

# AU InforMed

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## Key Inforbits

- Two new drugs and a generic
- Rosiglitazone (Avandia<sup>®</sup>) – more studies
- Rosiglitazone (Avandia<sup>®</sup>) – more comments
- Pharmacist consultation – the good, bad, ugly
- Ending the Tobacco Problem - report
- Big Pharma expands their influence

## NEW DRUGS, and other related stuff ...

**New Drug ...** (5/30/2007) The FDA has approved **temsirolimus (Torisel<sup>™</sup> by Wyeth Pharmaceuticals, Inc.)** for the treatment of renal cell carcinoma. Temsirolimus was approved based on a study that showed use of the drug prolonged survival of patients with renal cell carcinoma.<sup>1</sup> The drug is an enzyme inhibitor, a protein that regulates cell production, cell growth and cell survival. The approval of temsirolimus follows the December 2005 approval of Nexavar (sorafenib), which was based on a delay in progression of disease. In January 2006, Sutent (sunitinib) received accelerated approval based on durable response rate, or tumor size reduction, and was later demonstrated to delay tumor progression. The safety and effectiveness of temsirolimus were shown in a clinical trial of 626 patients divided into three groups. One group received temsirolimus alone, another received a comparison drug called Interferon alfa, and a third received a combination of temsirolimus and interferon.<sup>2</sup> The group of patients who received temsirolimus alone showed a significant improvement in overall survival. The median overall survival was 10.9 months for patients on temsirolimus alone versus 7.3 months for those treated with the interferon alone. Progression-free survival (when the disease does not get worse) increased from 3.1 months on the interferon alone arm to 5.5 months on the temsirolimus alone arm. The combination of temsirolimus and interferon did not result in a significant increase in overall survival when compared with interferon alone. Renal cell carcinoma is diagnosed in about 51,000 people annually in the U. S., or about 85% of all U.S. adult kidney cancer.

1. FDA approves new drug for advanced kidney cancer. *FDA News*. 2007 May 30; P07-95.

<http://www.fda.gov/bbs/topics/NEWS/2007/NEW01644.html>

2. Hudes G, Carducci M, Tomczak P, Dutcher J, Figlin R, Kapoor A, et al. Temsirolimus, interferon alfa, or both for advanced renal-cell carcinoma. *N Engl J Med*. 2007 May 31;356(22):2271-2281.

**New Drug ...** (5/29/2007) **Levocetirizine (Xyzal<sup>®</sup> by UCB and Sanofi-Aventis)** has been approved as a once-daily prescription antihistamine for the relief of symptoms associated with seasonal and perennial allergic rhinitis and uncomplicated skin manifestations of chronic idiopathic urticaria in adults and children 6 and older. Levocetirizine was first launched in Europe in 2001 and is now available in over 80 countries.

<http://www.xyzal.com/> [Product web site]

**New Generic ...** (5/31/2007) The FDA has granted final approval for **azithromycin tablets**, 250 mg and 500 mg. Azithromycin tablets are the generic version of Pfizer's Zithromax Tablets. Mylan Laboratories will be one of the manufacturers of the generic product and shipments are to begin immediately. <http://www.mylan.com/> [Manufacturer web site]

**MedWatch** ... (5/29/2007) Abbott informed consumers and healthcare professionals of a nationwide recall of three lots of two-ounce bottles of **Similac Special Care 24 Cal/fl. oz. Ready-to-Feed Premature Infant Formula with Iron**, a highly specialized liquid ready-to-feed formula used only for premature infants after discharge from the hospital. The three lots of formula were recalled because they do not contain as much iron as indicated on the label. The formula was distributed in the U.S. between November 2006 and May 2007. Premature infants fed this formula for more than a month could have an increased risk of developing anemia. If parents have concerns about their baby's health, they should contact their baby's doctor or healthcare professional. No other liquid or powdered Similac Infant formulas were affected. Read the complete 2007 Safety Summary, including a link to the Manufacturer's news release (for a list of stock code and lot numbers) regarding this issue at: <http://www.fda.gov/medwatch/safety/2007/safety07.htm#Similac>

