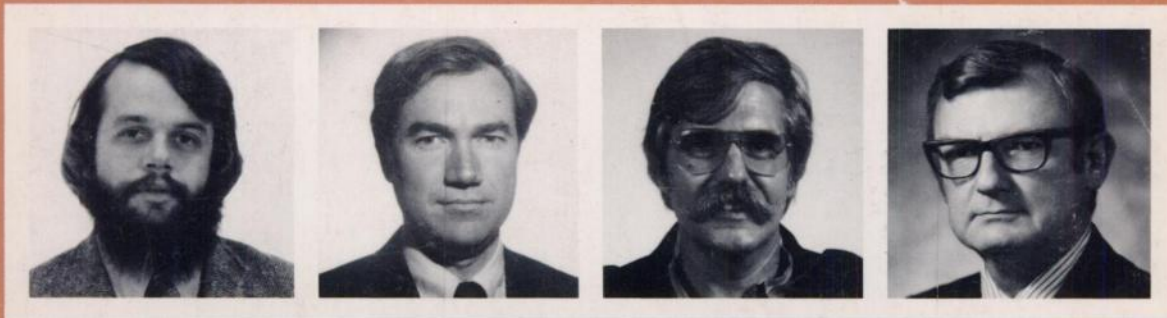
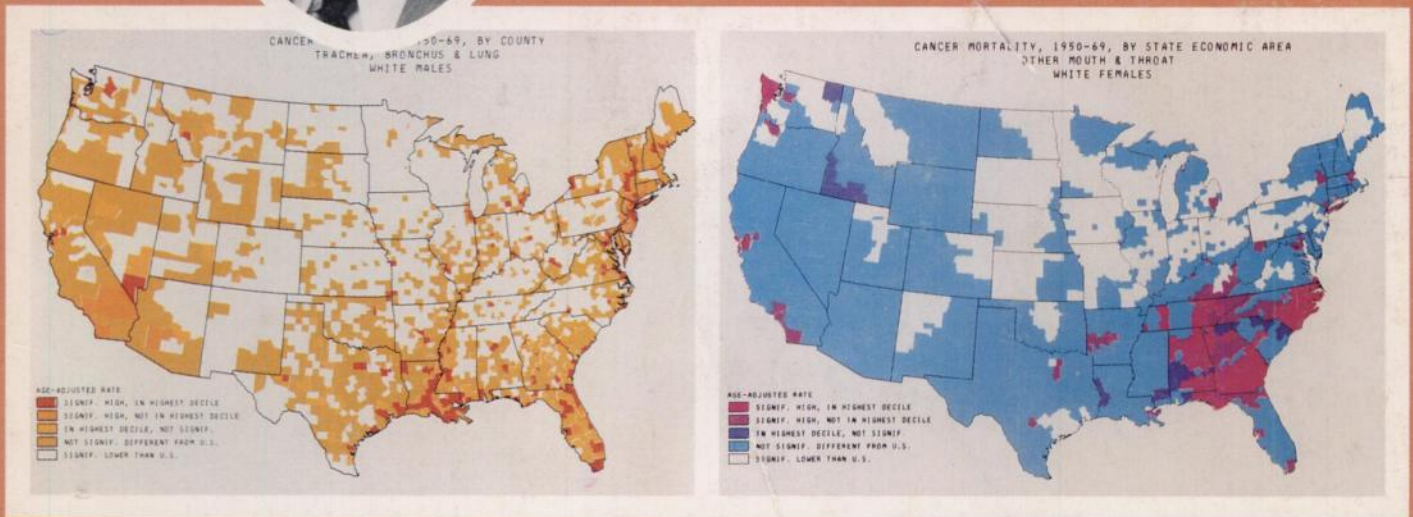


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PART 1 OF TWO PARTS



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.¹⁻⁵ 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.^{2,4}

The reduction of recall following administration of Ativan Injection was considered by most patients to be not only acceptable, but also desirable.¹⁻⁵ Furthermore, due to its anxiolytic action, Ativan Injection was helpful in relieving the anxiety associated with the stresses of chemotherapy.^{3,4}

