Systemic Therapy Update

BC Cancer Agency
CARE + RESEARCH
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For Health Professionals Who Care For Cancer Patients

Inside This Issue:

EDITOR'S CHOICE

HIGHLIGHTS OF CHANGES IN PROTOCOLS, PRE-PRINTED ORDERS AND PATIENT HANDOUTS

Adjuvant Breast Chemotherapy Protocols Containing DOCEtaxel: *(BRAJDAC, BRAJDC, UBRAJDCT, BRAJDTFEC, BRAJFECD, BRAJFECDT)*

The Breast Systemic Group has added **cautionary language** about the **high risk of febrile neutropenia** associated with the use of DOCEtaxel in adjuvant breast cancer chemotherapy regimens. Recent publications report the rate of febrile neutropenia to be as high as 30% to 40% when using DOCEtaxel (as a single agent or in combination with other agents for early breast cancer treatment) in the absence of filgrastim support. When filgrastim is given concurrently with DOCEtaxel, the incidence is significantly lower at 2% to 7%. The Breast Systemic Group recommends that filgrastim be used throughout the DOCEtaxel portion of these treatment regimens whenever possible.

EDITOR'S CHOICE

Advanced Breast Cancer: *(BRAVCMPO)*

The **Breast Systemic Tumour Group** has approved the treatment for advanced breast cancer using **metronomic low-dose cyclophosphamide and methotrexate (BRAVCMPO)**. This oral regimen is an alternative for patients who have previously received treatment for metastatic disease, or for previously untreated patients who cannot tolerate other first-line treatment. In two phase II trials, this regimen showed a reduction in serum vascular endothelial growth factor with an associated overall response rate of 31.7%, and minimal toxicity. (Colleoni *et al. Ann Onc* 2002;13:73-80) Oral cyclophosphamide is given daily continuously, and methotrexate is given twice daily for two days every week.

Guidelines for Prevention and Treatment of Chemotherapy-Induced Nausea and Vomiting in Adults: *(SCNAUSEA)*

Highlights of changes to these guidelines include:

- For patients unable to swallow, intravenous fosaprepitant has been added as an alternative to oral aprepitant. Fosaprepitant dosing post-chemotherapy is not required because a single dose of fosaprepitant is equivalent to a 3-day course of aprepitant for the prevention of chemotherapy-induced nausea and vomiting. The dexamethasone dosing regimen with fosaprepitant is the same as with oral aprepitant.
- Caution on the risk of arrhythmia has been added for ondansetron. This is based on the safety communication from the US Food and Drug Administration in the Fall of 2011. Ondansetron may increase the risk of arrhythmia and Torsade de Pointes in patients:
  - With congenital long QT syndrome
  - With pre-existing hypokalemia or hypomagnesemia, or
  - On concurrent medications that prolong QT interval

  ECG monitoring is recommended in patients with electrolyte abnormalities, congestive heart failure, bradyarrhythmias, or taking concomitant medications that prolong the QT interval. Results from an ongoing FDA safety review are expected in the Summer of 2012.
- Olanzapine and scopolamine transdermal patch have been added as possible antiemetic regimens under the Treatment Failure section. These agents were recommended in the updated National Comprehensive Cancer Network (NCCN) 2012 Antiemesis Guidelines.

Asymptomatic Advanced Stage Follicular Lymphoma: *(LYRITUX)*

The **Lymphoma Tumour Group** has expanded the eligibility criteria for the use of **single-agent riTUXimab** to patients with newly diagnosed, asymptomatic, advanced stage follicular lymphoma who do not require systemic chemotherapy. Historically, these patients have been managed by "watchful waiting" and began treatment only when disease progression was evident. A randomized trial of 462 patients showed that initial treatment with riTUXimab (375 mg/m^2 weekly x 4 weeks) significantly prolonged the time to disease progression. [Kirit M *et al.* Plenary Scientific Session presented at: ASH Annual Meeting; 2010 Dec 5]

