

Practice Survival for 2005 and Beyond

In the City of Brotherly Love

Conference Overview

With serious industry changes looming in 2005, OA Physician Members were eager to meet with OA at the Annual Physician Member Conference August 13-15, 2004. The conference, held in Philadelphia, PA focused on the impact that the 2005 CMS changes will have on the private practice physician, as well as strategies for survival in the months ahead. Important clinical data was also presented, as seen in the following summaries.

Clinical Summaries

Palonosetron & New Perspectives in CINV 2004 Presented by Dr. Edward Rubenstein, MD

Palonosetron is a unique 5-HT₃ receptor antagonist with distinctive pharmacologic characteristics (ie, high 5-HT₃ receptor binding affinity, prolonged half-life). Palonosetron has been found to prevent both acute and delayed CINV in each phase III trial conducted. This 5-HT₃ is indicated for the prevention of delayed CINV as well as acute CINV in patients receiving moderately emetogenic chemotherapy. Palonosetron exhibits an excellent tolerability profile, with frequency, severity, and duration of adverse reactions similar to that of comparator agents. This drug should be considered a significant treatment option for the prevention of CINV.

Velcade for Injection in Multiple Myeloma Presented by Dr. Sagar Lionel, MD

Targeted therapy represents a rapidly evolving area of clinical investigation in oncology. One targeted agent, bortezomib (Velcade, PS-341) has documented activity in patients with relapsed/refractory myeloma, and has an evolving role in follicular and mantle cell lymphoma as well.

The first widely published myeloma trial using bortezomib was the SUMMIT trial reported by Richardson et al in the New England Journal of Medicine. In that trial, 27% of patients with relapsed/refractory myeloma achieved a CR/PR with 10% of patients achieving CR or near CR. Subsequent to that study, the randomized phase III APEX trial was initiated, and an interim safety analysis was presented at the 2004 ASCO meeting. APEX patients were randomized to receive dexamethasone or bortezomib with induction and maintenance schedules built into the trial. An interim safety analysis demonstrated a 58% improvement in time to progression ($p < .0001$) for the bortezomib, as well as a survival benefit for patients randomized to receive bortezomib ($p < .01$).

Based upon this activity in relapsed myeloma, 2 groups have

evaluated the use of bortezomib in newly diagnosed myeloma patients. First, Jagannath and colleagues treated 28 patients with bortezomib +/- dexamethasone. In this trial, 74% of patients achieved a PR or CR, with 2 patients achieving a CR and 2 more achieving a near CR using bortezomib alone. Cavenagh and colleagues reported on 21 patients who were treated with the PAD regimen (PS-341 or Velcade, Adriamycin, dexamethasone) (see p. 25 for more details). After 4 cycles of therapy, 94% of patients achieved a CR/PR. There was no significant difficulty in collecting stem cell grafts with either trial, and there were no unexpected toxicities seen among the patients who have proceeded to autologous stem cell transplant. Based upon these 2 presentations, bortezomib alone or in combination with other agents appears to



Statue of George Washington near Independence Hall; OA Members enjoy an evening out on the town; Guest speaker, Dr. Edward Rubenstein, MD (above right); Dino DeRoia, National Account Manager for Roche (bottom), receives OA 2004 Outstanding Service Award; Dr. Sagar Lionel, Guest Speaker (below left).

