

For Health Professionals Who Care For Cancer Patients

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EDITOR'S CHOICE

NEW PROGRAMS

Effective 01 September 2019, the BC Cancer Provincial Systemic Therapy Program has approved the following treatment program:

Lymphoma:

Venetoclax for Relapsed/Refractory Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma (ULYVENETO) – The BC Cancer Lymphoma Tumour Group is introducing venetoclax monotherapy for patients with or without chromosome 17p deletion, who have progressed on or are intolerant to B-cell receptor pathway inhibitors (e.g. ibrutinib, idelalisib). A BC Cancer Compassionate Access Program (CAP) approval is required.

Venetoclax is a novel, oral small-molecule B-cell lymphoma 2 (BCL-2) inhibitor that restores apoptosis in BCL-2-dependent cancer cells. It is primarily eliminated hepatically, and is a substrate of CYP 3A4 (major) and P-glycoprotein. Specific recommendations on how to manage drug interactions during and after the ramp-up phase are outlined in the Protocol. Notable adverse effects include myelosuppression (14% to 43%)¹ and tumour lysis syndrome (TLS) (3% to 6%)². To significantly reduce the risk of TLS, the dose of venetoclax must be increased gradually. As such, venetoclax is initiated in a 5-week “ramp-up” schedule to slowly achieve the recommended dose of 400 mg per day. A “Starting Pack” is available from the manufacturer to facilitate the dispensing of the first 4 weeks of venetoclax during the ramp-up phase.

EDITOR'S CHOICE

Week	Dose
1	20 mg PO once daily (2 x 10 mg)
2	50 mg PO once daily (1 x 50 mg)
3	100 mg PO once daily (1 x 100 mg)
4	200 mg PO once daily (2 x 100 mg)
5 and onward	400 mg PO once daily (4 x 100 mg)

Patients are required to undergo intensive blood work and monitoring as outlined in the Protocol. Three PPPOs have also been created to facilitate treatment for the following scenarios:

- Patients with high TLS risk during the ramp-up phase
- Patients with low-moderate TLS risk during the ramp-up phase
- Treatment in the post-ramp-up phase (week 6 and onward)

BC Cancer Pharmacy and Nursing have established clear monitoring and communication procedures to assist in the monitoring of TLS. A number of education sessions and resources have also been developed to support the Pharmacy and Nursing staff in this role. For more information about tumour lysis syndrome, please see the Education Corner section below.

References:

1. Jones J, Choi MY, Mato AR, et al. Venetoclax (VEN) monotherapy for patients with chronic lymphocytic leukemia (CLL) who relapsed after or were refractory to ibrutinib or idelalisib. *Blood (ASH Annual Meeting Abstracts)* 2016;128:637.
2. Venetoclax. Created 01 August 2018. BC Cancer Drug Manual®. Badry, Nadine (editor). BC Cancer. Vancouver, British Columbia. Available at: <http://www.bccancer.bc.ca/>. (Accessed 16 August 2019).

DRUG UPDATES

DRUG SHORTAGES

The following outlines updates of drug supply shortages in BC. Further details about the shortages and their recommended treatment alternatives can be found in the associated briefing notes and/or email communications previously circulated to BC Cancer and the Communities Oncology Network (CON).

Resolved Drug Shortages:

- Leucovorin injectable
- Hydrocortisone injectable

Fludarabine Injectable:

(Adapted from BC Cancer Briefing Note Update 23Aug2019)

Supply interruptions of fludarabine injectable are expected to last until December 2019. Fludarabine is an option in some lymphoma protocols, stem cell transplant (SCT) conditioning regimens and pediatric protocols. It is recommended that conservation strategies be reinstated to ensure current supplies are available for high priority patients, and that fludarabine tablets be used where possible.

DRUG UPDATES

Raltitrexed Injectable:

(Adapted from BC Cancer Briefing Note 29Aug2019)

There is a shortage of raltitrexed injectable with no current anticipated supply return date. Raltitrexed is used in the adjuvant and advanced settings for patients with colon and colorectal cancers, respectively. BC Cancer recommends reserving existing supplies for current patients and that no new patients are started on treatment. Please see associated briefing note for specific recommendations on supply conservation strategies and alternative treatment options.

