

For Health Professionals Who Care for Cancer Patients

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New Programs

The BC Cancer Provincial Systemic Therapy Program has approved the following new treatment programs effective 01 December 2021. Full details of all treatment programs are available in the [Chemotherapy Protocols](#) section of the BC Cancer website.

Gynecologic

Niraparib for Maintenance of Newly Diagnosed Platinum-Responsive Ovarian Cancer (UGOOVFNIRM) —

The BC Cancer Gynecologic Oncology Tumour Group is introducing niraparib for the maintenance treatment of patients with newly diagnosed platinum-responsive epithelial ovarian, fallopian tube or peritoneal carcinoma. Niraparib is a PARP inhibitor with activity irrespective of tumour BRCA mutation status. Niraparib maintenance treatment must be initiated within 12 weeks of completing at least six cycles of first-line platinum chemotherapy. BC Cancer Compassionate Access Program (CAP) approval is required. Patients are eligible to receive only one line of PARP inhibitor treatment – niraparib using UGOOVFNIRM or UGOOVNIRAM, or olaparib. Olaparib is indicated for patients with BRCA 1 or 2 mutations using GOOVFOLAM or GOOVOLAPM; these protocols no longer require BC Cancer CAP approval.

Approval for niraparib in newly diagnosed patients responding to first-line platinum-based chemotherapy comes from the randomized, placebo-controlled, phase III PRIMA trial.^{1,2} In both the overall study

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population and the BRCA mutation subgroup, the primary endpoint of median progression-free survival (mPFS) was significantly longer in the niraparib group (overall population: 13.8 months vs. 8.2 months, HR 0.62, 95% CI 0.50-0.76; BRCA subgroup: 22.1 months vs. 10.9 months, HR 0.40, 95% CI 0.27-0.62). The most common adverse events (AEs) of grade 3 or higher occurred more frequently in the niraparib group, including anemia (31.0% vs. 1.6%), thrombocytopenia (28.7% vs. 0.4%) and neutropenia (12.8% vs. 1.2%).

Niraparib for Maintenance of Relapsed Platinum-Sensitive and Platinum-Responsive Ovarian Cancer (UGOOVNIRAM) — The BC Cancer Gynecologic Oncology Tumour Group is also introducing niraparib for the maintenance treatment of patients with relapsed platinum-sensitive or platinum-responsive epithelial ovarian, fallopian tube or peritoneal carcinoma, irrespective of tumour BRCA mutation status. Niraparib maintenance treatment must be initiated within 8 to 12 weeks of completing the last dose of platinum chemotherapy retreatment. BC Cancer CAP approval is required. Patients are eligible to receive only one line of PARP inhibitor treatment, as outlined in the UGOOVNIRAM section above.

Approval for maintenance niraparib – following two or more prior lines of platinum chemotherapy – comes from the randomized, placebo-controlled, phase III NOVA trial.^{3,4} In both the cohort with a germline BRCA mutation and the non-BRCA cohort, the primary endpoint of mPFS was significantly longer in the niraparib group (BRCA cohort: 21.0 vs. 5.5 months, HR 0.27, 95% CI 0.17-0.41; non-BRCA cohort: 9.3 months vs. 3.9 months, HR 0.45, 95% CI 0.34-0.61). The most common grade 3 or 4 AEs reported in the niraparib group were thrombocytopenia (33.8% vs. 0.6%), anemia (25.3% vs. 0%) and neutropenia (19.6% vs. 1.7%).

Genitourinary

Apalutamide for Metastatic Castration-Sensitive Prostate Cancer (UGUMCSPAPA) — The BC Cancer Genitourinary Tumour Group is implementing apalutamide for patients with metastatic castration-sensitive prostate cancer (mCSPC). Patients with mCSPC are eligible for this treatment program if they are chemotherapy naïve or have received prior docetaxel-containing chemotherapy; in addition, they must have received no prior androgen deprivation therapy (ADT), or received ADT for less than 6 months in the setting of mCSPC. Patients without orchiectomy should be maintained on ADT with LHRH agonist or antagonist while on this treatment program. BC Cancer CAP approval is required.

