

# 2005

## HEAD NURSE/PRACTICE MANAGER CONFERENCE San Antonio, Texas



to bind to the NK1-receptor. Studies using aprepitant in patients receiving highly emetogenic chemotherapy have demonstrated significant improvements in nausea and vomiting in both the acute and delayed settings.

Palonosetron (Aloxi, MGI PHARMA, INC., Bloomington) is a long-acting 5-HT<sub>3</sub> receptor antagonist. This agent is biologically different than previously approved 5-HT<sub>3</sub> receptor antagonists in that it has a 40-hour half-life and a binding affinity for the 5-HT<sub>3</sub> receptor that is two logs greater than that of previously approved agents in this class. These biological differences are thought to account for the differences in the effects of these agents. Palonosetron has been tested in both moderately and highly emetogenic therapy and found to improve both nausea and vomiting outcomes in the acute and delayed settings. Palonosetron was well tolerated, having side effects similar to those of other agents in this class. Palonosetron is administered as a single IV dose of 25 mg prior to chemotherapy.

### Kadian for Cancer Pain

PRESENTED BY LISA SELF, PHARM.D

Kadian is a sustained release morphine sulfate preparation that is indicated for moderate to severe chronic pain. Kadian is formulated to release morphine slowly for up to a 24-hour period. Kadian has no bolus effect and therefore patients may not

*"You and your team deserve a big round of applause, as this was probably the best professional conference I have ever attended."*

*Gloria S., Head Nurse*

*"I really thought it was a great conference, hitting all the points that are vital to our practices. Insight into the future of oncology reimbursement was outstanding and appreciated. The interaction of attendees was insightful and the networking was happening fast and furious. I took back with me information that I will implement in the practice successfully."*

*Liz G., Practice Manager*

experience the "highs and lows" of the drug in the bloodstream that are associated with other oral opioids. Consistent plasma levels may help reduce breakthrough pain and reduce the need for rescue medication. Aside from being given orally, it can also be sprinkled on applesauce or patients who have difficulty swallowing. This is also the only sustained release preparation that can be given via a G-tube. The side effects of Kadian are those seen with any opioid preparation.

### Novel Therapeutic Agents: In the Treatment of Multiple Myeloma

PRESENTED BY KATHLEEN COLSON, RN

There are a wide variety of novel therapies being used today in the treatment of Multiple Myeloma. Each treatment has a unique mechanism of action against myeloma. Immunomodulatory drugs, such as Thalidomide and Revlimid, are oral drugs that effect and change the bone marrow microenvironment where myeloma cells grow by inhibiting the growth and survival of myeloma cells. Arsenic trioxide and VEGF inhibitors induce apoptosis in malignant cells. Velcade (bortezomib) IV therapy, is a first in-class drug that inhibits the proteasome from functioning within the cell and causes cell cycle arrest, prevents the activation of NF- $\kappa$ B and therefore causes cell death.

There are several types of novel immune vaccines being investigated as treatment options for Multiple Myeloma. Dendritic cells, immune cells, a portion of the patients monoclonal proteins are fused with dendritic cells to stimulate an immune response against their myeloma. Monoclonal antibodies are man-made antibodies that target IL-6 receptors. IL-6 is a major growth factor for myeloma cells.

These and many other novel treatments are currently being tested in the laboratory and clinical trials for the treatment of Multiple Myeloma. **OA**