MEDICAL PATIENT ASSISTANCE PROGRAMS UPDATE

The listing of oncology medical patient assistance programs offered by pharmaceutical companies has been updated and can be found at: www.bccancer.bc.ca/mpap.*

*Located on the BC Cancer Systemic Therapy website under Health Professionals > Systemic Therapy > Reimbursement & Forms

EDUCATION CORNER

TUMOUR LYSIS SYNDROME

Tumour lysis syndrome (TLS) is an oncologic emergency caused by massive tumour cell lysis, resulting in the release of its intracellular contents (e.g. potassium, phosphate and nucleic acids). This can lead to hyperuricemia and electrolyte abnormalities including hyperkalemia, hyperphosphatemia, secondary hypocalcemia, as well as acute kidney injury. Severity can range from asymptomatic biochemical derangements to multi-organ dysfunction (e.g. renal failure, cardiac arrhythmias, seizures), and death.¹ Symptoms attributed to electrolyte abnormalities include nausea, vomiting, diarrhea, muscle cramps, tetany, syncope, arrhythmias and seizures.¹ TLS may occur as early as 6 hours after treatment initiation or following dose increases. Patients should be carefully monitored by routine blood work and clinical assessments.

Risk Factors

Cancer patients who are at highest risk for TLS include those with:²

- High tumour burden
- Tumours with high proliferation rates
- Tumours that are highly sensitive to radiation therapy, cytotoxic chemotherapy or other cancer therapies (e.g. venetoclax, imatinib, bortezomib, corticosteroids, etc.)
- Underlying renal dysfunction
- Underlying electrolyte abnormalities

Definitions of Tumour Lysis Syndrome¹

Laboratory TLS	Clinical TLS
<p>Presence of two or more abnormal serum values within 3 days before or 7 days after initiation of therapy, in the setting of adequate hydration and use of an antihyperuricemic agent:</p> <ul style="list-style-type: none"> ▪ Potassium ▪ Phosphorus ▪ Calcium ▪ Uric acid 	<p>Laboratory TLS <u>Plus</u> Any 1 or more of the following:</p> <ul style="list-style-type: none"> ▪ ↑ serum creatinine of 26.5 umol/L or single value \geq 1.5 times the upper limit of normal ▪ Cardiac arrhythmias/sudden death ▪ Seizures

Prevention and Monitoring

The best prevention for TLS includes identifying high-risk patients, implementing prophylactic measures, and close laboratory and clinical monitoring.^{1,2} This includes:

- Aggressive hydration
- Prophylaxis with antihyperuricemic agents (e.g. allopurinol, rasburicase)
- Correcting any underlying electrolyte abnormalities
- Avoiding nephrotoxic drugs if possible (e.g. non-steroidal anti-inflammatories, contrast dyes).²
- Promptly managing any electrolyte abnormalities and/or clinical symptoms detected during treatment and holding the offending drug until these have been resolved
- Consider inpatient hospitalization for high-risk patients to allow for close monitoring and urgent management as needed

For details about the prevention of TLS specific to patients on venetoclax, please see the ULYVENETO Chemotherapy Protocol.

References:

1. Cairo MS, Bishop M. Tumour lysis syndrome: new therapeutic strategies and classification. Br J Haematol 2004;127:3–11.
2. Hochberg J and Cairo MS. Tumor lysis syndrome: current perspective. Haematologica 2008; 93: 9-13.

BC CANCER SUMMIT EARLY BIRD REGISTRATION CLOSSES SEPTEMBER 20, 2019

Early Bird Registration for the 2019 BC Cancer Summit closes on **September 20, 2019**. We encourage attendees to consider submitting a poster abstract to share and showcase the fantastic research or projects you are undertaking to improve cancer care.

Date: November 21-23, 2019
 Location: Sheraton Wall Centre, Downtown Vancouver, BC
 Theme: Person-Centered Care
 Abstract Submission Deadline: September 20 @ 5 PM PST

For details about the conference program and registration details, please visit the Summit website at www.bccancersummit.ca.