Approval for this treatment program is based on the phase III TITAN trial, which randomized patients to receive either apalutamide or placebo; both groups received ADT.^{5,6} At the 24-month interim analysis, significantly more patients achieved radiographic progression-free survival (rPFS) in the apalutamide group (68.2% vs. 47.5%, HR 0.48, 95% CI 0.39-0.60). Overall survival (OS) at the interim analysis was also greater with apalutamide (82.4% vs. 73.5%, HR 0.67, 95% CI 0.51-0.89). Frequencies of grade 3 or 4 AEs did not differ substantially between the apalutamide and placebo groups (42.2% vs. 40.8%), the most common being hypertension (8.4% vs. 9.1%) and rash (6.3% vs. 0.6%).

Enzalutamide for Metastatic Castration-Sensitive Prostate Cancer (UGUMCSPENZ) — The BC Cancer Genitourinary Tumour Group is also implementing enzalutamide for patients with mCSPC. Patients with mCSPC are eligible for this treatment program if they are chemotherapy naïve or have received prior docetaxel-containing chemotherapy; in addition, they must have received no prior ADT, or received ADT for less than 6 months in the setting of mCSPC. Patients without orchiectomy should be maintained on ADT with LHRH agonist or antagonist while on this treatment program. BC Cancer CAP approval is required.

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Approval for enzalutamide in this treatment setting is based two phase III trials: the placebo-controlled ARCHES trial, and the ENZAMET trial comparing enzalutamide with a first-generation non-steroidal antiandrogen (NSAA).⁷⁻⁹ All patients in both trials received ADT. In ARCHES, enzalutamide was associated with a longer median rPFS when compared to placebo (not reached vs. 19.0 months, HR 0.39, 95% CI 0.30-0.50). ENZAMET demonstrated a significant improvement in OS (HR 0.67, 95% CI 0.52-0.86); the Kaplan-Meier estimates for three-year OS were 80% in the enzalutamide group and 72% in the NSAA group. More patients in the enzalutamide group had grade 3 or higher AEs (57% vs. 43%), including hypertension (8% vs. 4%), neutropenia (6% vs. 3%) and fatigue (6% vs. 1%).

Head and Neck

6-Weekly Pembrolizumab for First-Line Treatment of Head and Neck Carcinoma (UHNAVPMBF6) — The BC Cancer Head and Neck Tumour Group is adding a 6-weekly dosing option for pembrolizumab monotherapy when used in the first-line treatment of advanced squamous cell carcinoma of the head and neck.¹⁰⁻¹³ Patients switching from the existing 3-weekly dosing schedule 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. New BC Cancer CAP approval is not required to switch between UHNAVPMBF and UHNAVPMBF6. Treatment may be continued for a maximum of two years, including pembrolizumab doses given as UHNAVPMBF and UHNAVPMBF6.

Pembrolizumab dosing options in this setting now include:

Protocols	Dosing Schedules
UHNAVPMBF	Pembrolizumab 2 mg/kg IV every 3 weeks (<i>maximum 200 mg</i>)
UHNAVPMBF6 (<i>new</i>)	Pembrolizumab 4 mg/kg IV every 6 weeks (<i>maximum 400 mg</i>)

6-Weekly Pembrolizumab for Maintenance Treatment of Head and Neck Carcinoma (HNAVPMBM6) — The BC Cancer Head and Neck Tumour Group is adding a 6-weekly dosing option for pembrolizumab monotherapy when used in the maintenance treatment of advanced squamous cell carcinoma of the head and neck.¹⁰⁻¹³ Patients switching from the existing 3-weekly dosing schedule 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. BC Cancer CAP approval is not required to switch between HNAVPMBM and HNAVPMBM6. Treatment may be continued for a maximum of two years, including pembrolizumab doses given with chemotherapy (UHNAVFPMB or UHNAVPCMB), HNAVPMBM and HNAVPMBM6.

