

Wyoming Cancer

SURVEILLANCE PROGRAM

Spring 2012

Drug Shortage Continues

For the one million plus patients in the US receiving chemotherapy treatment, many are finding the drugs needed for their treatment continue to be in short supply. The shortage of commonly used chemotherapy drugs started in 2005 with approximately 60 chemotherapy drugs in short supply. This number increased to 178 in 2010 and a record high of 267 in 2011. (1)

The most notable chemo shortages are Bleomycin, Cisplatin, Doxorubicin, Leucovorin, Etoposide injection, Mitomycin injection and Paclitaxel injection and the newest; Methotrexate. The generic drugs of Arimidex, Femra, Gemzar, Xeloda, Zometa and Taxotere are also in short supply while the shortage of Tretinoin oral and Vincristine injectable has been resolved.

The three main reasons for these drug shortages are regulatory issues, manufacturing factors (GMP or Good Manufacturing Practices) and distribution problems (2). A good example of a drug that was readily available but is now in short supply is Methotrexate. Methotrexate is labeled for use in treatment of osteosarcoma, acute lymphoid leukemia and lung cancer in children and meninge-

al leukemia's, breast cancer, head and neck cancers, advanced mycosis fungoides and advanced Non-Hodgkin lymphomas in adults. Off label use includes treatment of neoplastic diseases such as testicular carcinoma, bladder cancer, gastrointestinal cancer and soft tissue sarcomas.

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There were seven pharmaceutical companies manufacturing Methotrexate in the US. Two merged leaving six companies and of the six, two could not keep up with the increased demand for the product and cited manufacturing deficiencies, one suspended the distribution of the product, two shut down production due to maintenance problems including contamination, quality concerns and supply shortage and one would not comment as to reasons. (3)(Continued page 2.)



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What is currently being done to end this crisis? On October 31, 2011, President Barack Obama signed an executive order directing the FDA and the Department of Justice to take action to help further reduce and prevent drug shortages, protect consumers and prevent price gouging. Currently the FDA can regulate GMP, but it cannot regulate how much a company can manufacture. The Executive Order is one step that will help address the shortage of prescription drugs and ensure patients will receive the drugs they need. Changes include early notification of potential drug shortages, increased production and expediting review of regulatory submissions to the FDA. Read all about this like I did on www.whitehouse.gov/the-press-office. According to Forbes.com (2/13/2012), in Congress, bipartisan legislation has been introduced to address prescription drug shortages. The Drug Shortage Prevention Act would create a critical drug list to identify drugs that are susceptible to shortage. The bill would also require the FDA to inform distributors of an upcoming shortage and help prevent price gouging. This bill marks another "step" in government efforts to respond to drug shortages following President Obama's executive order.

Senators Amy Klobuchar (D-MN) and Bob Casey (D-PA) introduced S.296, the Preserving Access to Life-Saving Medications Act in February 2011. Much like other legislative solutions, this Act would require manufacturers to notify the FDA of disruptions in the supply of raw materials resulting in a drug shortage. Manufacturers would also need to notify the FDA of business decisions affecting supply including mergers and changes to output and publish this on the FDA website. (2)

Drug Shortage continued



Currently, there is not an immediate solution to the cancer drug shortage. As citizens we can encourage elected officials and candidates to make cancer a top priority. We can also support nonprofit advocacy affiliates of the American Cancer Society to lobby for policy and legislative changes of cancer based issues.

Submitted by Deb Broomfield

- 1) National Cancer Institute Cancer Bulletin, January 11, 2011 – Volume 8/number 1
- 2) American Cancer Society, Cancer Action Network: [Fact Sheet on Cancer Drug Shortages](#), July 2011
- 3) American Society of Health-System Pharmacists, February 13, 2012. www.ashp.org



Pancreatic Cancer

Patrick Swayze, a well-known American actor was diagnosed in 2008, with Stage IV pancreatic cancer and died in 2009.

Both my grandfathers died from pancreatic cancer.

According to NAACCR webinar , January 2012, Pancreatic Cancer is the second most common malignant tumor of the gastrointestinal tract next to colon cancer, and is the fourth leading cause of cancer related deaths in adults in America.

The pancreas lies partially behind the stomach. It sits between the stomach and in front of the spine. Tumors are hard to palpate due to the organ's deep location in the abdomen.

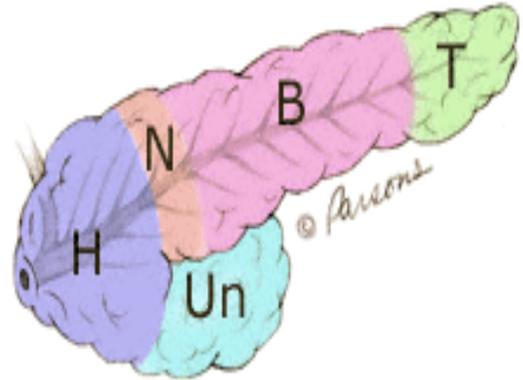
Tumors located in the head of the pancreas are most often diagnosed earlier because they are apt to cause the patient to become symptomatic earlier than if the tumor is discovered in the tail of the pancreas.

The exocrine function of the pancreas involves acinar cells that secrete enzymes into the duodenum to aid in digestion. The endocrine function involves Islets of Langerhans which include Alpha and Beta cells. Alpha cells secrete glucagon and Beta cells secrete insulin. Together these hormones are produced in the pancreas to help regulate glucose levels in the body.

