

SAFETY CONCERNS

Ceftriaxone and Calcium Gluconate Contraindication Revised

After additional review, the U.S. Food and Drug Administration (FDA) has revised the contraindication associated with concomitant ceftriaxone and calcium gluconate administration to apply only to patients 28 days or younger. The contraindication previously applied to all age groups based on deaths attributed to calcium precipitation in the lungs of three infants following the administration of ceftriaxone and calcium gluconate.

Regardless of age, ceftriaxone and IV calcium gluconate should not be administered simultaneously via the same IV line (y-site or secondary line) because of precipitation risk. If administered sequentially via the same line, thorough flushing should occur.

For more information, visit www.fda.gov/cder/drug/InfoSheets/HCP/ceftriaxone042009HCP.htm.

Boxed Warning Added for Metoclopramide Use

The FDA has required the addition of a boxed warning for formulations of metoclopramide secondary to risks of tardive dyskinesia associated with chronic use and high dosages. No longer a first-line agent in the prevention of chemotherapy-induced nausea and vomiting, metoclopramide still has some use as a second-line agent. Tardive dyskinesia frequently is irreversible and patients should be informed of the risk to ensure informed consent in treatment decisions.

For more information, visit www.fda.gov/bbs/topics/NEWS/2009/NEW01963.html.

PHARMACY CORNER

Everolimus Approved for Use in Patients With Advanced Renal Cell Carcinoma

Everolimus (Afinitor™, Novartis Pharmaceuticals) has received FDA approval



in the treatment of advanced renal cell carcinoma after treatment failure with sunitinib or sorafenib. Everolimus is an inhibitor of mTOR (mammalian target of rapamycin), and it inhibits cellular proliferation, angiogenesis, and glucose reuptake.

Dosing for most patients is 10 mg daily by mouth with or without food. The drug should be avoided in the presence of severe hepatic failure, and dosage should be reduced to 5 mg in the presence of moderate hepatic impairment. Tablets should not be crushed and should be taken at the same time each day.

In a study of patients on therapy (N = 274), noninfectious pneumonitis occurred in 14% of patients. For asymptomatic patients, therapy may be continued. However, if symptoms occur, corticosteroids and treatment interruption followed by reinitiating therapy at a reduced dose may be indicated.

Other common side effects observed on treatment included stomatitis (44%), infection (37%), diarrhea (30%), rash (29%), nausea (26%), and vomiting (20%).

Concomitant use of strong or moderate inhibitors of CYP3A4 and P-gP inhibitors should be avoided as they result in dramatically increased serum concentrations of everolimus. Examples of these inhibitors include ketoconazole, erythromycin, and verapamil.

For more information, visit www.fda.gov/cder/foi/label/2009/0223341b1.pdf or www.ons.org/fda/documents/FDA033009.pdf.

NOTEWORTHY

Pancreatic Cancer Linked to Certain Blood Types

As reported by Wolpin et al. (2009), research has confirmed the increased risk of pancreatic cancer in people with blood types A, B, and AB compared to those with blood type O. About 17% of pancreatic cancer cases were attributable to having a non-O blood type. The mechanism by which the inheritance of specific blood types affects pancreatic cancer risk remains unknown. Pancreatic cancer remains a relatively rare cancer

with an 1.3% lifetime risk for development of the disease.

Wolpin, B.M., Chan, A.T., Harge, P., Charnock, S.J., Kraft, P., Hunter, D.J., et al. (2009). ABO blood group and the risk of pancreatic cancer. *Journal of the National Cancer Institute*, 101(6), 424–431.

Prostate-Specific Antigen Screening Shows No Significant Benefit Toward Mortality

The hope in screening for any cancer is to catch disease in its early stages and, ideally, improve the chances of cure. With prostate cancer, screening via prostate-specific antigen testing has been a common approach since the late 1980s, along with digital rectal examinations. Unfortunately, as reported by Andriole et al. (2009), a review of data from 76,693 men randomly assigned to annual screening versus usual care from 1993–2001 showed no significant benefit with annual screening in terms of mortality from prostate cancer. It should be noted, however, that the actual rate of death from prostate cancer in both groups was low. Although 2,820 cancers were detected in the screening group and 2,322 in the control group, only 50 deaths occurred in the screening group and 44 in the control group.

Andriole, G.L., Crawford, E.D., Grubb, R.L., Buys, S.S., Chia, D., Church, T.R., et al. (2009). Mortality results from a randomized prostate cancer screening trial. *New England Journal of Medicine*, 360(13), 1310–1319.

Hepatocellular Carcinoma Rates Tripled in 30-Year Span

Highlighting the need for better treatment options and additional research, hepatocellular carcinoma (HCC) incidence rates tripled from 1975–2005 and, despite improvements related to screening and treatment over time, the overall one-year survival rate remains less than 50%. HCC remains the third leading cause of cancer mortality worldwide (Altekruse, McGlynn, & Reichmann, 2009).

Altekruse, S.F., McGlynn, K.A., & Reichmann, M.E. (2009). Hepatocellular carcinoma incidence, mortality, and survival trends in the United States from 1975–2005. *Journal of Clinical Oncology*, 27(9), 1485–1491.

