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A Volume in the BRISTOL-MYERS CANCER SYMPOSIA Series...

Genetics, Cell Differentiation, and Cancer
Edited by
PAUL A. MARKS
November 1985, c. 202 pp., in preparation
ISBN: 0-12-473060-4

FROM THE PREFACE: This volume (testifies) to the importance of studies on prokaryotic and simple eukaryotic organisms such as yeast and drosophila in providing insight into the nature of cancer. The first series of papers report on studies on DNA replication, DNA structure, RNA synthesis and control of gene expression. Subsequent papers on these Proceedings review recent research on oncogenes and their role in inducing malignant growth.

Hormonally Responsive Tumors
Edited by
VINCENT P. HOLLANDER
December 1985, c. 528 pp., in preparation
ISBN: 0-12-352560-8

This volume:
* provides a comprehensive overview of tumor cell research;
* explains its sophisticated techniques; and
* examines the improvements it has fostered in therapy for breast, adrenal, uterine, thyroid, and prostate tumors.

Advances in Cancer Research
Edited by
GEORGE KLEIN
SIDNEY WEINHOUSE
Volume 44
1985, 368 pp., $55.00/ISBN: 0-12-006644-0


Theories and Models in Cellular Transformation
Edited by
L. SANTI
LUCIANO ZARDI
July 1985, 192 pp., $25.00/ISBN: 0-12-619080-1


This publication brings together the current work of leading experts investigating the biochemical and cellular processes underlying carcinogenesis and tumour growth.

Immunity to Cancer
Edited by
ARNOLD E. REIF
MALCOLM S. MITCHELL
1985, 680 pp., $43.00/ISBN: 0-12-586270-9


Topics covered include:
* candidates for tumor-specific antigens;
* immune response to tumors;
* successful immunotherapy examples and requirements;
* monoclonal antibodies, including progress in use for tumor diagnosis, therapy, and imaging;
* biological response modifiers;
* vaccination for the prevention of virus-induced tumors.

Gene Expression During Normal and Malignant Differentiation
Edited by
LEIF C. ANDERSSON
C. G. GAHMBERG
P. EKBLOM
1985, 272 pp., $30.00/ISBN: 0-12-059490-0

Recent progress in the genetic regulation of cellular function was surveyed and discussed in a small closed meeting in Helsinki in 1984, organised by the Sigrid Juselius Foundation. Topics covered included the expression of malignant and benign phenotypes, the regulation of cellular differentiation and cellular interactions in embryonic morphogenesis and in the tissue of adult individuals.

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AN IMPORTANT MESSAGE
TREATING CANCER

Clinical studies indicate that Ativan® (lorazepam) Injection can play a significant role in enhancing patient tolerance for and acceptance of chemotherapy. In studies comparing Ativan Injection to other adjunctive agents, patients expressed a strong preference for the regimen including Ativan Injection because of its anxiolytic, amnesic and sedative effects.

The reduction of recall following administration of Ativan Injection was considered by most patients to be not only acceptable, but also desirable. Furthermore, due to its anxiolytic action, Ativan Injection was helpful in relieving the anxiety associated with the stresses of chemotherapy.

NEW ADJUNCTIVE AGENTS NEEDED
A study of 52 mastectomy patients on regimens of cyclophosphamide, methotrexate and 5-FU (CMF) revealed that over one fourth of patients failed to even complete a treatment course of 12 to 18 months, mostly because of the side effects associated with these agents. A recent survey of 56 oncology centers found up to 10% of patients refused further chemotherapy because of actual or feared side effects. Statistics such as these have spurred researchers to seek new adjunctive agents or combinations of existing agents that would increase the tolerability of chemotherapy.

ATIVAN® INJECTION:
A SUPPORTIVE ADJUNCT
In a study involving 18 patients receiving 36 courses of cis-platinum therapy, Ativan Injection was administered prior to therapy. Lack of recall for the chemotherapy infusion, and for the subsequent 8 hours, was reported in 33 of 36 courses of therapy studied. Furthermore, amnesia for the day of chemotherapy was reported in 29 courses. All 18 patients believed the lack of recall was highly desirable.