BENEFIT DRUG LIST

NEW PROGRAMS

Effective 01 September 2019, the following treatment programs have been added to the BC Cancer [Benefit Drug List](#):

Protocol Title	Protocol Code	Benefit Status
Treatment of Relapsed/Refractory Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma using Venetoclax	ULYVENETO	Restricted
Treatment of Pediatric Patients with Philadelphia Chromosome-Negative (Ph-) Relapsed or Refractory Pre-B-Cell Acute Lymphoblastic Leukemia using Blinatumomab	Pediatric	Restricted
Treatment of Pediatric Patients with Acute Myeloid Leukemia Receiving Anthracycline on the COG Protocol AAML1031 using Dexrazoxane	Pediatric	Class I

CANCER DRUG MANUAL

NEW MONOGRAPHS AND PATIENT HANDOUTS

The following drug is NOT a BC Cancer Benefit Drug and requires application to the BC Cancer Compassionate Access Program (CAP). The corresponding Monograph is made available for reference only. All BC Cancer drug monographs and patient handouts can be accessed from the Cancer Drug Manual [Drug Index](#).

The **Dinutuximab Monograph** has been developed with expert review provided by Dr. Rebecca Deyell (pediatric hematologist/oncologist) and Dr. Jennifer Kendrick (clinical pharmacy specialist) of Children's and Women's Health Centre of British Columbia. Dinutuximab is a human-murine monoclonal antibody used in combination with other agents to treat neuroblastoma in children. The usual dose of dinutuximab is 17.5 mg/m² IV given over 10 to 20 hours, once daily for four consecutive days.

As there are no current adult indications for dinutuximab, a Patient Handout will not be made available at this time. Cancer Drug Manual patient handouts are designed for use by adult ambulatory patients.

Highlights from this document include:

- Hypersensitivity reactions have been reported
 - When used as a single agent (7% patients)
 - Potentially life-threatening reactions when used in combination therapy (up to 26% patients)
 - Patients should receive prehydration and premedications including an antihistamine, antipyretic, and analgesic with each infusion

- Continuous opioid infusions and co-analgesics should be pre-emptively started prior to dinutuximab to manage severe neuropathic pain
- Severe capillary leak syndrome, serum sickness, and neurologic ocular disorders have been reported

REVISED MONOGRAPHS AND PATIENT HANDOUTS

Highlights of key changes and/or updates to the Monographs, Patient Handouts and Chemotherapy Preparation and Stability Chart are listed below:

Afatinib Monograph:

- *Cautions* – added gastrointestinal perforation
- *Side Effects* – added gastrointestinal perforation, Stevens Johnson syndrome, and toxic epidermal necrolysis
- *Dosing* – updated renal dosing

Cemiplimab Interim Monograph and Chemotherapy Preparation and Stability Chart:

- *Common Trade Name(s)* – updated as now marketed in Canada
- *Supply and Storage* – added Canadian manufacturer
- *Parenteral Administration table* – revised recommended filter for administration
- *Chemotherapy Preparation and Stability Chart* – updated manufacturer, and preparation and stability instructions per Canadian brand

Gemcitabine Chemotherapy Preparation and Stability Chart:

- *Brands* – updated

Venetoclax Monograph and Patient Handout:

- *Side Effects* – updated creatinine clearance limits in paragraph on hyperuricemia and tumour lysis syndrome
- *Drug Interactions* – azithromycin, digoxin, and ritonavir interactions added to table; updated theoretical P-glycoprotein interactions
- *Supply and Storage* – added information pertaining to available packaging (starting packs, blister cards, etc.)
- *Dosing* – added new protocol and updated references
- *Patient Handout* – updated instructions for missed doses to align with the protocol's Patient Handout

Vinorelbine Chemotherapy Preparation and Stability Chart:

- *Brands* – updated

DELETED MONOGRAPHS AND PATIENT HANDOUTS

The **Ofatumumab Interim Monograph** has been deleted and the drug removed from the **Chemotherapy Preparation and Stability Chart**, as ofatumumab is no longer available in Canada.

SYSTEMIC THERAPY UPDATE EDITORIAL BOARD

MEMBERSHIP UPDATES

The Systemic Therapy Update Editorial Board would like to bid farewell to Ava Hatcher (Senior Practice Lead, Nursing, BC Cancer Centre for the North) as she steps down from the Board. The Board would like to thank Ava for her tremendous contributions to the ST Update over the past several years, and for the invaluable insight she has brought. We wish Ava the very best in her future endeavours.