Pembrolizumab dosing options in the maintenance setting now include:

Protocols	Dosing Schedules
HNAVPMBM	Pembrolizumab 2 mg/kg IV every 3 weeks (<i>maximum 200 mg</i>)
HNAVPMBM6 (<i>new</i>)	Pembrolizumab 4 mg/kg IV every 6 weeks (<i>maximum 400 mg</i>)

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References

1. Pan-Canadian Oncology Drug Review (pCODR) Expert Review Committee (pERC). Final recommendation for niraparib (Zejula®) for first-line ovarian cancer. 29 April 2021.
2. González-Martín A, Pothuri B, Vergote I, et al. Niraparib in patients with newly diagnosed advanced ovarian cancer. *N Engl J Med* 2019;381(25):2391-2402. <https://doi.org/10.1056/NEJMoa1910962>
3. Pan-Canadian Oncology Drug Review (pCODR) Expert Review Committee (pERC). Final recommendation for niraparib (Zejula®) for ovarian cancer. 03 September 2020.
4. Mirza MR, Monk BJ, Herrstedt J, et al. Niraparib maintenance therapy in platinum-sensitive, recurrent ovarian cancer. *N Engl J Med* 2016;375(22):2154-2164. <https://doi.org/10.1056/NEJMoa1611310>
5. Pan-Canadian Oncology Drug Review (pCODR) Expert Review Committee (pERC). Final recommendation for apalutamide (Erleada®) for metastatic castrate-sensitive prostate cancer. 22 April 2020.
6. Chi KN, Agarwal N, Bjartell A, et al. Apalutamide for metastatic, castration-sensitive prostate cancer. *N Engl J Med* 2019;381(1):13-24. <https://doi.org/10.1056/NEJMoa1903307>
7. Pan-Canadian Oncology Drug Review (pCODR) Expert Review Committee (pERC). Final recommendation for enzalutamide (Xtandi®) for metastatic castrate-sensitive prostate cancer. 23 September 2020.
8. Armstrong AJ, Szmulewitz RZ, Petrylak DP, et al. ARCHES: a randomized, phase III study of androgen deprivation therapy with enzalutamide or placebo in men with metastatic hormone-sensitive prostate cancer. *J Clin Oncol* 2019;37:2974-2986. <https://doi.org/10.1200/JCO.19.0079>
9. Davis ID, Martin AJ, Stockler MR, et al. Enzalutamide with standard first-line therapy in metastatic prostate cancer. *N Engl J Med* 2019;381(2):121-131. <https://doi.org/10.1056/NEJMoa1903835>
10. CADTH Technology Review. Dosing and timing of immuno-oncology drugs. November 2019. Available at <https://cadth.ca/dosing-and-timing-immuno-oncology-drugs>
11. Elassaiss-Schaap J, Rossenu S, Lindauer A, et al. Using model-based “learn and confirm” to reveal the pharmacokinetics-pharmacodynamics relationship of pembrolizumab in the KEYNOTE-001 trial. *CPT Pharmacometrics Syst Pharmacol* 2017;6:21-28. <https://doi.org/10.1002/psp4.12132>
12. Freshwater T, Kondic A, Ahamadi M, et al. Evaluation of dosing strategy for pembrolizumab for oncology indications. *J Immunotherapy Cancer* 5:43(2017). <https://doi.org/10.1186/s40425-017-0242-5>
13. Lala M, Li M, Sinha V, et al. A six-weekly (Q6W) dosing schedule for pembrolizumab based on an exposure-response (ER) evaluation using modeling and simulation. Poster at: 2018 American Society of Clinical Oncology (ASCO) Annual Meeting; 2018 Jun 1-5; Chicago, IL.

Provincial Systemic Therapy Program

All policies and procedures are on the Shared Health Organizations Portal (SHOP) [BC Cancer page](#).

Updated: Selecting Patient Medication Handouts

Policy III-160: **Selecting Patient Medication Handouts**, now reclassified as **Protocol III-160**, has been updated to include new BC Cancer formatting and additional links to the Patient Education Resources documents. This protocol helps guide health professionals to select patient handouts from various resources/databases when they are not available in the BC Cancer Drug Manual® on the BC Cancer website.

Cancer Drug Manual®

All documents are available in the [Cancer Drug Manual®](#) on the BC Cancer website.

Translated Documents

The **Fluorouracil INFUSOR Patient Handout (Your INFUSOR – A Guide for Patients)** has been translated and made available in Simplified Chinese, Traditional Chinese, French and Punjabi.

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 **Brigatinib Interim Monograph** and **Patient Handout** have been developed with expert review provided by Dr. Sophie Sun, medical oncologist of the BC Cancer Lung Tumour Group. Brigatinib is a broad spectrum tyrosine kinase inhibitor used in the treatment of non-small cell lung cancer. The usual dose is 90 mg orally once daily for 7 days, followed by 180 mg once daily thereafter.

