INSIDE PMB FEBRUARY 2005

EAST'S EXUBERANCE EXEMPLARY

West Will Not Whine

The results are in: East beat West 47 to 25 in a Pharmaceutical Manangement Branch-sponsored race to enroll electronic subscribers. It was not even close from day one. Even if we credited our four respondents from abroad to the West, they lagged throughout the three month competition. The individual or group winners were (for the east) Robert Fudge, the Oncology IDS Pharmacy staff at Johns Hopkins, and Linda Bressler; (for the west) Deborah Martin, Elizabeth Smith, and Kristine Johnson; and (for international sites) Michael Leung of Canada and Priya Dugal-Beri of Australia. These are the five most interesting facts we learned:

The University of Iowa is approximately 50 miles directly west of the Mississippi River unless you use Expedia - according to Expedia, they are 295 miles north of the river.

Montana--Big Sky Country–is where all the grizzlies roam.

Montana is west of the Mississippi according to Lewis and Clark. (The Montana contingent was chatty!)

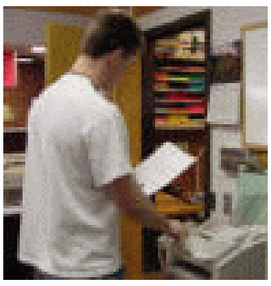
Illinois is east of the Mississippi, although apparently they never consider themselves Easterners.

In '93, the waters of the Mississippi might have converged with the Missouri River at Kansas City, making that location neither east nor west at that time.

Thanks to all who played. Most of the winners took the cookies, although a couple of books went out. No one cared about their dogs at all, so no wholesome dog biscuits were sent.

See Page 2 for our new contest.

WE GET LETTERS!



(Well, actually, we got one letter.) We are committed to publishing all letters, so if you have comments or criticisms, please let 'em fly!

Dan Vogel, BS CCRP of Peoria, Illinois wrote:
Thanks for addressing the confusion with the package insert instructions vs. study C90206's instructions regarding the use of the Intron A multidose pen. This has been a source of much anguish at our office.

I believe there is an error in the statement that the click method is not required for the 30 MIU pen. This dose level in the study calls for 6 MIU, but the standard one full turn only provides 5 MIU. Thus the click method is still required. To add to the confusion with this 30 MIU pen, at 6 MIU the pen will only provide 5 doses. But 6 doses are needed between office visits every 2 weeks (at least initially depending on the arm) Thus we must dispense two pens initially, then only one pen for the next few visits.

Ravie Kem, PharmD, of the PMB responds: *Dan, you are correct! The click method is required at other dose levels. Even we are confused sometimes. Thank you for pointing out this error.*

QUOTE OF THE QUARTER

"Pharmacy is like that sometimes....."
Supervisor Pat Schettino's response after the newsletter editor complained that this issue of INSIDE PMB was boring.

Look for INSIDE PMB quarterly! Next issue: May, 2005

GTI-2040

Henry David Thoreau said something about thawing with gentle persuasion being more powerful than Thor with his hammer. "The one melts, the other breaks into pieces." Why do we bring this up?

Several sites have reported that some (but not all) vials of GTI-2040 (NSC 722929) break spontaneously when thawing at room temperature. So, (1) BE CAREFUL, BE WARNED, and (2) note that the company now recommends thawing in the refrigerator for 24 hours before the dose is prepared. Unused thawed vials are stable in the refrigerator for 30 days, but do not refreeze, please. And for goodness sakes, do not use a hammer.

HEADS UP: OXALIPLATIN!

The PMB distributes oxaliplatin for many protocols. Please be aware that protocols **NSABP-C-08** and **E5202** are handled differently than all other oxaliplatin protocols. Please have PMB approval IN HAND before transferring oxaliplatin to or from these protocols.

The new expiration date for the DARF is Nov 30, 2007.

SURPRISE!

AZD2171 (NSC 732208) is a new oral vascular endothelial growth factor receptor (VEGFR) inhibitor. It must be taken on an empty stomach--1 hour before or 2 hours after meals. AZD2171 is available in 10 mg and 15 mg tablets.

CCI-779 vials (NSC 683864) 25 mg are out of stock. They will be available soon.

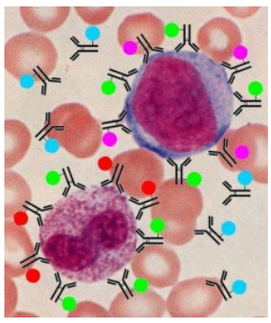
PMB AFTER HOURS

John Murphy in Perth, Australia (which he indicates is the farthest location on the planet from PMB) contacts us by E-mail, because if he calls, we're closed.