LIST OF REVISED PROTOCOLS, PRE-PRINTED ORDERS 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. Protocol codes for treatment requiring BC Cancer Compassionate Access Program approval are prefixed with the letter “U”.

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

CODE	Protocol	PPPO	Patient Handout	Protocol Title
ULYVENETO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Treatment of Relapsed/Refractory Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma using Venetoclax
UMYCARDEX	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Therapy of Multiple Myeloma using Carfilzomib and Dexamethasone With or Without Cyclophosphamide
UMYCARLD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Therapy of Multiple Myeloma using Carfilzomib, Lenalidomide with Dexamethasone

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
CNCARV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Logo updated, AST removed, LFT parameters added</i>	Carboplatin and Etoposide in the Treatment of Recurrent Ependymoma
CNOCLAR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Logo updated, typo corrected, brand name capitalized</i>	Treatment of Growth Hormone Secreting Pituitary Adenoma using Octreotide
CNTEMOZ	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Logo updated, typo corrected</i>	Therapy for Malignant Brain Tumours using Temozolomide

REVISED PROTOCOLS, PPOs AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)					
CODE	Protocol	PPO	Patient Handout	Changes	Protocol Title
GIAVCAP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Tumour markers and Side effects management information updated</i>	Palliative Therapy of Advanced Colorectal Cancer using Capecitabine
GIAVCAPB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Eligibility and Dose Modifications updated</i>	Palliative Therapy of Metastatic Colorectal Cancer using Capecitabine and Bevacizumab
GICIRB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Eligibility updated</i>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Irinotecan, Bevacizumab and Capecitabine
GICOXB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Oxaliplatin diluent volume clarified; Side effects management information updated</i>	Palliative Combination Chemotherapy for Metastatic Colorectal Cancer using Oxaliplatin, Bevacizumab and Capecitabine
GIEFFOXRT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Eligibility and Oxaliplatin diluent volume clarified; Side effects management information updated</i>	Combined Modality Therapy for Locally Advanced Esophageal Cancer using Oxaliplatin, Fluorouracil, Leucovorin, and Radiation Therapy
GIGAVCC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Tumour markers updated, Side effects management information updated</i>	Palliative Therapy of Metastatic or Locally Advanced Anal Squamous Cell Carcinoma using Cisplatin and Capecitabine
GIPAJGAP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Institutional name, Eligibility, Tests, Systemic Therapy Chair contact info, and Side effects management information updated</i>	Adjuvant Chemotherapy for Resected Pancreatic Adenocarcinoma using Capecitabine and Gemcitabine
GIRAJFOX	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Institutional name updated</i>	Adjuvant Combination Chemotherapy for Stage III Rectal Cancer using Oxaliplatin, Fluorouracil and Leucovorin
GIRCAP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Institutional name, Tests, Dose Modifications, Systemic Therapy Chair contact info, Tumour markers, and Side effects management information updated</i>	Adjuvant Therapy for Stage II and III Rectal Cancer Previously Treated with Preoperative Radiation Therapy using Capecitabine

REVISED PROTOCOLS, PPOs AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED)					
CODE	Protocol	PPO	Patient Handout	Changes	Protocol Title
GIRCRT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Institutional name and Side effects management information updated</i>	Combined Modality Adjuvant Therapy for High-Risk Rectal Carcinoma using Capecitabine and Radiation Therapy
UGOOVBEVG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Exclusions clarified</i>	Treatment of Platinum-Resistant Epithelial Ovarian Cancer with Bevacizumab and Gemcitabine
UGOOVBEVLD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Exclusions clarified</i>	Treatment of Platinum-Resistant Epithelial Ovarian Cancer with Bevacizumab and Doxorubicin Pegylated Liposomal (CAELYX)
UGOOVBEVP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Exclusions clarified</i>	Treatment of Platinum-Resistant Epithelial Ovarian Cancer with Bevacizumab and Paclitaxel
UGOOVBEVV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Exclusions clarified</i>	Treatment of Platinum-Resistant Epithelial Ovarian Cancer with Bevacizumab and Vinorelbine
UGOOVCATB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Exclusions clarified</i>	Primary Treatment of Invasive Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer with High-Risk of Relapse using Bevacizumab, Carboplatin and Paclitaxel
UGUAVIPNI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Ipilimumab diluent volume clarified</i>	Treatment of Metastatic or Advanced Renal Cell Carcinoma using Ipilimumab and Nivolumab
GUBGEM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Dosing administration guidelines updated</i>	Intravesical Therapy for Non-Muscle Invasive Bladder Cancer using Gemcitabine
UHNLADCF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Prehydration and fluorouracil dose adjustment clarified; Institutional name updated</i>	Treatment of Locally Advanced Squamous Cell Carcinoma of the Head and Neck with Docetaxel, Cisplatin and Infusional Fluorouracil
LKATOATRA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Dose Modifications revised</i>	First-Line Induction and Consolidation Therapy of Acute Promyelocytic Leukemia using Arsenic Trioxide and Tretinoin (All-Trans Retinoic Acid)
LKATOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Dose Modifications revised</i>	First-Line Induction and Consolidation Therapy of Acute Promyelocytic Leukemia using Arsenic Trioxide, Tretinoin (All-Trans Retinoic Acid) and Daunorubicin
LKATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Dose Modifications revised</i>	Induction and Consolidation Therapy of Relapsed Acute Promyelocytic Leukemia using Arsenic Trioxide and Tretinoin (All-Trans Retinoic Acid)