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.⁶ A recent survey of 56 oncology centers found up to 10% of patients refused further chemotherapy because of actual or feared side effects.⁷ 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

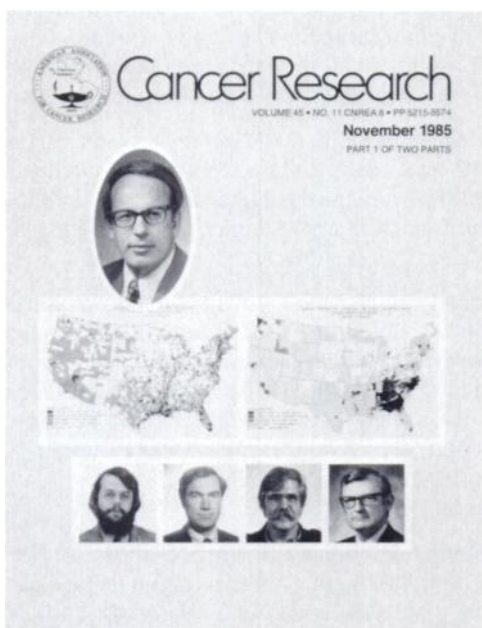
In a study involving 18 patients receiving 36 courses of *cis*-platinum therapy, Ativan Injection was administered prior to therapy. Lack of recall for the chemotherapy infusion, and for the subsequent 8 hours, was reported

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.⁵

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.³ 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.

COVER LEGEND



The striking geographic variation of cancer around the world along with changes in incidence among migrant populations have suggested that most cancers are related to environmental exposures, including lifestyle factors. Although the geographic differences within nations are generally less dramatic, epidemiologists at the National Cancer Institute in the mid-1970s prepared computer-generated maps of cancer mortality by county in the United States and discovered a surprising variety of geographic patterns and clusters (Atlas of Cancer Mortality for U.S. Counties, 1950–1969. DHEW Publication No. (NIH) 75-780. Washington, DC: United States Government Printing Office, 1975). After descriptive and correlational studies to help generate etiological leads, a series of case-control studies were conducted in various high-risk communities in efforts

to uncover reasons for the elevated cancer rates. Pictured on the *left* is the map for lung cancer among white males, with the highest rates clustered along the Gulf Coast and the Atlantic coast from Virginia to northern Florida. In case-control studies, the elevated rates on the eastern seaboard were attributed to asbestos exposures from shipyard employment, mainly during World War II, with the occupational risks potentiated by cigarette smoking [Banbury Rep., 9: 37, 1981; Cancer (Phila.), 50: 364, 1982]. Pictured on the *right* is the map for oral cancer among white females, revealing elevated rates in the rural southeastern parts of the country. A case-control study in North Carolina implicated the long-standing habit of dipping snuff, a troubling observation because of the rising consumption of smokeless tobacco products in the United States, particularly in young people (N. Engl. J. Med., 304: 745, 1981). The results of other field studies prompted by the cancer maps have been summarized recently (Hosp. Pract., 18: 81, 1983).

The United States cancer maps have been followed by publication of similar atlases in several countries, most notably in the Peoples' Republic of China, where remarkable geographic fluctuations of cancer mortality have provided a series of etiological clues, many of which are now being pursued.

The five investigators who collaborated in the mapping project and field studies are pictured. Joseph F. Fraumeni, Jr., M.D. (*upper frame*), is director of the epidemiology and biostatistics program of the National Cancer Institute. Robert N. Hoover, M.D. (*left lower*), is chief of the environmental epidemiology branch. William J. Blot, Ph.D. (*left middle*), is chief of the analytical studies section in that branch, and Thomas J. Mason, Ph.D. (*right middle*), is chief of the population studies section. William F. McKay (*right lower*), is a computer analyst in the clinical epidemiology branch. We are indebted to Dr. Fraumeni and his colleagues for their portraits and the illustrations.

M. B. S.