MEDICATION SAFETY UPDATE

STANDARDIZATION OF CENTRAL LINE ADMINISTRATION OF DOXORUBICIN AND EPIRUBICIN

Effective 01 March 2012, the administration practice of DOXOrubicin and epirubicin will be standardized to be given by intravenous (IV) push via central line. DOXOrubicin and epirubicin are commonly used for a variety of malignancies. Both agents are vesicants which require special cautions during administration. Over the years, some centres have evolved the practice of administering these agents as infusions prepared in minibags to patients with central venous access. These vesicants should be administered as IV push through the side-arm of an infusing primary line (known as the "free-flow method").[1,2]

The impetus for standardizing this practice stems from 2 main points: (1) There are no data to support the pharmaceutical stability of DOXOrubicin and epirubicin preparation in minibags. (2) A survey of eight cancer centres in other provinces showed that IV push is overwhelmingly the standard method of administration. In one particular centre, the practice of infusing these agents in patients with central venous access was stopped after a patient experienced substantial extravasation.

For further information on chemotherapy administration via central line, please see the Provincial Systemic Program Committee Policy III-20 on Chemotherapy Extravasation Prevention and Management.

References:
1. Oncology Nursing Society (ONS). Chemotherapy and Biotherapy Guidelines and Recommendations for Practice.3rd ed. 2009.
2. BCCA Nursing Practice Reference C-252: Administration of chemotherapeutic agents. Jun 2010.

LUTEINIZING HORMONE RELEASING HORMONE AGONISTS & CARDIOVASCULAR RISK IN MEN

Health Canada issued an **Advisory and Warning** in September 2011 on the **possible cardiovascular risks** associated with the use of luteinizing hormone releasing hormone (LHRH) agonists (i.e. leuprolide, buserelin, goserelin) in men with prostate cancer. The advisory stems from clinical trial findings demonstrating a small, but significant, increase in the incidence of diabetes, myocardial infarction, stroke and cardiovascular-related mortality in men treated with LHRH agonists for prostate cancer. At this time, it is difficult to confirm the cause-and-effect relationship due to design limitations of the clinical studies. Further review by the US Food and Drug Administration is underway. There is currently no information on the cardiovascular risk of LHRH agonists associated with use for other indications. However, these patients generally receive shorter treatment durations of LHRH agonists than prostate cancer patients.

This information has been updated on the official LHRH agonist product monographs and the BCCA Cancer Drug Manual. Please see the Cancer Drug Manual section of the Systemic Therapy Update for further information.

Drug Update

OxyNEO® to Replace OxyContin®

Effective 29 February 2012, Purdue Pharma has **discontinued the production of OXYCONTIN®**, a controlled release oxycodone formulation. OXYCONTIN® is replaced by OXYNEO®, a new formulation of controlled release oxycodone designed to prevent tampering for intentional misuse. OXYNEO® exhibits a hardened core to minimize the risk of being broken, chewed or crushed. It is available in 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg and 80 mg tablets. Please note that oxycodone immediate release products are still available.

Patients who are currently receiving OXYCONTIN® or other opioids may be switched to OXYNEO® using the same total daily oxycodone dosage, equally divided into two 12-hourly doses. Although the two formulations are considered bioequivalent, they are NOT interchangeable. During the transition period where community pharmacies will be switching supplies from one formulation to another, physicians should be writing prescriptions for *"long acting oxycodone"* rather than *"OxyContin"* or *"OxyNEO"*, in case the pharmacy only carries one product.

Pharmacists should educate the patient about the unique properties of OXYNEO®:

- OXYNEO® consists of a hydrogel matrix which becomes gel-like when it comes in contact with water
- Do NOT wet the tablet prior to swallowing (i.e. lick, suck) as this may cause hydrogel matrix to swell, rendering it difficult to swallow tablet, and increasing the risk for choking, gagging and regurgitation
- Each tablet must be swallowed whole immediately after placing in the mouth, with enough water for complete ingestion
- Caution use in patients who have difficulty swallowing
- Do NOT administer via nasogastric, gastric or other feeding tubes as this may cause tubing obstruction

Please find further information about OXYNEO® on the Health Canada Drug Product Database website.

