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New treatments and old standbys

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The US Food and Drug Administration (FDA) approved ixabepilone (Ixempra) in October for metastatic breast cancer that is unresponsive to other chemotherapies including taxanes and anthracyclines.

On page 660, our Community Translations Section Editor, Dr. Jame Abraham, summarizes the new and important information on this drug and the clinical trials that led to its approval. In her commentary that follows, Dr. Linda Bosserman discusses when and how we will use ixabepilone to treat metastatic breast cancer patients who have progressed on anthracyclines, taxanes, and even capecitabine (Xeloda). Wendy McNatt, the administrator at Dr. Bosserman's practice, Wilshire Oncology Medical Group in La Verne, California, explains what information, in today's payment environment, needs to be disseminated to doctors, nurses and pharmacists, the billing and authorization staff, and patients as well.

Rounding out this discussion of breast cancer is another practical article on making the transition to digital mammography. At the Christiana Care Breast Center in Wilmington, Delaware, the switch was made by involving all the key users. Renie Mullaney and her colleagues at the center have written a useful piece on page 678 that details what it took to change over and how you can make it go smoothly in your own group.

The debate over erythropoiesis-stimulating agents (ESAs) to treat chemotherapy-related anemia has not subsided yet. In July, the Centers for Medicare & Medicaid Services (CMS) made its national coverage decision (NCD): hard start and stop at 10 g/dL. Our national (and even European) expert panel guidelines disagree with this restrictive policy. In October, the American Society of Hematology (ASH) and the American Society of Clinical Oncology (ASCO) released an update of their 2002 practice guidelines on the use of these drugs. In this issue, our Editor-in-Chief, Dr. Lee Schwartzberg, interviews Dr. Sam Silver, member of the ASH Executive Committee (see page 657). Now,

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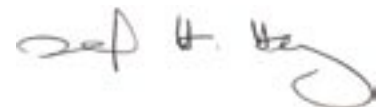
Congress has inserted itself into the debate. Both the Senate and House of Representatives have passed resolutions, asking CMS to reconsider its NCD. A bill requiring CMS to change its NCD is even being considered. The FDA has sided with CMS. What impact will this have on patients' quality of life and need for blood transfusions? We will see.

Two other articles discuss out-of-the-ordinary lymphoma cases. Dr. Michael Danso, our Cases in Community Oncology Section Editor, presents a 68-year-old man with multiple colonic polyps discovered on routine colonoscopy (see page 671). An excellent review of diagnosis and therapy is given.

On page 673, Dr. Amory V. Novoselac and colleagues detail the intermediate grade non-Hodgkin lymphoma called primary mediastinal large B-cell lymphoma. Rituximab (Rituxan) and CHOP chemotherapy clearly seem to play an important role in treating this entity, as reported in their retrospective study. Although prospective studies are needed, this lymphoma subtype is so uncommon that these studies may be a long time coming.

It seems that a lack of access to clinical trials is one reason the accrual rate of adult cancer patients remains so low. Jennifer K. Keller and her colleagues at the Gundersen Lutheran Medical Center in La Crosse, Wisconsin, make this case in their article on page 695.

Finally, I was struck by the article on page 685 on decision making tools. Drs. Karen R. Sepucha and Jeffrey Belkora describe decision aids that we can use to provide easy-to-understand information on breast and prostate cancers. The authors offer an interesting and novel approach with four tools that include decision aids, prompt sheets, knowledge and preference surveys, and structured consultation notes. I plan to initiate them in my practice right away.



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