Highlights from these documents include:

- fatigue, diarrhea and nausea are frequently reported side effects
- bradycardia, sinus bradycardia, hypertension and prolongation of the PR interval may occur; monitor heart rate and blood pressure regularly
- pulmonary adverse reactions including dyspnea, cough, hypoxia, pneumonia and/or pneumonitis may occur early in treatment; monitor for symptoms particularly during the first 7 days

Brigatinib has been added to the **Auxiliary Label List** and has been evaluated for the **BC Cancer Hazardous Drug List**.

Revised Documents

Cladribine Chemotherapy Preparation and Stability Chart

added GMP as new brand

Niraparib Monograph

Dosage Guidelines: added BC Cancer protocols to references and bolded and italicized BC Cancer usual dose; updated dosing in hepatic failure

Pamidronate Monograph

Dosage Guidelines: deleted reference to SCHYPCAL as this protocol has been retired at BC Cancer

Treosulfan Chemotherapy Preparation and Stability Chart

added Medexus as new brand

Zoledronic Acid Monograph

Dosage Guidelines: deleted reference to SCHYPCAL as this protocol has been retired at BC Cancer

Benefit Drug List

New Programs

The following new treatment programs have been added to the BC Cancer [Benefit Drug List](#) effective 01 December 2021:

Protocol Title	Protocol Code	Benefit Status
Maintenance Treatment of Newly Diagnosed Platinum-Responsive Epithelial Ovarian Cancer using Niraparib	UGOOVFNIRM	Restricted
Maintenance Treatment of Relapsed Platinum-Sensitive and -Responsive Epithelial Ovarian Cancer using Niraparib	UGOONIRAM	Restricted
Treatment of Metastatic Castration-Sensitive Prostate Cancer using Apalutamide	UGUMCSPAPA	Restricted
Therapy for Metastatic Castration-Sensitive Prostate Cancer using Enzalutamide	UGUMCSPENZ	Restricted
First-Line Treatment of Advanced Squamous Cell Carcinoma of the Head and Neck using 6-Weekly Pembrolizumab	UHNAVPMBF6	Restricted
Maintenance Treatment of Advanced Squamous Cell Carcinoma of the Head and Neck using 6-Weekly Pembrolizumab	HNAVPMBM6	Class I

Revised Programs

The following treatment programs have been revised on the BC Cancer [Benefit Drug List](#) effective 01 December 2021:

Protocol Title	Protocol Code	Benefit Status
Maintenance Treatment of Newly Diagnosed BRCA-Mutated Platinum-Responsive Epithelial Ovarian Cancer using Olaparib	GOOVFOLAM	Class I <i>(previously Restricted)</i>
Maintenance Treatment of Relapsed, BRCA-Mutated, Platinum-Sensitive and -Responsive Epithelial Ovarian Cancer using Olaparib	GOOVOLAPM	Class I <i>(previously Restricted)</i>
Palliative Therapy for Unresectable, Platinum-Refractory, Recurrent or Metastatic Squamous Cell Cancer of the Head and Neck using Nivolumab	HNAVNIIV	Class I <i>(previously Restricted)</i>
Palliative Therapy for Unresectable, Platinum-Refractory, Recurrent or Metastatic Squamous Cell Cancer of the Head and Neck using 4-Weekly Nivolumab	HNAVNIIV4	Class I <i>(previously Restricted)</i>
Treatment of Chronic Myeloid Leukemia using Nilotinib	LKCMLN	Class I <i>(previously Restricted)</i>
Treatment of Cutaneous T-Cell Lymphoma (Sézary Syndrome) with Extracorporeal Photopheresis	LYMFECF	Class I <i>(previously Restricted)</i>

NEW Protocols, PPPOs and Patient Handouts (new documents checked)

Protocol Code	Protocol Title	Protocol	PPPO	Handout
UGOOVFNIRM	Maintenance Treatment of Newly Diagnosed Platinum-Responsive Epithelial Ovarian Cancer using Niraparib	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
UGOOVNIRAM	Maintenance Treatment of Relapsed Platinum-Sensitive and -Responsive Epithelial Ovarian Cancer using Niraparib	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
UGUMCSPAPA	Treatment of Metastatic Castration-Sensitive Prostate Cancer using Apalutamide	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
UGUMCSPENZ	Therapy for Metastatic Castration-Sensitive Prostate Cancer using Enzalutamide	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
UHNAVPMBF6	First-Line Treatment of Advanced Squamous Cell Carcinoma of the Head and Neck using 6-Weekly Pembrolizumab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HNAVPMBM6	Maintenance Treatment of Advanced Squamous Cell Carcinoma of the Head and Neck using 6-Weekly Pembrolizumab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 (CAP) approval are prefixed with the letter **U**.

