This material is protected by U.S. copyright law. Unauthorized reproduction is prohibited. To purchase quantity reprints, please e-mail reprints@ons.org or to request permission to reproduce multiple copies, please e-mail pubpermissions@ons.org.

# **PRODUCT UPDATE**

## Vickie K. Fieler, RN, MS, AOCN® Associate Editor

# PHARMACY CORNER

# New Drug Approved for the Palliative Treatment of Prostate Cancer



Abarelix (Plenaxis<sup>™</sup>, Praecis Pharmaceuticals, Inc., Waltham, MA) is a potent antagonist of naturally occurring gonadotropin releasing-hormone (GnRH). It inhibits gonadotropin and androgen production

by blocking GnRH receptors in the pituitary gland. Abarelix is indicated for the palliative treatment of men with advanced symptomatic prostate cancer who meet the following criteria: They are not candidates for luteinizing hormone-releasing hormone agonist therapy, they refuse surgical castration, and they have a risk of neurologic compromise because of metastases, ureteral or bladder outlet obstruction because of disease, or severe bone pain from skeletal metastases persisting on narcotic analgesics. Abarelix is given as an intramuscular injection every two weeks for the first month followed by once every four weeks. The most common side effects are hot flashes, problems sleeping, pain, breast enlargement or pain, and constipation. Possible adverse effects include serious or life-threatening allergic reactions, allergic skin reactions, prolongation of the QTc interval, changes in liver function, and bone density loss with extended treatment. The effectiveness of abarelix may decrease over time in some patients, and efficacy beyond 12 months has not been established. Because of the risk of serious allergic reactions, patients must be monitored for 30 minutes after each injection.

Physicians, patients, and pharmacies must enroll in the Plenaxis Prescribing Program before the drug will be released. To enroll in the program, call 866-PLENAXIS or visit www.plenaxisplus.com. For more information about the drug, call the previous number or visit www.plenaxis.com.

## New Drug Treats Cancer-Related Hypercalcemia

Genta Inc. (Berkeley Heights, NJ) has announced that the U.S. Food and Drug Administration has approved Ganite<sup>TM</sup> (gallium ni-



trate) for the treatment of cancer-related hypercalcemia. Gallium nitrate originally was developed by as a chemother-

the National Cancer Institute as a chemotherapy agent but was found to markedly reduce calcium loss from bone. The exact mechanism of action is unknown, but gallium nitrate is thought to inhibit osteoclast activity and inhibit resorption by reducing bone turnover. Genta Inc. is continuing to investigate gallium nitrate's effectiveness as a chemotherapy agent in several different types of cancer. Gallium nitrate is indicated for the treatment of clearly symptomatic cancerrelated hypercalcemia that has not responded to adequate hydration.

Some clinical safety considerations and warnings exist. Gallium nitrate should not be administered to patients with severe renal impairment. Concurrent use of this drug and other drugs that are potentially nephrotoxic may increase the risk of severe renal insufficiency. Adequate hydration is necessary before and during gallium nitrate treatment, but overhydration must be avoided in patients with compromised cardiovascular status. Other potential side effects include hypocalcemia, anemia, decreased serum bicarbonate concentration, asymptomatic hypotension, and acute optic neuritis.

For more information, call 888-864-3682 or visit www.ganite.com. For Genta Inc.'s patient assistance program, visit www.genta CARES.com.

#### SAHA Receives Orphan Drug Status for Multiple Myeloma

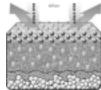
Suberoylanilide hydroxamic acid (SAHA) (Aton Pharma, Inc., Tarrytown, NY), an inhibitor of histone deacetylase, has been designated by the U.S. Food and Drug Administration (FDA) as an orphan drug for multiple myeloma. Orphan drug designation encourages research and product development by providing incentives to companies. Incentives include seven years of market exclusivity, tax credits for clinical research expenses, waiving of FDA application fees, and potential grant funding. SAHA is being investigated as an oral agent as well as for IV routes of administration. It has excellent oral bioavailability and a long duration of action. SAHA also is being tested in other cancers such as T cell lymphomas and metastatic squamous cell cancer of the head and neck. For more information, visit www.atonpharma.com.

## Satraplatin Receives Orphan Drug and Fast-Track Status

Satraplatin (GPC Biotech, Martinsreid, Germany) is a member of the platinum family of chemotherapy agents but is administered orally. Satraplatin has been designated by the U.S. Food and Drug Administration for orphan drug and fast-track status for second-line chemotherapy for hormone-refractory prostate cancer. Satraplatin also has indications of activity for small cell lung cancer and ovarian cancer. For more information, visit www .olicode.com/site\_usa/drug\_pipeline/satra platin.htm or www.gpc-biotech.com.

# NEW PRODUCTS

### Skin Treatment Offers Protection Against Dryness and Irritation



A new skin-care product is available called Gloves in a Bottle. This product forms a bond with skin to provide a protective layer to keep skin irri-

tants away from the skin and natural moisture and oils in. Gloves in a Bottle helps the outer layer of skin to keep its moisture, which helps to protect the deeper layers of skin. Skin can breathe and perspire naturally. Gloves in a Bottle does not wash off; it wears off with exfoliating skin cells. For continued protection, it needs to be reapplied every 4–12 hours. Prices start at \$12.95 (plus shipping and handling) for

Digital Object Identifier: 10.1188/04.ONF.345-346

Description of products does not indicate or imply endorsement by the Oncology Nursing Forum or the Oncology Nursing Society.