Vickie K. Fieler, RN, MS, AOCN®
Associate Editor

PHARMACY CORNER

Oral Form of Uroprotectant Offers a Convenient Dosage Alternative

Baxter Healthcare Corporation (New Providence, NJ) announced that it is launching an oral formulation of Mesnex® (mesna) tablets as a prophylactic agent to reduce the incidence of ifosfamide-induced hemorrhagic cystitis. Currently, patients with cancer undergoing treatment with the chemotherapy agent Ifex® (ifosfamide, Bristol-Myers Squibb Oncology, Princeton, NJ) also receive Mesnex injections to help protect their urinary systems from hemorrhagic cystitis as the ifosfamide is eliminated from their bodies. Adequate levels of Mesnex must be maintained in the urinary system during the entire course of ifosfamide elimination. Because Mesnex has a shorter therapeutic half-life when compared to ifosfamide, successful treatment requires repeated doses of Mesnex. IV Mesnex administration involves a 15-minute IV infusion at zero, four, and eight hours after starting ifosfamide.

With the availability of Baxter's new Mesnex tablets, recently approved by the U.S. Food and Drug Administration, patients receiving ifosfamide will receive their initial dose of Mesnex via IV at the time of ifosfamide administration and follow up with Mesnex tablets two and six hours after the ifosfamide treatment. This has the potential to significantly shorten the amount of time patients need to stay at infusion centers. The average wholesale price of Mesnex is $87.50 for each 400 mg tablet. The actual cost will vary according to prescribed dose and retail pricing.

Bristol-Myers Squibb Oncology will be co-promoting Mesnex tablets during the initial launch period. Bristol-Myers Squibb Oncology also markets and distributes Mesnex injection. For complete prescribing information, please see Baxter's Web site at www.baxter.com.

Long-Acting Form of Erythropoietin Approved for Cancer-Related Anemia

Amgen (Thousand Oaks, CA), the world's largest biotechnology company, has announced U.S. Food and Drug Administration (FDA) approval of Aranesp™ (darbepoetin alfa) for the treatment of chemotherapy-induced anemia in patients with nonmyeloid malignancies. Aranesp maintains its level in the blood approximately three times longer than epoetin alfa, offering less frequent dosing than the current standard of care. Structurally, Aranesp differs from epoetin alfa in that it has two additional N-linked sialic acid-containing carbohydrate chains. This results in a longer half-life, which leads to greater biological activity and more red blood cell production over time.

Clinical studies showed that patients suffering from chemotherapy-related anemia who received Aranesp consistently reached target hemoglobin levels. The studies showed Aranesp to be generally well tolerated. The recommended starting dose for new patients is 0.45 mcg/kg per week subcutaneously or via IV. Aranesp should be administered weekly if patients were receiving epoetin alfa two or three times weekly. Aranesp should be administered every other week if patients were receiving epoetin alfa once a week. Amgen provides a conversion chart to switch patients from epoetin alfa to Aranesp. The package insert recommends a target hemoglobin level not to exceed 12 g/dL. The most commonly reported side effects in Aranesp trials were fatigue, edema, nausea, vomiting, diarrhea, fever, and dyspnea. No important differences were observed between Aranesp and epoetin alfa.

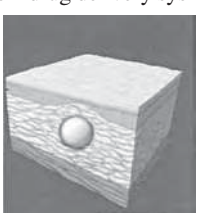
Aranesp was approved by the FDA in September 2001 for the treatment of anemia associated with chronic renal failure, also known as chronic kidney disease. Aranesp is available in five convenient vial strengths ranging from 25–200 mcg.

For more information, visit Amgen's Web site, www.amgen.com, or contact Amgen, One Amgen Center Drive, Thousand Oaks, CA 91320-1799 (800-772-6436).

New Palliative Treatment Announced for Advanced Prostate Cancer

Sanofi-Synthelabo Inc. (New York, NY) has announced the availability of Eligard™ 7.5 mg (leuprolide acetate for injectable suspension), a hormone therapy for the palliative treatment of advanced prostate cancer. Eligard suppresses testosterone to traditional castrate levels. The recently approved one-month formulation employs a unique drug delivery system that delivers leuprolide acetate subcutaneously.

