Helping Cancer Patients Connect

(NAPSA)—The subject of cancer can be overwhelming, especially for a newly diagnosed patient. A person can feel lost and confused trying to navigate the enormous amount of information available. Often, a helpful resource is someone who has gone through a similar experience.

This was the case for two men, Rabbi Andy Sklarz of Pennsylvania and Darin Bell of Colorado, who were linked by their battle with cancer.

In 2001, Rabbi Andy Sklarz was told he had a certain type of blood cancer known as Philadelphia chromosome-positive (Ph+) chronic myeloid leukemia (CML). Learning he had leukemia was devastating enough, but not knowing what to do or where to go for information made the situation worse for him.

Seeking help, Andy contacted his local chapter of The Leukemia & Lymphoma Society. With the Society's peer-to-peer program called First Connection, Andy was paired with Darin, who was diagnosed several years earlier with the same type of blood cancer.

The first time Darin made contact with Andy, the two men spoke for hours. Darin shared his experiences and was able to give Andy some valuable insights. At the time of Darin's diagnosis in 1991, his leukemia did not respond to a conventional chemotherapy treatment. In 1999, after consulting with his physician, Darin entered a clinical trial evaluating a new compound called STI571, now called Gleevec (imatinib mesylate). Outside the U.S. it's known as Glivec (imatinib). Darin responded to treatment and his leukemia is under control.

For more information about treatment options, clinical trials, educational and support programs, visit the following Web sites:

- www.lls.org
- www.cancercare.org
- www.cancer.org
- www.cancer.gov

Through this connection, Andy learned more about his disease, a new treatment option, and made a friend. Ultimately, Andy and his oncologist decided he should begin Gleevec therapy. Luckily, within weeks after starting treatment, Andy had no detectable signs of leukemia. Not all patients respond to treatment as quickly as Andy did and results vary depending on the individual patient.

CML is one of the four most common types of leukemia, a cancer that affects the bone marrow and blood. CML is characterized by the presence of an abnormality called the Philadelphia (Ph) chromosome. CML affects about 4,600 people in the U.S. each year.

Gleevec inhibits the activity of an abnormal protein, known as Bcr-Abl tyrosine kinase, responsible for blocking the signal that tells the body to stop producing white blood cells. Gleevec is one of the first cancer drugs to be developed using "rational drug design," a process based on an understanding of how certain cancer cells work. The majority of Ph+ CML patients who received Gleevec in clinical studies experienced adverse events but they were usually mild or moderate in severity. The most frequently reported side effects were edema (swelling), nausea, diarrhea, muscle cramps, musculoskeletal pain (pain pertaining to the muscles and the skeleton), rash and abdominal pain. In most cases, these events were managed without having to reduce the dose of Gleevec or interrupt treatment.

While Andy was fortunate to have a friend like Darin share information and support, he always consulted his physician and his nurse. It is important to discuss your findings with your physician and entire healthcare team to ensure you have updated and accurate information about side effects, dosing regimens and compliance concerns.

Editor's Note: About Gleevec

Gleevec is indicated for the treatment of newly diagnosed adult patients with Ph+ CML in chronic phase. Follow-up is limited. Gleevec is also indicated for the treatment of patients with Ph+ CML in blast crisis, in accelerated phase, or in chronic phase after failure of interferon-alpha therapy.

*Contraindications, Warnings and Adverse Events**

*The majority of CML patients who received Gleevec in clinical studies experienced adverse events, but they were usually mild or moderate in severity. The most frequently reported adverse events (all grades) regardless of suspected relationship to treatment were superficial edema (53%-74%)**, nausea (43%-73%), muscle cramps (28%-62%), vomiting (15%-58%), diarrhea (30%-57%), musculoskeletal pain (34%-49%), and rash (32%-47%). In most cases, these events were managed without having to reduce the dose of Gleevec or interrupt treatment. Gleevec was discontinued because of adverse events in only 4% of patients in chronic phase, 5% in accelerated phase, and 5% in blast crisis.*

*Severe (NCI Grades 3/4) neutropenia (2%-48%), anemia (<1%-42%), thrombocytopenia (<1%-33%), and hepatotoxicity (3%-6%), severe fluid retention (e.g.; pleural effusion, pulmonary edema, and ascites) and superficial edema (<1%-11%)***, hemorrhage (<1%-19%) and musculoskeletal pain (2%-9%) were reported among Gleevec recipients. Severe fluid retention appears to be dose related, was more common in the advanced phase studies (where the dosage was 600mg/day) and is more common in the elderly.*

*In patients taking Gleevec, bullous dermatologic reactions (e.g., erythema multiforme and Stevens-Johnson syndrome) have also been reported.*** There have also been reports, including fatalities, of cardiac tamponade, cerebral edema, increased intracranial pressure and papilledema.*

Use of Gleevec is contraindicated in patients with hypersensitivity to imatinib or to any other component of Gleevec.

Women of childbearing potential should be advised to avoid becoming pregnant while taking Gleevec.

Gleevec should be taken with food and a large glass of water to minimize GI irritation.

Dose adjustments may be necessary due to hepatotoxicity, other nonhematologic adverse events, or hematologic adverse events.

Gleevec is metabolized by the CYP3A4 isoenzyme and is an inhibitor of CYP3A4, CYP2D6, and CYP2C9. Examples of commonly used drugs that may significantly interact with Gleevec include acetaminophen, warfarin, erythromycin, phenytoin, and St. John's Wort (an herbal product). Please see full Prescribing Information for potential drug interactions.

For daily dosing of 800 mg and above, dosing should be accomplished using the 400 mg tablet to reduce exposure to iron. Patients at a total dose of 1200 mg daily may have an increased susceptibility to excess iron. If routine blood sampling indicates sustained increases in iron levels, attempts to lower other sources of iron exposure should be undertaken.

**Numbers indicate the range in percentages in 4 studies among patients with CML in blast crisis, accelerated phase, and chronic phase.*

***Patients should be weighed and monitored regularly for signs and symptoms of edema, which can be serious or life threatening.*

****In some cases, the reaction recurred upon rechallenge. Several foreign postmarketing cases note a resolution or improvement of bullous reaction following dose reduction with or without supportive care.*