Continuing Education

Clarification: Hepatitis B Screening & Prophylaxis in Cancer Patients

This clarification is intended to further address the indication for prophylactic management against Hepatitis B Virus (HBV) infection in patients with solid tumours. A review was previously published on the January 2012 issue of the Systemic Therapy Update (Education Update: Hepatitis B Screening and Prophylaxis in Cancer Patients).

While it is standard practice for patients with lymphoid malignancies who test positive for either HBsAg (HBV surface antigen) OR anti-HBc antibody (HBV core antibody) to receive antiviral prophylaxis with lamivudine, the risk for HBV reactivation is less well documented in patients with solid tumours who are undergoing chemotherapy treatment. The risk in this patient population depends on the chemotherapy regimen (particular the use of dexamethasone and its duration) and the serology status. Guidelines suggest that patients with risk factors for HBV reactivation (i.e. prior documented positive serology or infection, prior residence in endemic regions) should undergo testing for hepatitis B serology. Patients who test positive for HBsAg should be considered for prophylactic treatment with lamivudine. However, patients with only anti-HBc antibody-positive status may be at lower risk for HBV reactivation. Clinicians should exercise their clinical judgment about prophylaxis on a case-by-case basis.

CONTINUING EDUCATION

BCCA CHEMOTHERAPY AND BIOTHERAPY EDUCATION PROGRAM

Since the early 1980's, Professional Practice Nursing at the BCCA has facilitated an education program to prepare Registered Nurses to utilize an evidence-based approach to planning and providing safe care to patients receiving systemic therapy. The program elements reflect the Cancer Chemotherapy Nursing Standards and Competencies (2011) developed by the Canadian Association of Nurses in Oncology. Graduates of this program provide chemotherapy care through cancer centres and community hospitals across the province of British Columbia.

The program consists of four major components:

1. Self-directed, theoretical component (materials distributed electronically) and an open-book examination (pass mark 80%)
2. Two 4-hour workshop sessions (offered seven times per year)
3. 3-day clinical practicum (includes hands-on experience with administration of cancer drugs)
4. Continuing competency process

The clinical practicum can be coordinated in the students' own oncology practice setting, provided the following criteria are met:

- There are experienced chemotherapy nurse preceptors to mentor and support the student
- The preceptor is supernumerary for the 3-day practicum
- Patient care activities associated with chemotherapy administration are sufficient in number and variation to enable the student to meet the learning objectives
- The organization has established chemotherapy policies and procedures

The program has recently been revised to ensure that new evidence is integrated and that learning activities are sufficiently varied to address different learning styles. Commencing March 2012, workshops will also be facilitated via videoconference to enable an interactive process while eliminating the need for travel.

Oncology Nursing[1] is referenced extensively throughout the program and is available at all BCCA libraries. CON centres are encouraged to request this reference from their regional libraries to ensure it is available to all program participants. To learn more about this Education Program, please visit the BCCA Website.

Reference:

1. Langhorne, M., Fulton, J., & Otto, S. (2007). Oncology Nursing. 5th Edition. St. Louis, MO. Mosby.

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Reminder: OSCAR Submission Deadline – 10 April 2012

The 2011/12 fiscal year will end on Saturday, 31 March 2012. 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 this fiscal year must be invoiced by **11:59 pm, Tuesday, 10 April 2012** 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.

Cancer Drug Manual

New Monographs and Patient Handouts

Denosumab has been added to the **Chemotherapy Preparation and Stability Chart**.

Revised Monographs and Patient Handouts

Buserelin, Goserelin and **Leuprolide Monographs** have been revised to include information about cardiovascular risk in men to the Caution section and after the Side Effects table.