So.....Need to reach us after 4:30 PM Eastern time? Try our after hours E-mail address at any time of the day or night:

pmbafterhours@mail.nih.gov

Expect a response on the next business day!



FAQ: WHAT'S PMB'S POLICY OR RECOMMENDATION FOR THE HANDLING AND DISPOSAL OF MONOCLONAL ANTIBODIES?

Unfortunately, this common question has no global answer. Handling and disposal procedures can be guided by how an agent is classified, which is part of the issue with monoclonal antibodies.

Refer to the recent NIOSH publication, "Preventing Occupational Exposure to Antineoplastic and Other Hazardous Drugs in Health Care Settings" http://www.cdc.gov/niosh/docs/2004-165/, specifically to appendix A (Drugs Considered Hazardous). The list in appendix A of this publication does contain some monoclonal antibodies.

If a particular monoclonal antibody is absent from the list, it may still be a hazardous drug– there may be insufficient information to make that classification. If specific information is not available to classify an agent, use a more cautious and conservative handling and disposal approach.

Monoclonal antibodies (both investigational and commercial) have been conjugated to certain radioisotopes, cellular toxins, or chemotherapy; these are additional considerations for handling and disposal of these agents.

FAQ: HOW DO I KNOW IF AN INVESTIGATIONAL AGENT (OR ANY DRUG) IS CLASSIFIED AS "DANGEROUS"??

Dangerous goods information can be found on the Material Safety Data Sheet (MSDS), generally under transportation information. Additionally, your agent is classified as a dangerous good if the shipping receipt that the NCI Repository includes with your order includes one of the following comments:

•"Affix excepted quantities"
•"Use Special IATA DG packaging procedures"
•"Use infectious packaging guidelines"
•"Use 4GV box"

Dangerous goods have dangerous properties that can injure people, or damage the environment, property and other goods unless they are correctly handled during transport. The United Nations maintains a list of all dangerous substances that are likely to be transported. Each substance is allocated a United Nations Substance Identification Number (UN SIN), commonly referred to as the UN number. Find this number on the MSDS.

The Transport of Dangerous Goods Act and Ordinance defines dangerous goods as substances belonging to one of the nine classes (risk categories) in accordance with the UN system. (See box in column 2) Additionally, the UN recommendations are the foundation document for all transport of dangerous goods regulations, regardless of the type of transport. This document was created within the framework of the UN Economic & Social Council (ECOSOC), and regulations address land, sea and air transport.

Other substance classifications are based on other legislation. Substances may also have combined properties. They might to varying degrees be water soluble, flammable, heavy or light compared to water or air, have different viscosities. In the event of a fire, substances other than those that are in transport may be formed and they may possess properties that could be dangerous to humans and the environment.

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United Nations DG Classifications

Class 1 Explosive substances/articles
Class 2 Gases
Class 3 Flammable liquids
Class 4.1 Flammable solids self-reactive substances and solid desensitized explosives
Class 4.2 Substances liable to spontaneous combustion
Class 4.3 Substances which, in contact with water, emit flammable gases
Class 5.1 Oxidizing substances
Class 5.2 Organic peroxides
Class 6.1 Toxic substances
Class 6.2 Infectious substances
Class 7 Radioactive materials
Class 8 Corrosive substances
Class 9 Miscellaneous

WATCH YOUR MOUTH!

Match the following investigational agents with their generic names, and send your answers to pmbafterhours@mail.nci.gov. Three northerners and three southerners (directionally defined US Route 66) who answer 100% correctly (and we do know the answers) will win their choice of homemade cookies or dog biscuits.

1. alvocidib	a. AMI-227
2. apolizumab	b. carboxypeptidase
3. becatecarin	c. CC-5013
4. bevacizumab	d. flavopiridol
5. erlotinib	e. G3139
6. furumoxtran-10	f. Hu1D10
7. gefitinib	g. OSI-774
8. glucarpidase	h. XL119
9. oblimersen	i. rhuMAb VEGF
10. lenalidomide	j. ZD1839

Do not utter these names out loud while you are figuring it out. Some of them are uglier than traditional curse words! They are full of FRICATIVES (letters that make a word sound fast. Think: ***Ex-Lax***). Facts:

•The US uses ~ 33,000 trademarked names and 9000 generic names.
•Name confusion was blamed for 15% of all reported medication errors between 1995 and 2000.
•Generics don't begin with the letters H, J, K, or W -- these letters do not exist in some of the 130 countries that use International Non-proprietary Names (INNs), or sound different in other languages.
•There is a moratorium on the use of X and Z as lead letters on generic names.
•INNs avoid prefixes and stems like brev, vel, mal, or mor because they either mean or imply other things (brevity, velocity, bad, or death, respectively).
•INNs should not be selected based on a drug or agent's target indication because indications often change.

Who are we?
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THE END