Dr. John Laszlo and colleagues from Duke Comprehensive Cancer Center, Durham, NC, and Memorial Sloan-Kettering Institute, New York, reported a pilot study involving 32 patients receiving cisplatin with or without other cytotoxic chemotherapy and adjunctive use of Ativan Injection. Thirty patients were evaluated over 45 courses of treatment (two were eliminated for protocol violations).

Dr. Laszlo observed that following lorazepam, recall of the day’s events was reduced for most patients. Post-treatment anxiety was also reduced. Almost all of the patients in the study requested lorazepam (Ativan Injection) pretreatment again for subsequent chemotherapy courses, regardless of incidence or intensity of emetic episodes. From this study, Dr. Laszlo concluded that lorazepam can be an effective agent for these patients.
A SIGNIFICANT ROLE IN ENHANCING COMPLIANCE IN CHEMOTHERAPY

Clearly, Ativan® (lorazepam) Injection represents an important supportive adjunct in chemotherapy. Patients’ ability to tolerate the experience is usually enhanced. Their acceptance of a regimen incorporating Ativan Injection has been excellent. Thus, it is felt that many patients who might otherwise abandon treatment may now be more willing to proceed with Ativan Injection as an adjunct in their chemotherapy regimen.

If outpatients are treated with lorazepam injection, care must be taken on the day of treatment to prevent their undertaking any activity requiring full awareness or coordination.

REFERENCES:

Please see important information on the following page.
DESCRIPTION: Ativan® (lorazepam) injection, a benzodiazepine with anxiolytic and sedative effects, is intended for IM or IV use. It has the chemical formula 7-chloro-5-(4-chlorophenyl)-1,3-dihydro-1-2,4-benzodiazepine-2-one.

Lorazepam is a nearly white powder almost insoluble in water. Each ml of sterile injection contains either 2.0 or 4.0 mg lorazepam, 0.3 ml polyethylene glycol 400 in propylene glycol with 0.2% benzyl alcohol as preservative.

PRECAUTIONS: For IM administration, a highly concentrated dose of 2 to 4 mg lorazepam per ml is intended for use in patients who are able to manage injectable solutions. However, it should not be used for patients who are unable to manage injectable solutions.

Intravenous Administration: Lorazepam is indicated for IV administration in the form of a highly concentrated solution (2.0 or 4.0 mg/ml), which is recommended for use in adult patients who are able to manage injectable solutions.

Pharmacology: Lorazepam is a benzodiazepine with anxiolytic, muscle relaxant, and sedative effects. It is metabolized in the liver to active metabolites, which are excreted in the urine.

INDICATIONS AND USAGE: Lorazepam is indicated for the treatment of anxiety, agitation, and other signs of躁狂 disorder.

WARNINGS: The use of lorazepam for the management of any type of anesthesia is contraindicated.

ADVERSE REACTIONS: Lorazepam is generally well tolerated. The most common adverse reactions reported with lorazepam are sedation, drowsiness, and dizziness.

Dosage and Administration: Lorazepam is administered for an inpatient population, and the dosage should be individualized based on the patient's response to the drug.

Immediate and Delayed Effects: In cases where lorazepam is administered as an anxiolytic agent, the patient should be observed for any potential effects, including sedation, drowsiness, and dizziness.

Pharmacokinetics: Lorazepam is rapidly absorbed after IV administration, with a peak plasma concentration reached within 1 to 2 hours.

STABILITY: Lorazepam injection is stable at room temperature for 24 hours after opening the vial.
Cancer Research congratulates the 1985 winners of the General Motors Cancer Research Foundation Awards:

Paul C. Lauterbur, Ph.D. (left), State University of New York at Stony Brook, the Charles F. Kettering Prize for the development of Magnetic Resonance Imaging;

J. Christopher Wagner, M.D. (center), Llandough Hospital, Wales, United Kingdom, the Charles S. Mott Prize for associating asbestos exposure with mesothelioma;

Robert T. Schimke, M.D. (right), Stanford University, Palo Alto, CA, the Alfred P. Sloan Prize, for genetic studies on the development of drug resistance in cancer cells.

M. B. S.