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
BR Breast				
BRAVCAP	Therapy of Metastatic Breast Cancer using Capecitabine	<i>Treatment revised</i>	<i>Default dosing option revised</i>	----
BRAVPTRAD	Palliative Therapy for Metastatic Breast Cancer using Pertuzumab, Trastuzumab (HERCEPTIN) and Docetaxel as First-Line Treatment for Advanced Breast Cancer	<i>Treatment, Dose Modifications and References revised</i>	<i>Q4weekly dosing option added</i>	----
BRAVPT RAT	Palliative Therapy for Metastatic Breast Cancer using Pertuzumab, Trastuzumab (HERCEPTIN) and Paclitaxel as First-Line Treatment for Advanced Breast Cancer	<i>Treatment, Dose Modifications and References revised</i>	<i>Q4weekly dosing option added</i>	----
BRAVTCAP	Palliative Therapy for Metastatic Breast Cancer using Trastuzumab and Capecitabine	<i>Treatment revised</i>	<i>Default dosing option revised</i>	----
BRAVTR	Palliative Therapy for Metastatic Breast Cancer using Trastuzumab	<i>Dose Modifications revised</i>	----	----

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
GI Gastrointestinal				
GIRALT	Palliative Chemotherapy for Metastatic Colorectal Cancer using Raltitrexed in Patients with Previous Fluorouracil Toxicity	<i>Contact Physician revised; Eligibility and treatment duration clarified</i>	----	----
GO Gynecologic				
UGOOVFLAM	Maintenance Treatment of Newly Diagnosed BRCA-Mutated Platinum-Responsive Epithelial Ovarian Cancer using Olaparib	<i>Protocol Code revised (U removed); Eligibility revised (CAP requirement removed)</i>	<i>Protocol Code revised; CAP requirement removed</i>	----
UGOOVOLAPM	Maintenance Treatment of Relapsed, BRCA-Mutated, Platinum-Sensitive and -Responsive Epithelial Ovarian Cancer using Olaparib	<i>Protocol Code revised (U removed); Eligibility revised (CAP requirement removed)</i>	<i>Protocol Code revised; CAP requirement removed</i>	----
GU Genitourinary				
GUBGEMDOC	Intravesical Therapy for Non-Muscle Invasive Bladder Cancer using Gemcitabine and Docetaxel	<i>Treatment and Precautions updated</i>	<i>Treatment clarified</i>	----
UGUPABI	Palliative Therapy for Metastatic Castration-Resistant Prostate Cancer using Abiraterone and Prednisone	<i>Eligibility updated</i>	----	----
UGUPENZ	Palliative Therapy for Metastatic Castration-Resistant Prostate Cancer using Enzalutamide	<i>Eligibility updated</i>	----	----
HN Head and Neck				
UHNAVNIV	Palliative Therapy for Unresectable, Platinum-Refractory, Recurrent or Metastatic Squamous Cell Cancer of the Head and Neck using Nivolumab	<i>Protocol Code revised (U removed); Eligibility revised (CAP requirement removed); Exclusions and Tests revised</i>	<i>Protocol Code revised; CAP requirement removed; Tests revised</i>	<i>Protocol Code revised</i>
UHNAVNIV4	Palliative Therapy for Unresectable, Platinum-Refractory, Recurrent or Metastatic Squamous Cell Cancer of the Head and Neck using 4-Weekly Nivolumab	<i>Protocol Code revised (U removed); Eligibility revised (CAP requirement removed); Exclusions and Tests revised</i>	<i>Protocol Code revised; CAP requirement removed; Tests revised</i>	<i>Protocol Code revised</i>
UHNAVPCMB	First-Line Treatment of Advanced Squamous Cell Carcinoma of the Head and Neck with Paclitaxel, Carboplatin and Pembrolizumab	<i>Treatment updated</i>	----	----
UHNAVFPMB	First-Line Treatment of Advanced Squamous Cell Carcinoma of the Head and Neck using Platinum, Fluorouracil and Pembrolizumab	<i>Eligibility clarified; Treatment updated</i>	----	----

