



States Cautioned When Developing Prescription Monitoring Programs

The American Alliance of Cancer Pain Initiatives (AACPI) has released a statement urging states to adopt balanced approaches when dealing with abuse and diversion of prescription pain medications so that such efforts do not harm patients who need the medicines to relieve their pain.

Currently, 16 states have active prescription monitoring programs for controlled substances, including pain-relieving opioids. The programs collect information on the prescribing, dispensing, and use of prescription drugs to help regulators and law enforcement identify healthcare professionals and patients who may be diverting the medicine for non-medical or illegal uses.

In its statement, AACPI recommended that states consider the following.

- Fully use existing resources to identify sources of diversion before enacting new and expensive programs that may adversely affect patient care.
- Involve a multidisciplinary medical review group in the development, review,

and evaluation of any diversion prevention and control programs.

- Ensure that prescription monitoring programs (a) are administered by the state agency regulating health care, (b) do not include special government-issued, serialized prescription forms that may deter physicians from prescribing the medications, (c) cover all controlled substances in schedules II–IV, and (d) protect patient confidentiality.
 - Encourage educational programs to address healthcare professionals' perceptions about prescription monitoring programs, and minimize concern about regulatory scrutiny when prescribing and dispensing controlled substances as part of a legitimate medical practice.
 - Evaluate the impact of prescription monitoring programs on patients needing controlled substances for legitimate medical purposes and the prevalence and incidence of drug abuse and diversion.
- AACPI's statement can be viewed in its entirety at www.aacpi.org.



New Patient Guide Addresses Commonly Asked Questions About Clinical Trials

A new, comprehensive, patient information guide, titled *Should I Enter a Clinical Trial? A Patient Reference Guide for Adults With a Serious or Life-Threatening Illness*, has been published by ECRI (formerly Emergency Care Research Institute). The guide is intended for patients to use with their physicians, and it provides information on the objectives, risks, benefits, and implications of clinical trials. Its production was funded by an unrestricted grant from Pfizer, Inc.

A study published in *Lancet* surveyed 205 patients with cancer and found that 25% did not understand that clinical trials are designed to benefit future patients and that treatments in trials are not proven to be better than available alternatives. Another study found that 43% of

adult and 64% of pediatric oncologists said that they enrolled patients in clinical trials to give them state-of-the-art therapy, but 73% of adult and 59% of pediatric oncologists noted that the goal of clinical trials is to improve treatments for future patients.

The user-friendly guide uses a question-and-answer format to help patients talk with their physicians to obtain answers to the complex questions they have about clinical trials and to clarify that the purpose of clinical trials is to improve future treatment.

For more information or to download a copy of *Should I Enter a Clinical Trial? A Patient Reference Guide for Adults With a Serious or Life-Threatening Illness*, visit www.ecri.org/documents/bctoc2.html.

Length of Survival Time Increases Risk for Related Effects

The number of cancer survivors increases each year and currently is up to 8.9 million. Today, 62% of adults and 70% of children with cancer survive at least five years, and this extended survival time increases their risk for cancer recurrence and cancer-related effects.

With today's effective therapies, the majority of children and adolescents with cancer are cured. Although this is a positive outcome, these patients will grow to be adult cancer survivors and have certain vulnerabilities. Two-thirds of the cancer survivors seen in the "After Completion of Therapy" Clinic at St. Jude Children's Research Hospital in Memphis, TN, have adverse late effects, and a fourth of these are life threatening.

To help cancer survivors live as healthy and complication-free as possible, new emphases should be placed on their care. Healthcare professionals should consider the following.

- Identify new and emerging late effects.
- Create high-risk survivor profiles.
- Offer medical education programs on cancer-related risks and their management.
- Suggest prospective, controlled trials of risk-reduction methods to cancer survivors.
- Offer multidisciplinary treatments that involve nutrition and lifestyle approaches to wellness.

Healthcare professionals also should suggest that survivors join support groups, as increasing evidence indicates that the psychological benefits from such groups are clinically and statistically significant.

Older cancer survivors should be watched even more carefully as the risk for recurrence and related effects increases with age.