DOXOrubicin Monograph has been revised to update cardiotoxicity information after the Side Effects table and intermittent infusions in the Parenteral Administration table. The Side Effects table, Supply and Storage, and Solution Preparation and Compatibility sections have also been revised to reflect current template standards.

Epirubicin Monograph has been revised to update cardiotoxicity information after the Side Effects table and intermittent infusions in the Parenteral Administration table. The Side Effects table, Supply and Storage, and Solution Preparation and Compatibility sections have also been revised to reflect current template standards.

Ondansetron Handout has been revised to delete the potential interaction with grapefruit and grapefruit juice. This interaction is no longer considered clinically relevant in the current edition of the Compendium of Pharmaceuticals and Specialties (CPS). Information on potential QT-prolongation was also added to the Caution section based of the recent advisory from the US Food and Drug Administration.

Raltitrexed has been revised within the **Chemotherapy Preparation and Stability Chart** to remove the AstraZeneca brand.

Hazardous Drug List

The **BC Cancer Agency** **Hazardous Drug (HD) List** has been updated with the following information:

- **Abiraterone, Denosumab, Pazopanib, Reovirus Serotype 3–Dearing strain** – Added to the BCCA HD List Addendum

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- **Bevacizumab** – Add to the BCCA HD List Addendum after re-evaluation of the HD criteria in response to reports of ovarian failure, which may adversely affect female fertility
- **Cyproterone** – Deleted from the BCCA HD List Addendum as it is no longer a BCCA benefit drug

Further information about the BCCA HD List can be found in the June 2011 issue of the Systemic Therapy Update.

FAREWELL TO EDITORIAL BOARD MEMBER

The **Cancer Drug Manual Team** and **Editorial Board** would like to bid farewell to exiting Editorial Board member, Kimberly Charles, Registered Nurse, as she steps down 01 March 2012. The team would like to thank Kimberly for her support of the Cancer Drug Manual and for all her contributions during her time on the Board.

BENEFIT DRUG LIST

NEW PROGRAMS

The following program has been added to the Benefit Drug List effective 01 March 2012:

- **DOCEtaxel** (class II) in combination with **CISplatin** and **Fluorouracil** for palliative treatment of metastatic or locally advanced gastric, esophagogastric junction, or esophageal adenocarcinoma (GIGDCF)

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
BRAVCMPO	☑	☑	☐	Palliative Therapy For Metastatic Breast Cancer Using Metronomic Low-Dose Oral Cyclophosphamide And Methotrexate

