chart** have undergone a comprehensive review to ensure up-to-date information. Expert review was provided by Dr. Joseph Connors (Clinical Professor & Director, BCCA Centre for Lymphoid Cancer), Dr. Bal Johal (Medical Oncologist, BCCA – Fraser Valley Centre), and Dr. Lynne Nakashima (Pharmacist, Lymphoma Tumour Group).

#### Monograph:

- Expanded *Special Precautions* section to include reactivation of tuberculosis, infusion reactions, antihypertensive medications, and influenza A vaccination
- Expanded *Side Effects* section to include infections, Progressive Multifocal Leukoencephalopathy (PML) and Reverse Posterior Leukoencephalopathy Syndrome (RPLS)
- Deleted antihypertensives from *Interactions* section because hypotension is an additive effect, not an actual interaction
- Updated *Interactions* section with drugs that do not interact with riTUXimab
- Updated *Parenteral Administration* section with additional routes of administration
- Revised *Dosage Guidelines* section with dosing recommendations as per BCCA protocols and added supporting literature

#### Patient Handout:

- Clarified use of antihypertensives as a caution rather than an interaction
- Added information on history of chronic infections such as Hepatitis B, HIV and tuberculosis
- Added information to reflect symptoms of PML and RPLS

### NEW EDITORIAL BOARD MEMBER

The Cancer Drug Manual Team and Editorial Board would like to welcome Sylvi Baillie to the CDM Editorial Board. Sylvi is a staff nurse in the Ambulatory Care Chemotherapy Unit at the Sindi Ahluwalia Hawkins Centre for the Southern Interior.

### 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
GOCXCRT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Treatment of High Risk Squamous Carcinoma, Adenocarcinoma, or Adenosquamous Carcinoma of the Cervix with Concurrent Cisplatin and Radiation

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
CNAJZRT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Labs and imaging clarified on Return Appointment Orders</i>	Concomitant and Adjuvant Temozolomide for Newly Diagnosed Malignant Gliomas
GOENDCAD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Labs clarified on Return Appointment Orders</i>	Treatment of Primary Advanced or Recurrent Endometrial Cancer Using CARBOplatin and DOCEtaxel
GOENDCAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Labs clarified on Return Appointment Orders</i>	Treatment of Primary Advanced or Recurrent Endometrial Cancer using CARBOplatin and PACLitaxel
GOOVCADM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Labs clarified on Return Appointment Orders</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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Labs clarified on Return Appointment Orders</i>	Second Line Treatment Using DOCEtaxel and CARBOplatin for Epithelial Ovarian Cancer Relapsing after Primary Treatment
GOOVCADX	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Labs clarified on Return Appointment Orders</i>	Primary Treatment of Visible Residual (Extreme Risk) Invasive Epithelial Ovarian Cancer Using CARBOplatin and DOCEtaxel
GOOVIPPC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Labs clarified on Return Appointment Orders</i>	Primary Treatment of Stage III Less Than or Equal to 1 cm Visible Residual Invasive Epithelial Ovarian Cancer or Stage 1 Grade 3 or Stage II Grade 3 Papillary Serous Ovarian Cancer Using Intravenous and Intraperitoneal PACLitaxel and Intraperitoneal CARBOplatin
LYCODOXMR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Intrathecal chemotherapy schedule revised for improved safety</i>	Treatment of Burkitt's Lymphoma and Leukemia (ALL-L3) with Cyclophosphamide, VinCRISTine, DOXOrubicin, Methotrexate, Leucovorin (CODOX-M) and RiTUXimab
LYIVACR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Intrathecal chemotherapy schedule revised for improved safety</i>	Treatment of Burkitt's Lymphoma and Leukemia (ALL-L3) with Ifosfamide, Mesna, Etoposide, Cytarabine (IVAC) and RiTUXimab

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
USMAVIPI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Infusion volume and infusion-related reactions clarified; Information on optional telephone nursing assessments of side effects added</i>	Treatment of Unresectable or Metastatic Melanoma Using Ipilimumab

## WEBSITE RESOURCES AND CONTACT INFORMATION

WEBSITE RESOURCES	<a href="http://www.bccancer.bc.ca">www.bccancer.bc.ca</a>
Reimbursement & Forms: Benefit Drug List, Class II, Compassionate Access Program	<a href="http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms">www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms</a>
Cancer Drug Manual	<a href="http://www.bccancer.bc.ca/cdm">www.bccancer.bc.ca/cdm</a>
Cancer Management Guidelines	<a href="http://www.bccancer.bc.ca/CaMgmtGuidelines">www.bccancer.bc.ca/CaMgmtGuidelines</a>
Cancer Chemotherapy Protocols, Pre-printed Orders, Protocol Patient Handouts	<a href="http://www.bccancer.bc.ca/ChemoProtocols">www.bccancer.bc.ca/ChemoProtocols</a>
Systemic Therapy Program Policies	<a href="http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Policies">www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Policies</a>
Systemic Therapy Update	<a href="http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate">www.bccancer.bc.ca/HPI/ChemotherapyProtocols/stupdate</a>
CON Pharmacy Educators	<a href="http://www.bccancer.bc.ca/HPI/Pharmacy/ContactUs.htm">http://www.bccancer.bc.ca/HPI/Pharmacy/ContactUs.htm</a>

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Education Resource Nurse	604.877.6000 x 672638		nursinged@bccancer.bc.ca
Library/Cancer Information	888.675.8001 x 678003		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-Sindi Ahluwalia Hawkins Centre for the Southern Interior	250.712.3900 Toll Free 888.563.7773		
BCCA-Fraser Valley Centre	604.930.2098 Toll Free 800.523.2885		
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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