PHARMACY CORNER

Drug Approved for Acute Lymphoblastic Leukemia

Asparaginase Erwinia chrysanthemi (Erwinaze®) was approved by the U.S. Food and Drug Administration (FDA) in November 2011. The drug is indicated for patients with acute lymphoblastic leukemia (ALL) who are treated with asparaginase and who develop hypersensitivity to *Escherichia coli* (*E. coli*)–derived asparaginase. About 20% of patients with ALL develop hypersensitivity to *E. coli*–derived asparaginase each year. Patients can complete the full course of treatment with the use of asparaginase Erwinia chrysanthemi.

Approval was based on the results of unpublished clinical studies of 630 patients with ALL. In the pivotal efficacy study (N = 58), all evaluable patients achieved the asparaginase activity primary endpoint. For more information, visit www.erwinaze.com.

Drug Showing Impact in Head, Neck, and Pancreatic Trials

An unpublished phase 2 clinical trial showed positive results using IV administration of reovirus serotype 3 (Reolysin®) in combination with paclitaxel and carboplatin in patients with advanced head and neck cancers. The U.S. trial (N = 14) was a single-arm, open-label study of Reolysin given via IV with paclitaxel (175 mg/m^2) and carboplatin (area under the curve 5) every three weeks in patients with platinum-refractory recurrent and/or metastatic squamous cell cancers of the oral cavity, larynx, or pharynx.

All enrolled patients had received prior chemotherapy, radiotherapy, or a combination of the two for metastatic or recurrent disease. Seventy-one percent (n = 10) of participants received prior chemotherapy treatment with taxanes. Of the 13 patients evaluable for response, four had partial responses, for an objective response rate of 31%. Six patients had stable disease or better for 12 weeks or longer for a disease control rate (stable disease or better) of 46%.

Interim results from another unpublished phase 2 clinical trial using IV administration of Reolysin in combination with gemcitabine in patients with advanced pancreatic cancer indicated 12 patients were evaluable for response. All but one patient reported symptomatic improvement. The treatment was well tolerated, with manageable adverse events. The study is ongoing and results are highly encouraging, given the typical dismal prognosis for pancreatic cancer.

NOTEWORTHY

National Cancer Institute Launches Smartphone Database

NCITrials@NIH is a free mobile application available for download on iTunes that allows oncologists, patients, and families to search more than 150 clinical trials and share clinical trial information. The database is being updated continually so that the most current information is available to those seeking treatment options. For more information and to download NCITrials@NIH, visit http://bethesdatrials.cancer.gov/app.

New Infection Prevention Resources Available for Patients

The Centers for Disease Control and Prevention (CDC) has introduced new resources as part of the Preventing Infections in Cancer Patients program first introduced in 2009. The resources include an interactive Web site and a basic infection control and prevention plan for outpatient oncology settings. The resources are intended to provide information, action steps, and tools for patients, caregivers, and healthcare providers.

The interactive Web site allows patients with cancer and caregivers to complete a short online questionnaire about their risk factors and download information about how to help lower their risk for infection while receiving chemotherapy. The resource is available at www.preventcancerinfections.org.

For staff working in outpatient settings, CDC experts customized key policies and procedures in existing guidelines to meet the needs of outpatient oncology facilities. The plan and an associated checklist are accessible online at www.cdc.gov/cancer/preventinfections.

Free Toolkit Developed for Myelodysplastic Syndromes

A new free resource to communicate with and support patients with myelodysplastic syndromes (MDS) has been developed for healthcare providers by the Aplastic Anemia and MDS International Foundation. The toolkit was developed in response to a patient survey conducted in 2009 that found that many patients with MDS lack knowledge of disease basics and are unaware of the severity of the disease.

Patient information sheets and a counseling guide, which includes directions for use, as well as information about the MDS Patient Survey, are included in the toolkit. To order a toolkit, visit http://AAMDS.org/treating-mds-toolkit. Materials also can be downloaded online.

PRODUCT UPDATES

Updated Software Offers Faster, Safer Radiation

Clinac® and Trilogy® linear accelerators have been updated to deliver higher doses up to two times faster than previously possible. Treating patients with breast cancer in prone positions (i.e., on their stomachs) is also now an option.

The updated control software, which received 510(k) clearance in November from the FDA, adds a high-intensity mode to the Clinac and Trilogy machines. The Pivotal™ Care Solution for Prone Breast Treatment also received FDA clearance. For many women without axillary lymph node disease, treatment in the prone position can be used to significantly reduce the volume of lung and heart tissue exposed. For more information, visit www.varian.com.

New Cream Protects Skin From Tape and Bandages

TapeRelief™, a fast-drying cream applied to the skin, is designed to prevent

irritation common in frequent users of bandages and tape by creating a topical barrier between the tape or bandage and skin. The product includes healing and soothing ingredients such as organic oatmeal and tea tree oil to improve the underlying skin. For a limited time, TapeRelief is offering complimentary samples of the formula at www.TapeRelief.com.

Glioblastoma Treatment Device in Use at U.S. Clinical Centers

Four clinical centers in the United States will be the first to provide access to the tumor treating fields (TTF) device NovoTTF-100A System™ for the treatment of recurrent glioblastoma multiforme. The device, approved by the FDA in April 2011, is portable, noninvasive, and designed for continuous use by patients. The device weighs about six pounds and is carried like a laptop computer in a bag. It creates a low-intensity alternating electric field within the tumor that exerts physical forces on electrically charged cellular components, preventing the normal mitotic process and causing cancer cell death prior to division. In patients with recurrent glioblastoma brain tumors, clinical efficacy comparable to that of active chemotherapy, with better quality of life, has been seen.

The centers initially completing training and using the device include the Beth Israel Deaconess Medical Center in Boston, MA; the Mischer Neuroscience Institute in the Memorial Hermann-Texas Medical Center and the University of Texas Health Science Center at Houston; the New Jersey Neuroscience Institute at JFK Medical Center in Edison, NJ; and the University of Illinois Hospital in Chicago, IL. Additional clinicians and staff will be trained to use the device by year end at the Columbia University Medical Center at NewYork-Presbyterian Hospital in New York; the Memorial Sloan-Kettering Cancer Center in New York, NY; and the University of California, San Diego, Moores Cancer Center.

Description of products does not indicate or imply endorsement by the *Oncology Nursing Forum* or the Oncology Nursing Society. Diane M. Otte, RN, MS, OCN®, can be reached at otte.diane@mayo.edu, with copy to editor at ONFEditor@ons.org.

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Oncology Update

This feature provides readers with newsworthy information about new treatments, clinical trials, and oncology care, in addition to drug approvals, product recalls, and safety updates. For more information, contact Associate Editor Diane M. Otte, RN, MS, OCN®, at otte.diane@mayo.edu.