PRODUCT UPDATE

Valerie Burger, RN, MA, MS, OCN®
Associate Editor

PHARMACY CORNER

Arsenic Trioxide May Improve Survival From Leukemia

Recent results from a Cancer and Leukemia Group B phase III clinical trial showed that adult patients with acute promyelocytic leukemia (APL) who received arsenic trioxide (Trisenox®, Cephalon, Inc.) in addition to standard chemotherapy had significantly better event-free and overall survival than those who received only standard chemotherapy.

Arsenic trioxide is approved by the U.S. Food and Drug Administration (FDA) to treat APL in patients whose disease has not improved with other chemotherapy drugs or has recurred. APL is an aggressive (fast-growing) type of acute myeloid leukemia in which too many immature blood-forming cells exist in the blood and bone marrow. It usually is marked by an exchange of parts of chromosomes 15 and 17. Trisenox destabilizes lysosomes in the APL cells. It also induces a degradation of an oncogenic protein resulting from the fusion of a promyelocytic leukemia protein and the retinoic acid receptor alpha, which can lead to apoptosis of APL cells. For more information, visit www.trisenox.com.

Topical Steroid May Reduce Graft-Versus-Host Disease

Allogeneic hematopoietic stem cell transplantation can be a life-saving intervention for some patients but carries with it the risk of graft-versus-host disease (GVHD). A recently conducted study found that the drug orBec® (oral beclomethasone dipropionate [BDP], DOR BioPharma, Inc.) reduced some of the effects of gastrointestinal GVHD. BDP, a steroid, usually is formulated as a topical cream or a nasal spray used to treat skin conditions or allergies. OrBec is formulated as an oral delivery and targets the mucosa of the gastrointestinal tract.

OrBec allows larger doses of BDP to be delivered to the afflicted gastrointestinal area without systemic side effects associated with other steroids used to treat GVHD. OrBec has orphan drug status and fast-track designation from the FDA.

The gastrointestinal manifestation of GVHD occurs in approximately 60% of related donor and 70% of unrelated donor allogeneic transplant recipients. Gastrointestinal GVHD is the most common and often the most persistent manifestation of the GVHD process. Symptoms include anorexia, nausea, vomiting, diarrhea, bloody stool, cramping, epithelial cell necrosis, and, in severe cases, ulceration and exfoliation of the intestinal mucosa. For more information, visit www.dorbiopharma.com.

Liquid Form of Tamoxifen Is Now Available

Soltamox® (Cytogen Corporation) is a liquid form of tamoxifen citrate that offers an alternative to patients who are not able to swallow pills. Soltamox is the first liquid form of the hormonal breast cancer therapy tamoxifen. Soltamox is a sugar-free, colorless liquid that has a licorice flavor. Visit www.soltamoxus.com for more information.

Drug Provides Alternative for Imatinib Resistance

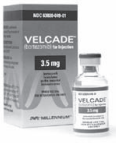
A new drug is available for patients with chronic myelogenous leukemia (CML) who develop resistance to or are refractory to imatinib mesylate (Gleevec®, Novartis Pharmaceuticals). Nilotinib (Tasigna®, Novartis Pharmaceuticals) is a tyrosine kinase inhibitor like imatinib. The use of Tasigna in patients with Philadelphia chromosome–positive CML reduced or eliminated the presence of this defective chromosome in 51% of Gleevec-resistant patients in the chronic phases of the disease and led to normalized white blood cell counts in 74% of the patients. Tasigna was developed by Novartis as a next-generation targeted therapy based on the success of Gleevec. Although most patients achieve positive results from Gleevec, a subset of patients is resistant or refractory to the drug and will benefit from Tasigna.

Tasigna is an orally available inhibitor of *BCR-ABL, c-Kit,* and platelet-derived growth factor. The drug retains half of the chemical makeup of Gleevec with the added capability of tighter binding with *BCR-ABL* to prevent cell proliferation and induce apoptosis, otherwise known as cell death. This has the effect of increasing the potency of Tasigna, with the potential to overcome Gleevec resistance. Tasigna currently is available only in clinical trials. For more information, visit www.novartis.com.

Investigational Drug May Treat Deep Vein Thrombosis

Once-weekly injections of idraparinux (sanofi-aventis), an investigational oligosaccharide, are comparable to low-molecular-weight heparin and daily vitamin K antagonist at preventing recurrent deep vein thrombosis. Results of a phase III clinical trial show that idraparinux may offer an important alternative to standard heparins and vitamin K antagonists for the treatment of life-threatening deep vein thrombosis. Idraparinux is a synthetic agent that binds to antithrombin, resulting in the inhibition of factor Xa, thereby preventing the conversion of fibrinogen into fibrin clots. Once-per-week dosing with idraparinux is just as effective and safe as traditional treatments and frees patients with deep vein thrombosis from the daily injection and continuous monitoring that would be required otherwise. For more information, visit www.sanofi-aventis.us.

Bortezomib Receives New Indication for Lymphoma



The FDA granted approval to bortezomib (Velcade®, Millennium Pharmaceuticals, Inc.), a proteasome inhibitor, for the treatment of patients with mantle cell lymphoma who have received at least one prior therapy. Full prescribing information, including clinical trial information, safety, dosing, drug-drug interactions, and contraindications, is available at www.fda.gov/cder/foi/label/2006/021602s010lbl.pdf.

NEW PRODUCTS

Procedure Clears Blood Clots and Reduces Deep Vein Thrombosis

A new technique safely and effectively removes blood clots in the body, which reduces risk of pulmonary embolism. The AnjioJet® Rheolytic™ Thrombectomy System and the AnjioJet Ultra Thrombectomy

Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Oncology Nursing Forum *or the Oncology Nursing Society.*

Digital Object Identifier: 10.1188/07.ONF.737-738