**MedWatch** ... (6/1/2007) The FDA warned consumers to avoid using tubes of **toothpaste labeled as "Made in China"**. The warning and an import alert were issued to prevent toothpaste containing a poisonous chemical, diethylene glycol (DEG) from entering the U.S. from China. The substance is used in antifreeze and as a solvent. Although FDA is not aware of any U.S. reports of poisonings from toothpaste containing DEG, FDA is concerned about chronic exposure to DEG and exposure to the product in certain populations, such as children and individuals with kidney or liver disease. Consumers should examine their toothpaste and dispose of any products listing the ingredient "diethylene glycol" also known as "diglycol" or "diglycol stearate". See the attached News Release for the brands of toothpaste from China that contain DEG that are included in the import alert. Read the complete 2007 Safety Summary, including a link to the FDA News Release regarding this issue at: <http://www.fda.gov/medwatch/safety/2007/safety07.htm#Toothpaste>

## **FROM THE MEDICAL LITERATURE ...**

**Rosiglitazone (Avandia®) again** ... In a new, early release study, published by the *New England Journal of Medicine* on June 5; to be published in the July 5, 2007 issue), yet more doubt is cast upon rosiglitazone and its potential adverse cardiovascular outcomes. The study was done by conducting an unplanned interim analysis of the ongoing Rosiglitazone Evaluated for Cardiac Outcomes and Regulation of Glycaemia in Diabetes (RECORD) trial which is a noninferiority trial comparing rosiglitazone add on to a metformin sulfonylurea combination (control group). There are numerous limitations of this trial and analyses, but the reported outcomes indicated that there was no difference between groups for myocardial infarction and death. However, there was an increased risk of heart failure in the rosiglitazone group. There are also three accompanying editorials to the article, one from the publisher and two from cardiovascular/diabetes/drug safety experts. While acknowledging the limitations of knowledge, they were also counseling caution in using a drug with an added risk. Home PD, Pocock SJ, Beck-Nielsen H, Gomis R, Hanefeld M, Jones NP, et al. Rosiglitazone evaluated for cardiovascular outcomes – An interim analysis. *N Engl J Med.* 2007 Jun 5;357:10.1056/NEJMoa073394. Drazen JM, Morrissey S, Curfman GD. Rosiglitazone – Continued uncertainty about safety. *N Engl J Med.* 2007 Jun 5;357:10.1056/NEJMe078118. Psaty BM, Furberg CD. The record on rosiglitazone and the risk of myocardial infarction. *N Engl J Med.* 2007 Jun 5;357:10.1056/NEJMe078116. Nathan DM. Rosiglitazone and cardiotoxicity – Weighing the evidence. *N Engl J Med.* 2007 Jun 5;357:10.1056/NEJMe078117. [www.nejm.org](http://www.nejm.org)



**Pharmacist consultation ... the good ...** In a study of 464 patients, pharmacist intervention (structured medication histories with assessment and generation of a postoperative medication order form) in a surgical preadmission clinic demonstrated a positive outcome, compared to standard care (nurse medication history/surgeon generated medication orders). About twice as many postoperative discrepancies occurred in the standard care arm of the study than in the pharmacist intervention arm. Also, over twice as many of these discrepancies had the potential to cause harm in the standard care arm than in the pharmacist intervention arm.



Kwan Y, Fernandes OA, Nagge JJ, Wong GG, Huh J-H, Hurn DA, et al. Pharmacist medication assessments in a surgical preadmission clinic. *Arch Intern Med.* 2007 May 28;167:1034-40.

**... the bad ...** two studies from the *British Medical Journal* reported negative effects of pharmacists on patient outcomes. One study examined the effectiveness of home visits by pharmacists to patients with heart failure (149 intervention, 144 control); the outcome showed an increase in hospital admission for exacerbations which was judged a failure by the authors due to poor comparisons to specialist nurse visitations in another published study. Another, much different and smaller study (n=29) examined pharmacist counseling/medication review on elderly patients (>80 years). These encounters were taped and transcripts made. The results showed significant resistance by some patients and that the pharmacists may have created problems with some.

Holland R, Brooksby I, Lenaghan E, Ashton K, Hay L, Smith R, et al. Effectiveness of visits from community pharmacists for patients with heart failure: HeartMed randomized controlled trial. *BMJ.* 2007 May 26.

Salter S, Holland R, Harvey I, Henwood K. "I haven't even phoned by doctor yet." The advice giving role of the pharmacist during consultations for medication review with patients aged 80 or more: qualitative discourse analysis. *BMJ.* 2007 May 26.