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

Protocol Code	Protocol Title	Protocol	PPPO	Handout
HN Head and Neck <i>(continued)</i>				
UHNAVPMBF	First-Line Treatment of Advanced Squamous Cell Carcinoma of the Head and Neck with Pembrolizumab	<i>Eligibility updated</i>	----	----
HNAVPMBM	Maintenance Treatment of Advanced Squamous Cell Carcinoma of the Head and Neck with Pembrolizumab	<i>Eligibility and Treatment updated</i>	----	----
HNOTLEN	Therapy for Locally Recurrent or Metastatic, RAI-Refractory Differentiated Thyroid Cancer using Lenvatinib	<i>Eligibility clarified; Tests revised</i>	<i>Tests revised</i>	----
LK Leukemia				
UŁKCMLN	Treatment of Chronic Myeloid Leukemia using Nilotinib	<i>Protocol Code revised (U removed); Eligibility revised (CAP requirement removed)</i>	<i>Protocol Code revised; CAP requirement removed</i>	<i>Institution name updated; Protocol Code revised</i>
BMTMM0301	Conditioning Therapy for Autologous Stem Cell Transplant using High-Dose Melphalan in the Treatment of Multiple Myeloma	<i>Premedications and hydration revised</i>	----	----
LY Lymphoma				
UŁYMFCEP	Treatment of Cutaneous T-Cell Lymphoma (Sézary Syndrome) with Extracorporeal Photopheresis	<i>Protocol Code revised (U removed); Eligibility revised (CAP requirement removed); Contact Physician and References revised</i>	----	----
MY Myeloma				
UMYDARBD	Treatment of Relapsed and Refractory Multiple Myeloma with Daratumumab in Combination with Bortezomib and Dexamethasone with or without Cyclophosphamide	<i>Eligibility, Exclusions and treatment cycle ordering clarified</i>	<i>Return Appointment Orders revised</i> PPPO Cycle 2+	----
UMYDARLD	Treatment of Relapsed and Refractory Multiple Myeloma with Daratumumab in Combination with Lenalidomide and Dexamethasone	<i>Eligibility, Exclusions and treatment cycle ordering clarified</i>	<i>Return Appointment Orders revised</i> PPPO Cycle 2+	----
MYPAM	Treatment of Multiple Myeloma with Pamidronate	<i>Reference to SCHYPCAL removed</i>	----	----
SC Supportive Care				
SCPAINLI	Extreme Pain Therapy using Parenteral Lidocaine	<i>Tests revised</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
Oncology Drug Information	604-877-6275	druginfo@bccancer.bc.ca
Cancer Drug Manual Editor	250-519-5500 x 693742	nbadry@bccancer.bc.ca
Pharmacy Oncology Certification	250-712-3900 x 686820	rxchemocert@bccancer.bc.ca
Nurse Educators	604-877-6000 x 672638	nursinged@bccancer.bc.ca
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
Manufacturer Patient Assistance Programs: http://www.bccancer.bc.ca/mpap		
Library/Cancer Information	604-675-8003	requests@bccancer.bc.ca toll free 888-675-8001 x 8003
Library Document Delivery	604-675-8002	requests@bccancer.bc.ca
Pharmacy Professional Practice	604-877-6000 x 672247	mclin@bccancer.bc.ca
Professional Practice, Nursing	604-877-6000 x 672623	BCcancerPPNAdmin@ehcnet.phsa.ca
Provincial Systemic Therapy Program	604-877-6000 x 672247	mclin@bccancer.bc.ca
BC Cancer – Abbotsford	604-851-4710	toll free 877-547-3777
BC Cancer – Kelowna	250-712-3900	toll free 888-563-7773
BC Cancer – Prince George	250-645-7300	toll free 855-775-7300
BC Cancer – Surrey	604-930-2098	toll free 800-523-2885
BC Cancer – Vancouver	604-877-6000	toll free 800-663-3333
BC Cancer – Victoria	250-519-5500	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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