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

CODE	Protocol	PPPO	Patient Handout	Changes	Protocol Title
ULKBLIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Eligibility, Tests, Treatment, Dose Modifications and Precautions updated</i>	Treatment of Philadelphia Chromosome-Negative Refractory or Relapsed Pre-B-Cell Acute Lymphoblastic Leukemia with Blinatumomab
LUOTCAV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Institutional name and Tests updated</i>	Treatment of Thymoma/Thymic Carcinoma with Cyclophosphamide, Doxorubicin and Vincristine (CAV)
LUOTPAC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Institutional name and Tests updated</i>	Treatment of Thymoma with Platinum, Doxorubicin and Cyclophosphamide
LUOTPERT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Institutional name and Tests updated</i>	Treatment of Thymoma using Cisplatin and Etoposide with Radiation Therapy
LUPUPE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Institutional name and Tests updated</i>	Treatment of Cancer of Unknown Primary Involving the Thorax with Cisplatin and Etoposide
ULYOBEND	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Default acetaminophen premedication dose revised</i>	Treatment of Rituximab-Refractory Follicular Lymphoma (FL) with Obinutuzumab in Combination with Bendamustine
ULYOBCHLOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Default acetaminophen premedication dose revised</i>	Previously Untreated Chronic Lymphocytic Leukemia (CLL) or Small Lymphocytic Lymphoma with Obinutuzumab and Chlorambucil
UMYCARLD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Eligibility clarified</i>	Therapy of Multiple Myeloma using Carfilzomib, Lenalidomide with Dexamethasone
MYMPBOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Clarified ANC and platelet parameters for cyclophosphamide</i>	Treatment of Multiple Myeloma using Melphalan, Prednisone and Weekly Bortezomib with the Option of Substituting Cyclophosphamide for Melphalan
SAIME	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Diluent and Labs updated</i>	Etoposide, Ifosfamide-Mesna (SAIME) for Use in Sarcomas

WEBSITE RESOURCES AND CONTACT INFORMATION

CONTACT INFORMATION	PHONE	FAX	EMAIL
Systemic Therapy Update Editor	604-877-6000 x 673028		bulletin@bccancer.bc.ca
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To update contact information of any CON sites, please contact:			bulletin@bccancer.bc.ca
Oncology Drug Information	604-877-6275		druginfo@bccancer.bc.ca
Nurse Educators	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	604-877-6000 x 672247		mliin@bccancer.bc.ca
Provincial Professional Practice Nursing			BCCancerPPNAdmin@ehcnet.phsa.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 Oncology Certification	250-712-3900 x 686820		rxchemocert@bccancer.bc.ca
BC Cancer-Abbotsford	604-851-4710 Toll Free 877-547-3777		
BC Cancer-Prince George (Centre for the North)	250-645-7300 Toll Free 888-775-7300		
BC Cancer-Surrey	604-930-2098 Toll Free 800-523-2885		
BC Cancer-Kelowna	250-712-3900 Toll Free 888-563-7773		
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BC Cancer-Victoria	250-519-5500 Toll Free 800-670-3322		

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