

# Web Watch

Point and click for our top web picks

**www.ethyol.com**

An online resource for patients, their caregivers and healthcare professionals in the U.S.

MedImmune Oncology has just launched a new website for the product Ethyol. Ethyol is approved by the Food and Drug Administration for the following uses:

## Radiation

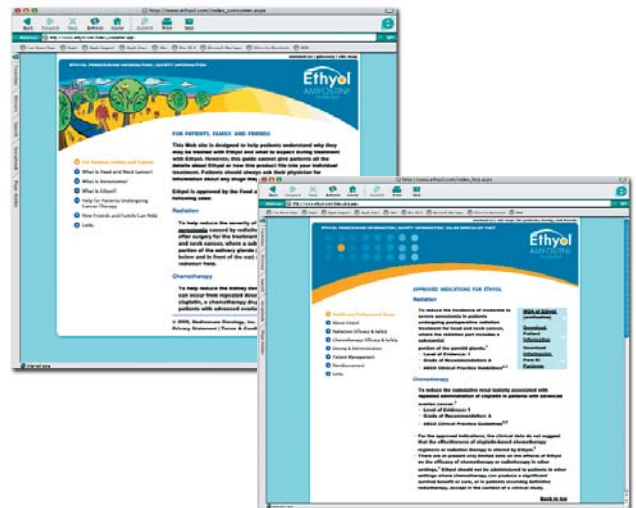
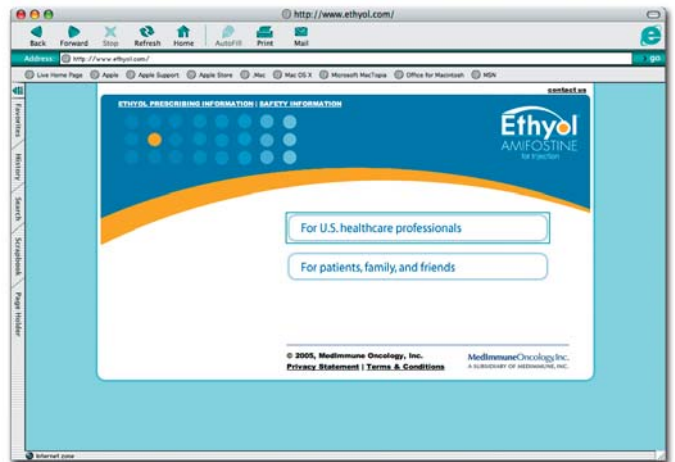
To help reduce the severity of xerostomia caused by radiation therapy, after surgery for the treatment of head and neck cancer, where a substantial portion of the salivary glands (located below and in front of the ear) are in the radiation field.

## Chemotherapy

To help reduce the kidney damage that can occur from repeated doses of cisplatin, a chemotherapy drug, in patients with advanced ovarian cancer.

The website features two separate sites for US healthcare professionals and patients, families and friends. Links on the healthcare professional site include dosing and administration information for Ethyol, reimbursement and chemotherapy efficacy and safety information.

Information on the patient, family and friend site includes assistance for patients undergoing cancer therapy and helpful tips for how friends and family can help. The site also includes a comprehensive description of Head and Neck Cancer, Xerostomia and Ethyol. Patients can also gain access to additional web sources such as American Cancer Society and Oral Cancer Foundation. **OA**



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with  $G \geq 2$  PN, 68 pts with DM, and the Bz arm overall were 6.2, 6.9 and 6.2 months, respectively.

**Conclusion:** The overall rate of PN in APEX was similar to that of SUMMIT and

CREST, but the rate of  $G \geq 3$  PN was lower, perhaps because of specific DM guidelines. PN was reversible in the majority of pts, and DM did not compromise efficacy. Pt age or number/type of prior therapies did not

appear to affect the rate or severity of PN. *Abstract #366 appears in Blood, Volume 106, issue 11, November 16, 2005*

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substantially with more follow-up. Median TTR was more rapid, and median DOR was longer in pts achieving CR and near CR than in those with PR.

**Conclusion:** Updated TTP, response rates,

survival, TTR, and DOR for the bortezomib group continue to support the findings of the original analysis. Thus, the clinical benefits of single-agent bortezomib in pts with relapsed MM remain robust after

extended follow-up, supporting its early use in relapsed MM and its further study in the treatment of newly diagnosed disease. *Abstract #2547 appears in Blood, Volume 106, issue 11, November 16, 2005*