Eligard uses the Artigel® drug delivery system to provide continuous release of leuprolide acetate over a one-month treatment period. The Artigel drug delivery system consists of biodegradable polymers. The Artigel system is mixed with the active drug and then injected just under the skin as a viscous liquid. The liquid quickly solidifies into a solid implant, essentially a small bead of medication that slowly dissolves to release a continuous supply of leuprolide acetate for the one-month period.



Eligard is contraindicated in women, pediatric patients, and patients with hypersensitivity to GnRH, GnRH antagonists, or any of the components of Eligard. The most common systemic adverse events associated with Eligard include hot flashes, malaise, fatigue, atrophy of testes, dizziness, and gastroenteritis. Transient burning or stinging at the injection site was reported following 34.6% of the injections (N = 716). Other common events at the injection site include pain, erythema, and mild bruising. The majority of injection site adverse events were mild and brief in duration.

For more information and full prescribing information, please call Sanofi-Synthelabo product information at 800-446-6267.

Description of products does not indicate or imply endorsement by the Oncology Nursing Forum *or the Oncology Nursing Society.*

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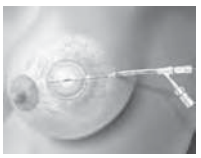
NEW PRODUCTS

New Device Approved for Radiation Treatment of Breast Cancer



Proxima Therapeutics (Alpharetta, GA) has developed the MammoSite™ Radiation Therapy System (RTS), designed to enable patients to benefit from the advantages of breast brachytherapy while eliminating many of the drawbacks inherent in the conventional brachytherapy technique. MammoSite is a single catheter device designed for use with commercially available radiation sources. MammoSite RTS is intended to provide brachytherapy when physicians choose to deliver intracavitary radiation to surgical margins following lumpectomy for breast cancer. The catheter consists of a multilumen tube with a balloon assembly at its distal end. The balloon can be inflated to various sizes.

The MammoSite RTS catheter is implanted into the breast tumor resection cavity either at the time of breast-conserving surgery or later. A 192Ir radiation source, connected to a computer-controlled high-dose rate remote afterloader, is inserted into the balloon to deliver the prescribed dose of radiation. The radiation source is placed within the inflated balloon of the catheter for a treatment course of approximately four to five days. Once the therapy is concluded, the balloon is deflated and the catheter is removed.

By reducing the number of catheters from 14 to one, the MammoSite RTS procedure is less invasive for patients than conventional brachytherapy. Placement of the catheter and radiation therapy treatment planning are straightforward and less time consuming for surgical and radiation oncology staff. MammoSite RTS is designed to concentrate the radiation dose at the periphery of the lumpectomy cavity.

For more information, visit Proxima Therapeutics at www.proximatherapeutics.com.

SIR-Spheres Approved for Unresectable Liver Tumors

The U.S. Food and Drug Administration has approved SIR-Spheres® (SIRTeX Medical Inc., New South Wales, Australia) for the treatment of unresectable metastatic liver tumors from primary colorectal cancer, together with intrahepatic artery chemotherapy with floxuridine. SIR-Spheres are biocompatible, radioactive microspheres that contain yttrium-90 and emit beta radiation. SIR-Spheres are implanted using a syringe and travel via the blood stream where they target the tumors in the liver. The SIR-Spheres are trapped in the small blood vessels of the tumor. Identifying either the number or location of the tumors within the liver is not necessary, as the SIR-Spheres will target them regardless of where they are. Once targeted to the tumor, SIR-Spheres irradiate it by a process known as selective internal radiation therapy, leading to the destruction of the tumor while most of the normal liver tissue remains relatively unaffected.

The most common adverse events in patients treated with SIR-Spheres were fever, transient decrease of hemoglobin, mild to moderate abnormality of liver function tests, abdominal pain, nausea, vomiting, and diarrhea.

SIR-Spheres may be provided only to licensed or accredited facilities capable of handling therapeutic medical isotopes and must be implanted by specially licensed physicians. More information is available at www.sirtex.com. ONS