Pancreatic Cancer most commonly metastasizes to the liver, peritoneal cavity and lungs.

Surgery is the only potential curative solution and a patient may be eligible for surgical resection only if they meet the following criteria: There can be no peritoneal or hepatic metastasis; No abutment, distortion, thrombus, or venous encasement of the portal or superior mesenteric vein; and there must be a clear fat plane around the celiac axis, hepatic artery, and superior mesenteric vein.

B=body
H=head
N=neck
T=tail
Un=uncinate



Treatments may include radiation and chemotherapy. Studies show patients who received surgical treatment followed by adjuvant chemotherapy and radiotherapy had a significant difference in outcomes. Those with adjuvant therapy had a median survival of 20 months and an actuarial two-year survival of 35% while the other group with no adjuvant therapy had a median survival of 12 months and an actuarial two-year survival of 0%. Surgery and other treatments may also be used for palliative measures to relieve symptoms if a cure is not likely.

Submitted by Deneen Shadakofsky

Diagrams and information obtained from the following web site: <http://pathology.jhu.edu/pancreas/BasicOverview1.php?area=ba>; and from NAACCR 2011-2012 Webinar Series

"Act as if it were impossible to fail." -- Dorothea Brande

Oh, To Be a Child Again!

Cancer is the leading cause of death from disease in children under the age of 15. (2) The good part is that approximately 70% of all children with cancer can be cured. (1)

The most common cancers that occur in children are: Leukemia, Brain and Central nervous system tumors, Kidney Cancer, Lymphoma, Soft tissue Sarcoma, Eye Cancer and Bone Cancer; Leukemia being the most prevalent followed by brain tumors. (2)

Many children experience ill effects from their treatments; possible infertility, musculoskeletal problems, neurologic and cognitive problems and maybe even body disfigurement. As adult survivors of childhood cancer, they may have an increase in chronic health issues and some experience severe or life threatening complications during adulthood. (3)

Statistics show that approximately 14 of every 100,000 children in the US will be diagnosed with cancer each year. (2) Wyo. Cancer Surveillance Program had 19 documented cases of childhood cancer diagnosed in 2010 for Wyoming Children. The most prevalent cancer for Wyoming's children was brain tumors. (4)

Wyoming children are seen by their doctors in Wyoming and immediately sent to Denver or other out of State Childhood Cancer Centers for further testing and treatment.

Jason's Friends Foundation, in Wyoming, helps to support families with some everyday expenses and as an advocate to walk them through some of the trials and tribulations of a child with Cancer or Brain tumors. But something is still missing – normalcy. The life that childhood cancer patients and families knew will never be the same after the diagnosis of Cancer.



Children with cancer experience things a child should not have to experience. They have probably lost their hair during surgery or from the chemo therapy drugs, they have tubes and machines hooked up to them and they don't know what is coming next. They have been away from home for long periods of time and have lost touch with their friends. They probably are tired all the time and aren't able to do the things they did before cancer.



The families have been struggling with finances and just trying to accomplish day to day tasks. Mom and Dad wonder why it is happening to their child. Siblings may feel left out and are shuffled here and there while the sick child is monopolizing the parent's time and concerns. They all need a "time out".

Wouldn't it be great to share experiences with others with similar illnesses? Wouldn't it be helpful for the whole family to be able to discuss their feelings and trials with others? Wouldn't it be wonderful to be able to forget that you are sick and just be a kid again and enjoy things that other children get to enjoy?

Wyoming is scheduled for it's first ever Childhood Cancer Camp, Camp Courage, in August of 2012. Many may ask why this is important. But if we can give a few children and their families a weekend of relaxation, fun and camaraderie, then we have helped in their fight against Cancer and maybe put a feeling of normalcy back into their lives.

Submitted by Vicki Moxley

- 1) Kidshealth.org/parent/medical/cancer/cancer.html
- 2) Cancer.org/Cancer/CancerinChildren/DetailedGuide/cancer-in-children-childh...
- 3) Cancer.gov/cancertopica/pdq/treatment/lateeffects/HealthProfessional
- 4) Wyoming Cancer Surveillance Data base

Upcoming Events

NPCR in Washington, DC - April 18-21, 2012

NAACCR in Portland Oregon - June 2-8, 2012

CSv2 in Atlanta, GA - May 10-11

Wyo. Chronic Disease Conference - May 1-2, 2012

Case Finding - May and June 2012

NAACCR Webinars

April 5, 2012 — Collecting Cancer Data: Lower Digestive System

May 3, 2012 — Collecting Cancer Data: Hematopoietic

June 14, 2012 — Using and Interpreting Data Quality Indicators

July 12, 2012 — ICD— 10 and Cancer Surveillance

August 2, 2012 — Collecting Cancer Data: Melanoma of Skin

September 6, 2012 — Coding Pitfalls



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“Success seems to be largely a matter of hanging on after others have let go.” – William Feather

"The happiest people don't necessarily have the best of everything. They just make the best of everything." --Anonymous

"If you really want to do something, you will find a way. If you don't, you will find an excuse." --Anonymous

WCSP newsletter is a semi-annual publication of the Wyoming Cancer Surveillance Program (WCSP).

This and previous issues are also available online at:

<http://www.health.wyo.gov/phsd/wcsp/news.html>



****Please note the WCSP mailing address has changed– our new address is:**
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