Moderate Alcohol Intake Associated With Overall Cancer Risk in Women

As reported by Allen et al. (2009) on behalf of the Million Women Study Collaborators in the United Kingdom, moderate alcohol intake is associated with an increased overall risk of developing cancer in women aged 75 and younger. For women followed in the study (N = 1,280,296), each additional regularly consumed daily alcoholic beverage increased the incidence of cancer by 15 per 1,000 women. Increases were most notable in breast cancer, which accounted for 11 of the 15 incidences, but also were seen in cancers of the oral cavity, pharynx, larynx, rectum, esophagus, and liver.

Allen, N.E., Beral, V., Casabonne, D., Kan, S.W., Reeves, G.K., Brown, A., et al. (2009). Moderate alcohol intake and cancer incidence in women. *Journal of the National Cancer Institute*, 101(5), 296–305.

Restrictions Removed on Embryonic Stem Cell Research

President Obama removed restrictions placed on the funding of human embryonic stem cell research with Executive Order 13505, and the National Institutes of Health has issued guidelines to assist in the determination of conditions that must be met for funding to occur. Most notably, human embryonic stem cells derived from embryos that were created for reproductive purposes but not used will now be allowed for use in research. Funding of research that uses stem cells derived from embryos created for research continues to be prohibited.

To view Executive Order 13505, visit <http://edocket.access.gpo.gov/2009/pdf/E9-5441.pdf>.

To view the Draft National Institutes of Health Guidelines for Human Stem Cell Research, visit <http://stemcells.nih.gov/policy/2009draft.htm>.

Task Force Reaffirms Stance on Smoking Cessation

The United States Preventative Services Task Force (USPSTF) (2009) reaffirmed its 2003 recommendations regarding counseling on tobacco use cessation. Specifically, the USPSTF recommended that healthcare providers ask all adults about tobacco use and provide cessation counseling when use is determined. In the

case of pregnant smokers, the USPSTF recommends “augmented, pregnancy-tailored” counseling.

The “5-A” approach continues to be recommended as an approach.

- Ask about tobacco use
- Advise to quit through clear personalized messages
- Assess willingness to quit
- Assist to quit
- Arrange follow-up and support.

United States Preventative Services Task Force. (2009). Counseling and interventions to prevent tobacco use and tobacco-caused disease in adults and pregnant women: U.S. Preventive Services Task Force reaffirmation recommendation statement. *Annals of Internal Medicine*, 150(8), 551–555.

PRODUCTS

Postoperative Abdominal Binder Unveiled



The Dale® Abdominal Binder with EasyGrip™ Strip is a postoperative latex-free support that provides full, all-around compression and securely holds up to four 100 cc drainage bulbs without pins or tape. The strip holder has hook-and-loop construction to let clinicians easily reposition, monitor, and empty multiple drainage bulbs. The manufacturer claims the binder has been shown to expedite the return of pulmonary function after open abdominal surgery. The product is available in 11 sizes ranging from 6 inches wide (by stretching from 28–52 inches) up to 15 inches wide (by stretching from 82–94 inches).

For additional information and an instructional video regarding application of the binder, visit www.dalemed.com/prod/abdominalbinder.html.

References and Tools Now Available on iPhone®

Pepid RN ONS Platinum Suite®, a subscription service for a collection of references and tools for nurses and other healthcare workers, is now available for use on the iPhone®. Pepid ONS includes specialized oncology information, drug references, a symptom checker to evaluate potential diagnoses, a drug interactions calculator, an IV compatibility

tool, a laboratory manual, many medical calculators, and more. Annual subscriptions are \$209.95; two-year subscriptions are \$379.95. Pepid RN ONS also is available for use on desktop computers and PDAs.

For more information, visit www.pepid.com/iphone/ONSPlatinumdetails.asp.

Easy-to-Understand Video on Colonoscopy Preparation Available on Web

An instructional video for patients regarding the purpose of and preparation for a colonoscopy using the bowel preparation TryLyte™ (Peg-3350, sodium chloride, sodium bicarbonate, and potassium chloride for oral solution) is available on the Internet. The video is, as much as any video on colonoscopies can be, comforting in its approach and uses easy-to-understand language and animations to enhance patient understanding.

To view or download the video, visit www.trilyte.com/index.php?option=comcontent&view=article&id=49.

Holder Helps Secure Foley Catheters in Place



Properly securing Foley catheters helps to prevent unnecessary trauma and reduces the chances of infection. Dale Medical Products, Inc., provides one option for securing catheters with its Dale Hold-n-Place™ Foley Catheter Holder. This latex-free adhesive patch uses a locking tab that features a dual holding system of adhesive and hook-and-loop to secure the catheter.

The center locking tab can be secured at the Y port or on the drainage tube itself and creates a low profile that keeps the tube close to the patient.

For additional information and instructional video regarding application of the holder, visit www.dalemed.com/prod/adhesivepatch.html.

Description of products does not indicate or imply endorsement by the *Oncology Nursing Forum* or the *Oncology Nursing Society*. Michael Smart, RN, BSN, OCN®, can be reached at nursemsmart@aol.com, with copy to editor at ONFEditor@ons.org.

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