



endpoints included efficacy for each regimen to be analyzed separately.

The addition of bevacizumab to all 3 regimens was well tolerated with no significant additive toxicities noted. The incidence of Grade 3/4 toxicities during the first 12 weeks was as follows: mFOLFOX-B (65%), bFOL-B (60%), and XELOX-B (58%). Based on the pooled logistic regression analysis, bevacizumab significantly ($p < 0.004$) improved overall response rates when added to each regimen. The overall confirmed (confirmation of initial response required within 4-6 weeks) response rates achieved were as follows: mFOLFOX6-B 52.1%, bFOL-B 34.3%, and XELOX-B 45.8%. The median time to treatment failure was as follows: mFOLFOX6-B 5.2 months, bFOL-B 5.3 months, and XELOX-B 5.4 months. Additional efficacy data (i.e., TTP, OS) for patients in TREE-2 is not yet available.*

Fundamentals of Information Therapy

JUDITH KOSTKA, RN, MS, MBA

Judith defined the forces for engaging patients at the center of care, with a focus on breast cancer patients. She then identified issues and opportunities for using information to improve breast cancer patient's outcomes of care, ability to influence care decisions and satisfaction with care. Judith also described three models for prescribing information to patients as a critical element of the care plan and discussed implications of each. Finally, she covered opportunities for value enhancement for patients, clinicians and healthcare organizations in providing information therapy to patients.

Antiemetics in 2005: New Agents, New Regimens, New Challenges

RICHARD GRALLA, MD

Dr. Gralla covered the current key areas of antiemetic research in his presentation. He also reviewed the results of recent studies with Serotonin Receptor Antagonists, Neurokinin Receptor Antagonists and Corticosteroids. Dr. Gralla then explored whether these results imply additional understanding into the pharmacologic mechanisms of emesis and

evaluated the potential impact of these agents on current practice to control acute and delayed emesis.

Abraxane Therapy in Metastatic Breast Cancer

EDGARDO RIVERA, MD

Breast cancer continues to be the most common malignancy among women in the United States with over 40,000 expected to die from the disease in 2005. Fortunately, the mortality has declined over the past 15 years. This in part is because behavior modification and improved screening methods lead to earlier diagnosis. Another possible explanation is the development of newer drugs that have made an impact in the treatment of metastatic and early stage breast cancer. One such drug is albumin-bound paclitaxel, (nab-paclitaxel, Abraxane) which was recently approved by the FDA for the treatment of metastatic breast cancer. The drug uses a unique mechanism of action, which leads to an increased concentration of paclitaxel inside the tumor cell. The drug is solvent (cremophor) free, which results in a shorter duration of infusion and no need for premedication. A recent phase II study in metastatic breast cancer patients previously compared Abraxane 260 mg/m² iv over 30 minutes to Taxol 175 mg/m² iv over 3 hours. Each drug was administered every 3 weeks. The study showed a higher response rate as well as an improved time to tumor progression in favor of Abraxane. There was no survival difference between both drugs. The most common toxicity observed was sensory neuropathy which was rapidly reversible. The drug has also been evaluated on a weekly schedule. Research needs to move forward evaluating Abraxane in combination with other agents including the anti-angiogenesis inhibitors. **OA**

Shaun Meehan,
National Account
Manager for
MedImmune Oncology
receives the
2005 OA Outstanding
Service Award.

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