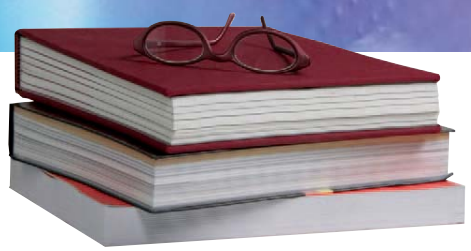
Recent Medical Scientific Publications By Our Team



American Society of Clinical Oncology Abstracts:

Journal of Clinical Oncology, 2006 ASCO Annual Meeting Proceedings Part I. Vol 24, No. 18S (June 20 Supplement), 2006:

Zoledronic acid provides long-term reductions in skeletal morbidity for men with prostate cancer and bone metastases. Abstract #149.

Panitumumab in combination with 5-Fluorouracil, leucovorin, and irinotecan (IFL) or FOLFIRI for first-line treatment of metastatic colorectal cancer (mCRC). Abstract #237.

Effectiveness of darbepoetin alfa administered every 3 weeks on clinical outcomes in patients with gastrointestinal cancer and chemotherapy-induced anemia. Abstract #382.

Randomized phase II study comparing 4 monthly doses of ipilimumab (MDX-010) as a single agent or in combination with a single dose of docetaxel in patients with hormone-refractory prostate cancer. Abstract #4609.

Aromatase inhibitor therapy for estrogen receptor positive ovarian cancer. Abstract #15038.

The effectiveness of darbepoetin alfa administered at 300 mcg every 3 weeks on clinical outcomes in elderly patients with chemotherapy-induced anemia. Abstract #18511.

Effect of zoledronic acid (ZOL) compared with placebo on overall disease and bone lesion progression in patients (pts) with bone metastases from certain solid tumors: stratification by baseline characteristics. Abstract #18541.

Articles and Book Chapters:

Resource Utilisation and Time Commitment Associated with Correction of Anaemia in Cancer Patients Using Epoetin Alfa. Clinical Drug Investigation, 26 (10): 593-601, 2006.

Treating the Anorexia/Cachexia Syndrome. Peer Viewpoint. Journal of Supportive Oncology, Vol. 4, No. 10, November/December 2006.

Panitumumab Monotherapy in Patients with Previously Treated Metastatic Colorectal Cancer. Journal of Clinical Oncology, in press.

Phase II Trial of Weekly Patupilone in Patients With Hormone-refractory Prostate Cancer. Journal of Clinical Oncology, in press.

Intravenous Ferric Gluconate Significantly Improves Response to Epoetin Alfa Versus Oral Iron or No Iron in Anemic Patients With Cancer Receiving Chemotherapy, The Oncologist, in press.

Cancer Anorexia and Cachexia. Chapter 39. In Nutritional Oncology, 2nd Edition. Academic Press, 2006.

Nutritional Support and Quality of Life. Chapter 44. In Nutritional Oncology, 2nd Edition. Academic Press, 2006.

A Case in Point

by PSMG Glendale Team, Linda Aghakhanian, PA-C, Mercedes Maruscak, NP, Jeany Cheng, NP

One patient's case demonstrates how an unsuspected cancer can be discovered with a complete medical workup that typically is performed at a hematology/oncology practice.

The patient, 72, was sent to us in March with an initial diagnosis of anemia. She had many of the symptoms, including fatigue and shortness of breath, but she didn't think these were signs of anything serious.

"I'm 72, I just thought it was because of my age," the patient says. "All my friends my age are tired."

We performed blood tests and determined that indeed, she had iron and vitamin deficiencies.

But most importantly, we requested a gastrointestinal consultation to evaluate her stomach and colon for blood loss or malignancy. It turned out she had colon cancer. Her disease was localized, which means that she has a better than 90 percent chance of cure.

Anemia, fatigue and change in bowel habits are frequently associated with colon cancer, and the patient's ability to communicate them accurately helped us make the correct diagnosis. Her case is one example of the need to be alert and screen for early detection.

She is finishing her treatment, and is doing great.

General recommendations for screening include colonoscopy at age 50. Individuals with higher risk histories such as colon polyps, family history of colon cancer, or inflammatory bowel disease, may need to be screened at an earlier age.