

BC Cancer news and updates from across the province for Systemic Therapy teams



Antiemetic Update

Pharmacare has revised its antiemetic coverage policy.

Effective immediately, prescribers have the option to prescribe aprepitant or netupitant-palonosetron as part of the Collaborative Prescribing Agreement (CPA).

CPAs have been reactivated for prescribers with previous aprepitant CPAs. Furthermore, prescribers who did not have the CPA for aprepitant in the past have the option to apply.

Applicable Pre-printed orders (PPOs) will include both aprepitant and netupitant-palonosetron as antiemetic premedication options. Prescribers can choose from the following two options:

- dexamethasone (+) ondansetron (+/-) aprepitant
- dexamethasone (+) netupitant-palonosetron

Provincial Systemic Therapy Drug Programs Under Consideration

The goal of the Education Bulletin is to support health care staff as they prepare for new treatments and to ensure safe patient care during the administration, distribution and management of new and complex treatments. These new drug treatments may also be delivered to patients prior to formal listing through manufacturer patient support programs or clinical trials. Full details around the funded indications and eligibility criteria will be available in the Protocol Summaries and summarized in the Systemic Therapy Update newsletter once funding decisions have been finalized. More details about the drugs, approved indications, and side effects can be found in the BC Cancer drug monographs, accessible from the Cancer Drug Manual [Drug Index](#).



GOSCPE & GOSCPERT

Treatment Programs	Indication (Refer to protocol for more details)	Associated Adverse Events
Cisplatin plus Etoposide	Treatment of patients with small cell gynecologic cancer	Possible adverse events: <ul style="list-style-type: none"> • Infusion-related reactions • Neutropenia • Nephrotoxicity • Ototoxicity • Nausea and vomiting • Mucositis • Alopecia • Fatigue

Dosing and Administration Information

Premedications:

- **Antiemetic:**
 - high-moderate emetogenic (see [SCNAUSEA](#))

Dosing and Schedule:

- **IV cisplatin** 25 mg/m²/day infused over 30 minutes x 3 days
Plus
- **IV etoposide** 100 mg/m²/day infused over 45 minutes x 3 days
 - Use non-DEHP tubing with in-line filter

One cycle = 21 days

Additional Protocol Information:

- Standing order for etoposide toxicity:
 - IV hydrocortisone 100 mg + IV diphenhydramine 50 mg
- Carboplatin option available in cases of cisplatin toxicity, poor performance status, or severe hearing impairment

BC Cancer Recommended Nurse and Chair Time

Cycle	Final Nurse Time (Rounded up to next 5min interval)	Final Chair Time (Rounded up to next 5min interval)
Cycle 1 Day 1	70	145
Cycle 1 Days 2 & 3	55	130
Cycle 2+ Days 1 - 3	45	130

ULYPRA

Treatment Programs	Indication: Under Review (Refer to protocol for more details)	Associated Adverse Events
Pralatrexate	Treatment of patients with relapsed or refractory peripheral T-cell lymphoma (PTCL)	Possible adverse events (any grade): <ul style="list-style-type: none"> • Mucositis • Anemia • Neutropenia • Thrombocytopenia • Fatigue • Severe dermatologic reaction • Hepatic toxicity • Renal toxicity

Dosing and Administration Information

Premedications:

- **Vitamin Supplementation:** to reduce the risk of mucositis
 - Folic acid 1 to 1.25 mg PO daily starting at least 10 days prior and continue until 30 days after last dose
 - Vitamin B₁₂ 1000 mcg IM within 10 weeks prior and continue every 8-10 weeks during therapy

Dosing and Schedule:

- One cycle = 28 days
- Continue until disease progression

Cycle One

Drug	Dose						Administration
	Day 1	Days 3 - 6	Day 8	Days 10 - 13	Day 15	Days 17 - 20	
Pralatrexate	10 mg/m ²	-	20 mg/m ²	-	30 mg/m ²	-	IV push over 3 - 5 minutes
Leucovorin		15 mg BID		15 mg BID		15 mg BID	PO

Cycle Two Onwards

Drug	Dose						Administration
	Day 1	Days 3 - 6	Day 8	Days 10 - 13	Day 15	Days 17 - 20	
Pralatrexate	30 mg/m ²	-	30 mg/m ²	-	30 mg/m ²	-	IV push over 3 - 5 minutes
Leucovorin		15 mg BID		15 mg BID		15 mg BID	PO

Additional Protocol Information:

- Appropriate prescription for leucovorin, folic acid, and vitamin B12 is essential to reduce the risk of mucositis.
- Concurrent NSAIDs should be avoided as they may decrease the renal clearance of pralatrexate.

BC Cancer Recommended Nurse and Chair Time

Cycle	Final Nurse Time (Rounded up to next 5min interval)	Final Chair Time (Rounded up to next 5min interval)
Cycle 1 Day 1	60	60
Cycle 1 Days 8 & 15	45	45
Cycle 2+ Days 1, 8, 15	45	45

Website Resources and Contact Information

CONTACT INFORMATION	EMAIL
To subscribe or update contact information, please contact:	
Provincial Systemic Therapy Program	ProvincialSystemicOffice@bccancer.bc.ca
Systemic Therapy Education Bulletin: http://www.bccancer.bc.ca/health-professionals/clinical-resources/systemic-therapy/education-bulletin	