**... the ugly ...** the last two studies have been widely quoted since they were published and may give pharmacists in the U.S. yet another hurdle to clear where none may have existed. Reading of the studies and accounting for potentially significant differences between the U.S. and U.K. cultures as it relates to pharmacy within the health care arena and patient perception, may put these last two studies in the irrelevant category for U.S. pharmacy practice. They should be required reading however, if only to be able to refute them.

**Stop Smoking ...** A recent report issued by the Institute of Medicine (IOM) gives extensive treatment to the background of tobacco use in this country and outlines 42 recommendations to reduce tobacco use. *Ending the Tobacco Problem* generates a blueprint for the nation in the struggle to reduce tobacco use. In two parts the report reviews prevention and treatment interventions, and considers a set of new tobacco control policies for adoption by federal and state governments. Many of the recommendations concern governmental roles in restricting access and use (eg, bans in public places), restrictions on advertising and hefty taxes. The 400-page report is available free online (not downloadable) or for purchase, print and electronic.




Bonnie RJ, Stratton K, Wallace RB, Editors, Committee on Reducing Tobacco Use: Strategies, Barriers, and Consequences. *Ending the Tobacco Problem: A Blueprint for the Nation.* Washington, D.C.: Institute of Medicine of the National Academies, May 24, 2007. <http://www.iom.edu/CMS/3793/20076/43179.aspx>

## Reviews of Note ...

- Khosla S, Melton LJ III. Osteopenia. *N Engl J Med.* 2007 May 31;356(22):2293-2300.
- Mannucci M, Levi M. Drug treatment: Prevention and treatment of major blood loss. *N Engl J Med.* 2007 May 31;356(22):2301-2311.

## FROM THE LAY LITERATURE about medicine ...

**Pharmaceutical manufacturer's questionable practices ... again ...** from two separate newspapers. An investigative report from the New York Times, examining records in

 Minnesota (the only state to make such records publicly available) found that some physicians who had been disciplined or criticized by the state medical board were also on the payroll of some pharmaceutical companies as clinical trial investigators, for marketing activities, and as sponsored speakers. Over a 9 year period, 103 physicians sanctioned by the medical board had also worked for pharmaceutical companies. When contacted, the companies alluded to improving their hiring practices; when the chief medical officer of the FDA was asked about the practice, her response was that regulations need to be overhauled.

Harris G, Roberts J. After sanctions, doctors get drug company pay. *New York Times*. 2007 Jun 3.

[http://www.nytimes.com/2007/06/03/health/03docs.html?\\_r=1&oref=slogin&ref=health&pagewanted=print](http://www.nytimes.com/2007/06/03/health/03docs.html?_r=1&oref=slogin&ref=health&pagewanted=print)

**... and from across the pond ...** in the U.K. due to budget considerations in their state-financed health care system, physician's offices are sometimes short-staffed. Some offices have turned to the pharmaceutical industry who is hiring nurses through contractors to staff these offices. In the British system, these nurses are often in the position to review patient records, recommend which patients are in need of follow up and perhaps need a new treatment. There are safeguards in place to prevent passing of patient data to the companies, but ... The practice is spreading to other countries, and similar programs are also available in the U.S. Stay tuned.



Whalen J. Drug makers finance nurses for U.K. doctors. *Wall Street Journal*. 2007 May 30; p. B1.

## AUBURN HSOP FACULTY in the literature ...

- **Jackson CW**, Sheehan AH, Reddan JG. Evidence-based review of the black-box warning for droperidol. *Am J Health-Syst Pharm*. 2007 Jun 1;64:1174-1186.

## NEW RESOURCES in the DILRC ...

- American Association of Colleges of Pharmacy (AACP). Institutional Research Report Series: *Profile of Pharmacy Students*. 2005-06 Application Pool; Degrees Conferred 2005-06; Fall 2006 Enrollments. Alexandria, VA: American Association of Colleges of Pharmacy, April 2007.
- Phelps SJ, Hak EB, Crill CM. *Pediatric Injectable Drugs*. 8<sup>th</sup> ed. Bethesda, MD: American Society of Health-System Pharmacists, 2007.



## The last "dose" ...

Facts do not cease to exist because they are ignored.

Aldous Huxley [1894 - 1963], "Proper Studies", 1927

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