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED):					
CODE	**Protocol**	**PPPO**	**Patient Handout**	**Changes**	**Protocol Title**
BRAJDAC	☑	☐	☐	*Added information on febrile neutropenia to Precautions section*	Adjuvant Therapy For Breast Cancer Using Cyclophosphamide, DOXOrubicin And DOCEtaxel
BRAJDC	☑	☐	☐	*Added information on febrile neutropenia to Precautions section*	Adjuvant Therapy For Breast Cancer Using DOCEtaxel And Cyclophosphamide
UBRAJDCT	☑	☐	☐	*Added information on febrile neutropenia to Precautions section*	Adjuvant Therapy For Breast Cancer Using DOCEtaxel, CARBOplatin And Trastuzumab
BRAJDTFEC	☑	☐	☐	*Added information on febrile neutropenia to Precautions section*	Adjuvant Therapy For Breast Cancer Using DOCEtaxel And Trastuzumab, And Fluorouracil, Epirubicin And Cyclophosphamide
BRAJFECD	☑	☐	☐	*Added information on febrile neutropenia to Precautions section*	Adjuvant Therapy For Breast Cancer Using Fluorouracil, Epirubicin And Cyclophosphamide And DOCEtaxel
BRAJFECDT	☑	☐	☐	*Added information on febrile neutropenia to Precautions section*	Adjuvant Therapy For Breast Cancer Using Fluorouracil, Epirubicin And Cyclophosphamide Followed By DOCEtaxel And Trastuzumab
BRAJTAM	☑	☐	☐	*Revised wording under Exclusions*	Adjuvant Therapy for Breast Cancer using Tamoxifen
BRAVTAM	☑	☐	☐	*Revised wording under Exclusions*	Palliative Therapy for Breast Cancer Using Tamoxifen
GIFUART	☑	☑	☐	*Antiemetics and infusor type clarified*	Combined Modality Curative Therapy For Carcinoma Of The Anal Canal Using Mitomycin, Fluorouracil And Radiation Therapy
GIGAVECF	☐	☑	☐	*Timing of chemotherapy appointments clarified*	Palliative Therapy For Metastatic Or Locally Advanced Gastric, Esophagogastric Cancer Using Epirubicin, Cisplatin And Infusional 5-Fluorouracil
GIGDCF	☑	☑	☐	*Revised Eligibility Criteria to remove CAP requirement; corrected typo in Title*	Palliative Treatment Of Metastatic Or Locally Advanced Gastric, Esophagogastric Junction, Or Esophageal Adenocarcinoma Using DOCEtaxel, CISplatin And Infusional Fluorouracil
UGISORAF	☑	☑	☐	*Urinalysis deleted from baseline and regular Tests*	Therapy For Advanced Hepatocellular Carcinoma Using SORAfenib (NEXAVAR®)
GOOVCAG	☑	☐	☐	*Removed CAP requirement for ongoing responders and stable patients to continue treatment beyond 6 cycles*	Treatment Of Advanced Ovarian Cancer In Patients Who Have Progressed Or Recurred Following First-Line Platinum-Based Treatment Using CARBOplatin And Gemcitabine

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED):					
CODE	**Protocol**	**PPPO**	**Patient Handout**	**Changes**	**Protocol Title**
GOOVCARB	☑	☐	☐	*Removed CAP requirement for ongoing responders and stable patients to continue treatment beyond 6 cycles*	First Or Second Line Therapy For Invasive Epithelial Ovarian Cancer Using Single-Agent CARBOplatin
GOOVCATX	☑	☐	☐	*Removed CAP requirement for ongoing responders and stable patients to continue treatment beyond 6 cycles*	Primary Treatment Of Visible Residual (Extreme Risk) Invasive Epithelial Ovarian Cancer In Ambulatory Care Settings Using PACLitaxel And CARBOplatin
GOOVGEM	☑	☐	☐	*Removed CAP requirement for ongoing responders and stable patients to continue treatment beyond 6 cycles*	Palliative Chemotherapy For Re-Treatment Of Ovarian, Tubal, And Peritoneal Cancer Using Gemcitabine
GOOVIPPC	☑	☑	☐	*Premedications clarified*	BCCA Protocol Summary For 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 Serious Ovarian Cancer Using Intravenous And Intraperitoneal PACLitaxel And Intraperitoneal CARBOplatin
GOOVTAX3	☑	☐	☐	*Removed CAP requirement for ongoing responders and stable patients to continue treatment beyond 6 cycles*	Treatment Of Progressive, Platinum-Refractory Epithelial Ovarian Carcinoma, Primary Peritoneal Carcinoma Or Fallopian Tube Carcinoma Using PACLitaxel
GOOVETO	☑	☐	☐	*Removed CAP requirement for ongoing responders and stable patients to continue treatment beyond 6 cycles*	Treatment Of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal, Or Fallopian Tube Carcinoma Using Etoposide
GOOVTOP	☑	☐	☐	*Removed CAP requirement for ongoing responders and stable patients to continue treatment beyond 6 cycles*	Treatment Of Relapsed/Progressive Epithelial Ovarian, Fallopian Tube Or Primary Peritoneal Cancer Using Topotecan
GOOVVIN	☑	☐	☐	*Removed CAP requirement for ongoing responders and stable patients to continue treatment beyond 6 cycles*	Palliative Chemotherapy For Re-Treatment Of Ovarian, Tubal, And Peritoneal Cancer Using Vinorelbine
LYRITUX	☑	☑	☐	*Eligibility expanded; tall man lettering added*	Treatment Of Lymphoma With Single Agent RiTUXimab
UMYBORPRE	☑	☐	☐	*Test schedule clarified*	Treatment Of Multiple Myeloma Using Bortezomib, Dexamethasone With Or Without Cyclophosphamide As Induction Pre-Stem Cell Transplant
SAAJGI	☑	☑	☐	*Eligibility clarified*	Adjuvant Treatment Of C-Kit Positive High Risk Gastrointestinal Stromal Cell Tumours Using Imatinib

