Supporting the “come back”

Cancer patients often delay and even abandon treatment because of devastating side effects.

Adjunctive agents that help relieve the physical and emotional stresses of chemotherapy not only make regimens more palatable but also improve the patient’s quality of life.

Ativan® (lorazepam) Injection can be an important, supportive adjunct.

Clinical studies suggest that Ativan® Injection can play a significant role in enhancing chemotherapy compliance.¹⁻⁵
Because of Ativan® Injection's anxiolytic, sedative and amnesic effects, patients are better able to endure the rigors of their chemotherapy courses.

**Ativan® Injection reduces recall of chemotherapy.**

The reduction of recall for the chemotherapy experience is considered by most patients to be not only acceptable but highly desirable.\(^1 \text{–}^5\)

In fact, many patients actually request subsequent pretreatment with Ativan® Injection and strongly prefer regimens that include it, regardless of incidence or intensity of any emetic episodes.\(^3\)

The pharmacologic effects of Ativan® Injection require that care be taken on the day of therapy to prevent patients from undertaking any activity requiring their full awareness or coordination.

Please see important information on the following page.
**DESCRIPTION:** Alveran® lorazepam injection, a benzodiazepine with anxiolytic and sedative effects, is intended for IM or IV use. It has the chemical formula C7H5NO2. It is a 1:4 dextroldor (S)-lorazepam:2-ol (L)-lorazepam 1:1 mixture.

**CLINICAL PHARMACOLOGY:**
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**CONTRAINDICATIONS:**
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- **INDICATIONS AND USAGE:**

** WARNINGS:**
- **PREGNANCY:**

**ADVERSE REACTIONS:**
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The International Agency for Research on Cancer (IARC) is now 20 years old. In 1965, the World Health Assembly, governing body of the World Health Organization (WHO), decided to establish the Agency, following a proposal made by General de Gaulle, then President of France. Work started in WHO headquarters in Geneva, in 1966, when Dr. John Higginson took up his post as first director (see Cancer Research cover, September 1976). In 1967, the Agency moved into temporary buildings in Lyon, France, awaiting the completion of their permanent quarters which were provided by the French government and inaugurated by President Pompidou of France, in June 1972.

The present director, Dr. Lorenzo Tomatis, who had been chief of the Agency's chemical carcinogenesis programs since 1968, took office in January 1982 and heads a staff of 150, 45 of whom are scientists.

Twelve countries now provide the Agency with a yearly budget of $8.2 million (U.S.). They are Australia, Belgium, Canada, West Germany, France, Italy, Japan, The Netherlands, Sweden, the Soviet Union, the United Kingdom, and the United States of America.

The Agency continues its research in cancer etiology and cancer prevention, applying wherever possible a multidisciplinary approach involving both laboratory and field studies. An example of such research is provided by the esophageal cancer program in China where at the same time the Agency's epidemiologists were working in the field in the high-risk area of Linxian, samples of esophageal tissue were collected and assayed using monoclonal antibodies for the presence of DNA adducts presumably formed by carcinogenic alkylating compounds. Studies have also been carried out in the same region of the levels of nitrate and nitrosamines to which the populace is exposed and of differences in individual ability to form nitrosamines in vivo from dietary precursors.

The Agency is responsible for the collection and publication of world cancer morbidity statistics, which appear at 5-year intervals in Cancer Incidence in Five Continents. The data are collected from cancer registries and from members of the International Association of Cancer Registries, for which the Agency provides the secretariat. The cancer statistics data, stored in standardized form in the Agency's computer, are also used to generate etiological hypotheses and study time trends that can be transformed into atlases of cancer incidence.

The biostatistics unit, apart from providing essential guidance on design of laboratory and field studies and on data handling and analysis, has been in the forefront of developments of statistical methodology in cancer research. Laboratory studies have included cytogenetic identification of specific chromosome translocations in Burkitt's lymphoma, development of methods for measuring in vivo formation of nitrosamines, DNA alkylation and repair mechanisms, and the role of tumor promoters in intracellular communication.

Evaluations of all published data relating to the carcinogenic risk of chemicals to humans are made by international working groups of experts and published in the Monograph series. Of the 695 compounds, groups of compounds, or industrial processes examined in the 36 volumes published since 1971, 39 have been evaluated as causally related to human cancer and a further 68 as probably carcinogenic.

The cover illustration shows Dr. Lorenzo Tomatis (top center), the esophageal study in China (top right), the laboratories of the Agency (center right), and the headquarters in Lyon, France (bottom left) set against a background of four of the Agency's publications.