THE TOOLS

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| Drugs |

■ AstraZeneca has been granted FDA approval of **Iressa™** for the treatment of advanced non-small-cell lung cancer. Iressa was approved as a treatment for patients whose cancer has continued to progress despite treatment with platinum-based and docetaxel chemotherapy, two drugs that are currently the standard of care in this disease.

Iressa was reviewed and approved under the FDA's accelerated approval program, which is designed to give people with life-threatening diseases earlier access to promising drugs. As part of this accelerated process, AstraZeneca has agreed to perform additional clinical studies to verify the drug's clinical benefit.

■ Millennium Pharmaceuticals, Inc., (Cambridge, Mass.) has been granted accelerated FDA approval to market **Velcade™** (bortezomib) for Injection for the treatment of multiple myeloma patients who have received at least two prior therapies and have demonstrated disease progression on the last therapy.

Velcade is the first of a new class of anticancer agents called proteasome inhibitors. By blocking the proteasome, Velcade disrupts numerous biologic pathways, including those related to the growth and survival of cancer cells.

■ Pharmacia Corporation has been granted FDA approval for **Somavert®** (pegvisomant for injection) for the treatment of acromegaly in patients who have had an inadequate response to surgery and/or radiation therapy and/or other medical therapies, or for whom these therapies are not appropriate. The goal of treatment is to normalize serum IGF-I levels. The drug has been available by prescription since the spring.

■ The U.S. Pharmacopeia (USP) recently accepted the off-label uses of **Nipent®** (pentostatin) for chronic lymphocytic leukemia, cutaneous T-cell lymphoma, and prolymphocytic leukemia.

| New Products |

■ The **HC2 High-Risk HPV DNA Test** (Digene Corp., Gaithersburg, Md.) has received FDA approval for expanded use of the laboratory test on women to detect the presence of human papillonmavirus (HPV), one of the most common sexually transmitted infections. The test can identify 13 of the high-risk types of HPVs associated with the development of cervical cancer. The HPV DNA product does not test for cancer, but for the HPV viruses that can cause cell changes in the cervix. If left untreated, these changes can eventually lead to cancer in some women.

The FDA initially approved the HPV DNA test in March 2000 to determine whether women who had abnormal Pap test results needed to be referred for further examination. In conjunction with the Pap test, the new indication allows the test to be used for screening HPV in women over age 30.

■ **NMP22® BladderChek Test** (Matritech, Newton, Mass.), the first rapid assay screening test that physicians can use in their

FAST FACTS

2001 Snapshot of Community Hospitals Programs and Services*

Program/Services	Number of Community Hospitals	Percent
Breast Cancer Screening	3,344	80.6
Oncology Services	2,456	59.2
Pain Management Program	1,943	46.8
Radiation Therapy	1,150	27.7
Hospice	1,056	25.4
Palliative Care Program	717	17.3
PET	440	10.6

Total number of community hospitals reporting: 4,150

Source: Hospital Statistics, 2003 Health Forum LLC, an affiliate of the American Hospital Association, 2003.

**Total Hospitals responding to AHA survey in United States: 4,728*

THE TOOLS

offices to help diagnose patients with bladder cancer, has received FDA approval. By placing four drops of urine on the NMP22 BladderChek test cassette, a physician is able to detect the presence of elevated NMP22, a nuclear matrix protein correlated with bladder cancer. A purple line appears to indicate bladder cancer.

In July 2002 Matritech received FDA clearance to market the NMP22 BladderChek test for monitoring patients previously diagnosed with bladder cancer. NMP22 is one of only two immunoassay fluid tests approved by the FDA for screening patients for cancer; the other is the Prostate Specific Antigen (PSA) test.

■ Side-Deployment Electrode

(RITA Medical Systems, Inc., Mountain View, Calif.), the company's newest radiofrequency ablation tool designed to safely and precisely ablate small tumors, has received 510(k) clearance from the FDA.

The Side-Deployment Electrode is a small gauge needle that allows physicians to use ultrasound imaging guidance to deliver radiofrequency electrodes directly through the skin and into the tumor in a minimally invasive procedure. This product works much like a hypodermic needle and can ablate a tissue volume of up to 2 cm in diameter. The product is currently approved in the U.S. to treat liver and bone tumors.

RITA currently offers electrodes that can ablate tissue volumes ranging from 2 to 7 cm in diameter. This newest addition to RITA's line of electrodes for radiofrequency ablation is a tool to ablate smaller tumors, which are especially prevalent in cases of lung and kidney cancer.

| On the Internet |

PHOTOGRAPH BY PICTUREQUEST.COM

■ www.cancercontrolplanet.cancer.gov

This site offers new evidence-based planning, implementation, and evaluation tools for comprehensive cancer centers, including the latest cancer and risk-factor statistics and research-tested programs. The project is a joint effort between the National Cancer Institute (NCI), the Centers for Disease Control and Prevention (CDC), the American Cancer Society (ACS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

These tools are available through a new web portal called the Cancer Control PLANET (Plan, Link, Act, and Network with Evidence-based Tools), which helps cancer control planners, cancer program staff, and researchers using five key steps.

Step 1: Assess Program Priorities. Identify at-risk populations with data from the NCI and CDC's new state cancer profiles web site, which provides interactive examples of cancer, risk factors, and national demographic statistics broken down by state and county. This information can help cancer programs target their efforts toward specific sites of cancer, geographic areas, or population groups at greatest risk of cancer.

Step 2: Identify Potential Partners. Don't reinvent the wheel. Find partners interested in comprehensive cancer treatment using regional, state, and territorial contact information across the United States.

Step 3: Determine the Effectiveness of Different Intervention Approaches. Examine different intervention techniques to reduce cancer incidence and mortality. This site links to information about changing health risk behaviors and addressing specific health conditions and the environment in which they occur.

Step 4: Find Research-Tested Interventional Programs. The site offers evidence-based cancer prevention and control programs and products, many of which can be downloaded or ordered free of charge.

Step 5: Plan and Evaluate Your Cancer Program. Review guidelines that help plan and evaluate comprehensive cancer programs.

■ www.medpathways.info

This site offers a set of web-based educational tools designed to reduce medication errors. The tools were developed by the American Hospital Association, the Health Research and Educational Trust, and the Institute for Safe Medication Practices, with support from The Commonwealth Fund.

Leading a Strategic Planning Effort. This tool offers a model strategic plan and provides tips for creating an organization-specific plan to reduce medication errors.

Looking Collectively at Risk. Here is a tool that identifies how to assess risk of medication errors using 10 key elements. A failure mode and effects analysis is provided to help practitioners identify and prevent medication problems before they occur, enhance safety, and increase patient satisfaction. This tool also offers a clear illustration of the medical flow process.

Assessing Bedside Bar-coding Readiness. This product offers a readiness assessment to see if an institution is ready to implement a bedside bar-coded drug administration system.