REVISED PROTOCOLS, PPPOS AND PATIENT HANDOUTS (AFFECTED DOCUMENTS ARE CHECKED):					
CODE	**Protocol**	**PPPO**	**Patient Handout**	**Changes**	**Protocol Title**
SCNAUSEA	☑	☐	☐	*Fosaprepitant added to treatment options, and caution statement added for ondansetron*	Prevention And Treatment Of Chemotherapy-Induced Nausea And Vomiting In Adults

The following **Inpatient BC Cancer Agency Protocol Summaries** have been reformatted to update the infusion information under the Treatment section to be consistent with the Outpatient Chemotherapy Protocols:

CODE	Protocol Title
CNCCV	Adjuvant Lomustine, Cisplatin And Vincristine In Adult High-Risk Medulloblastoma Or Other Primitive Neuroectodermal Tumour
CNIME	Ifosfamide, Mesna And Etoposide In The Treatment Of Recurrent Brain Tumours
GOTDLR	Therapy For Low Risk Gestational Trophoblastic Neoplasia (GO 94 02) Using Methotrexate, Leucovorin And Actinomycin D
GUBEP	Curative Therapy For Germ Cell Cancer Using Bleomycin, Etoposide And CISplatin
UGUTIP	Therapy For Relapsed Testicular Germ Cell Cancer Using PACLitaxel, Ifosfamide And CISsplatin (TIP)
GUVEIP	Consolidation/ Salvage Treatment For Germ Cell Cancer Using VinBLAStine, CISplatin, Ifosfamide And Mesna
GUVIP2	Nonseminoma Consolidation/Salvage Protocol Using Etoposide, CISplatin, Ifosfamide, MESNA
LYHDMTXP	Treatment Of Primary Intracerebral Lymphoma With High Dose Methotrexate
LYHDMTXR	Treatment Of Leptomeningeal Lymphoma Or Recurrent Intracerebral Lymphoma With High Dose Methotrexate
UMOHDMTX	Meningeal Disease (Miscellaneous Tumour Origins) Using High Dose Methotrexate With Leucovorin Rescue
SAAI	Therapy For Advanced Soft Tissue Sarcoma Using DOXOrubicin, Ifosfamide-Mesna
SAAJAP	Adjuvant Therapy For Osteosarcoma Using DOXOrubicin And CISplatin
SAAVAP	Therapy Of Advanced Osteosarcoma Using DOXOrubicin And CISplatin
SAHDMTX	Treatment Of Osteosarcoma Using High Dose Methotrexate With Leucovorin Rescue
SAVAC	Adjuvant Therapy For Newly Diagnosed Ewing's Sarcoma/Peripheral Neuroectodermal Tumor (PNET) Or Rhabdomyosarcoma Using VinCRIStine, DOXOrubicin And Cyclophosphamide (This Is Alternated With SAIME)
SAVACM	Therapy For Newly Diagnosed Ewing's Sarcoma/Peripheral Neuroectodermal Tumor (PNET) And Rhabdomyosarcoma With Pelvic Primaries Or Chemotherapy Induced Hematuria Using VinCRIStine, DOXOrubicin And Cyclophosphamide. (SAVACM Is Alternated With SAIME)
SAVDCM	Adjuvant Therapy For Rhabdomyosarcoma Using VinCRIStine, Dactinomycin, Cyclophosphamide And Mesna

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

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