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
of cancer patients.

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.1-5

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.

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Carbohydrates, Nutrition, Implantation of Fertility: No evidence of carcinogenic potential emerged in rats and mice during an 18-month study with oral lorazepam. No studies regarding mutagenesis have been performed. Preventative study in rats, performed with oral lorazepam at 20 mg/kg, showed no impairment of fertility.

Lactation: Pregnancy Category D. See WARNINGS section.

Lea! Effect: There are insufficient data on labor in delivery, including cesarean section; therefore, this use is not recommended.

Removal: Do not give to neonates, because like other benzodiazepines, lorazepam may possibly be excreted in human milk and sedate the infant.

Pediatric Use: There are insufficient data to support efficacy or dosages recommendations for lorazepam in patients under 18 years; therefore, this use is not recommended.

ADVERSE REACTIONS: CNS: Most frequent adverse effects with injectable lorazepam are extensions of the effects observed from orally administered doses. These include: sedation, convulsions or loss of consciousness, agitation, respiratory depression, drowsiness, incoordination, and amnesia. The frequency of adverse effects may be dose-related. Various other adverse effects may occur, including visual disturbances, upper respiratory tract infections, cutaneous reactions, and muscle weakness. Many of these effects are dose-related. Lorazepam may cause mental or physical dependence.

WARNINGS: This drug has been shown in some studies to induce cross-sensitivity to other benzodiazepines.

Indications:

The Epizootology Section of the Epidemiology Branch, National Cancer Institute (NCI), was created in 1961. Its first head was Richard A. Tjalma, D.V.M., M.S. (Epidemiology), who was soon joined by William A. Priester, D.V.M., M.P.H.

Before the Epizootology Section could embark on cancer research, it had to establish a hospital record system for data collection, storage, and retrieval. Because medical charts were usually filed under the owners’ names, it was difficult, if not impossible, to assemble data for epidemiological studies at veterinary medical centers. The task was quickly completed through the adaptation of a human hospital audit system. Next, the Section had to develop a numerical code for diseases in domestic animals. Tjalma, Priester, and their staff developed one in a few months. Data could now be collected and retrieved by diagnosis, not only for tumors but also for any disease that affects domestic animals. The system was put into operation at 15 veterinary medical colleges in the United States and Canada. The plan was endorsed by the World Health Organization and adopted internationally. The use of the record system for research has flourished ever since.

The Veterinary Medical Data Program, as the coalition of 15 colleges was called, permits each school to make its own studies and multihospital studies to be made by the participants or by the Epizootology Section. The findings of interest by the NCI group include precise estimates of the relationship between the size of dogs and their risk of osteosarcoma (44 times greater in the St. Bernard than in the miniature/toy poodle, for example); the near absence of Ewing’s sarcoma in domestic animals; markedly different spectra of cancers in various species; and a predilection of the boxer breed of the canine to cancers of the skin, soft tissues, testes, and the hematopoietic system. In the cat, lymphoma was more than twice as frequent as leukemia, contrary to the popular designation that pools the two diagnoses under “feline leukemia.”

The data on tumors, 41,569 of them among 1.6 million animals discharged from the participating hospitals from 1964–1977, were published in NCI Monograph 54, issued in 1980.

Pictured are Drs. Tjalma (left) and Priester (right), and the title pages of two key publications. We are indebted to Dr. Robert W. Miller for the material and illustrations.

M.B.S.
The Bristol-Myers Company presents an annual award to a scientist making an outstanding contribution in cancer research. The candidates for the award are to be nominated by medical schools, free-standing hospitals and cancer research centers.

AWARD: $50,000 U.S.
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