

Chemotherapy Works for the Very Old, Too

Even though metastatic pancreatic cancer (MPC) has an all-too-short prognosis, chemotherapy can extend the usual few months of survival, even in older patients, who are most likely to be diagnosed. Yet, the majority of elderly patients with MPC receive no treatment, say researchers from Creighton University Medical Center, the University of Nebraska Medical Center, and the VA Nebraska-Western Iowa Health Care System, all in Omaha, Nebraska.

The researchers reviewed all cases of MPC in patients aged 80 years and older in the Veterans Affairs Central Cancer Registry between 1995 and 2007. Among the 440 eligible patients, 367 (83%) received no therapy, while 52 (12%) received only chemotherapy. Further, 9 patients received radiotherapy, 5 received chemoradiation therapy, and 7 underwent surgery.

Chemotherapy was associated with significant improvement in survival, adding nearly 5 months, compared with 1.7 months for no therapy. One-year survival was also higher in patients receiving chemotherapy: 13% vs 3% in those receiving no therapy.

The researchers acknowledge the challenges of providing very elderly patients with appropriate cancer care. They're not usually represented in clinical trials, and physicians are understandably reluctant to extrapolate research findings from younger patients to older ones. Further, weighing the benefit of longer survival at the possible cost of quality of life is a delicate decision in the very old. Granted, say the researchers, the benefits and risks of chemotherapy in the very elderly are not well established, and chemotherapy should be used cautiously but, perhaps, not so cautiously as has been done.

Their "encouraging" findings led the researchers to recommend that very elderly patients with good performance status should be offered chemotherapy. Age alone, they say, should not preclude them from the treatment.

Source: *J Geriatr Oncol.* 2011;209-214.
doi:10.1016/j.jgo.2011.02.003.

Medication Use During Pregnancy on the Rise?

During the past 3 decades, the number of women using prescription medicines in the first trimester of pregnancy has risen by more than 60% and the number of women using 4 or more medicines has more than tripled. Yet, while it seems of critical importance to obtain information regarding the use of prescription and over-the-counter (OTC) medicines, "surprisingly few" data are available, say researchers from Boston University and Harvard School of Public Health, both in Boston, Massachusetts, and the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia.

The researchers had previously investigated exposures to OTC medications and herbal products using data from the CDC's National Birth Defects Prevention Study (NBDPS) and the Slone Epidemiology Center Birth Defects Study (BDS). They again turned to those studies, "taking advantage" of the 33-year period covered by the BDS and the population-based nature of the NBDPS, to identify secular patterns and selected demographic characteristics.

According to BDS data on 25,313 women, the average number of any medication used at any time during pregnancy increased by 68%, from 2.5 in 1976-1978 to 4.2 in 2006-2008 (range, 0-28). In that last year, 94% of the women took at least 1 medication.

During the first trimester, the average number of medications jumped by 63%, from 1.6 to 2.6; 82% of women in the last year used at least 1 medication.

Use of 4 or more medications also increased. For any time in pregnancy, the proportion of women taking 4 or more medications more than doubled, from 23% to 50% between the earliest and latest years of the study. The number of women using 4 or more medications during the first trimester nearly tripled, from 10% to 28%.

Of 5,008 women in the NBDPS, nearly 89% took at least 1 medication during pregnancy; 70% took at least 1 during the first trimester. During the first trimester, women took an average of 1.5 medications (range, 0-14), and an average of 2.6 medications at any time during pregnancy (range, 1-15).

Arkansas had the highest numbers of women using 1 or more medications any time in pregnancy (94%) and in the first trimester (85%); California had the lowest (83% and 58%, respectively). Use during both exposure periods increased with maternal age and education, and was highest for non-Hispanic whites and lowest for Hispanics.

The most common prescription medications, according to NBDPS, were antibiotics, progesterone, promethazine, albuterol, clomiphene, and loratadine.

Antidepressant use increased most dramatically, the researchers say. Fewer than 1% of women used them between 1988 and 1990; by contrast, their use spiked to 7.5% in the most recent period. Use of specific antidepressants fluctuated. Fluoxetine and paroxetine increased until 2000-2005 and then decreased; sertraline use peaked more than 2% in the last study years.

Claims data may substantially underestimate exposures. Recent research has documented more and more "drug sharing." One study, for in-

Continued on page 46

Continued from page 38

stance, found that 37% of reproductive age women acknowledged having borrowed or shared prescription medications.

Source: *Am J Obstet Gynecol.* 2011;205:51.e1-e8. doi:10.1016/j.ajog.2011.02.029.

Risk of Fracture from Bisphosphonates Not a Contraindication to Their Use

There is no rationale for withholding bisphosphonate therapy from patients who have osteoporosis, say researchers from Southampton University Hospital in the United Kingdom. Various case reports have suggested that some patients have experienced subtrochanteric and femoral shaft fractures as a result of long-term treatment with bisphosphonates.

Such atypical fractures have unique clinical and radiographic features, as these researchers discovered in diagnosing their own patient. The 67-year-

old woman presented with bilateral, sequential bisphosphonate-related, subtrochanteric fractures.

Clinical features include prodromal pain in the thigh or leg for weeks or months before the fracture, and lack of identifiable trauma. Their patient had no history of preceding trauma, but she had pain in her right hip when walking for a 4-month period before coming to the hospital. Other clinical features are use of another antiresorptive or steroid therapy, in addition to the bisphosphonate, and bilateral fractures (either simultaneous or sequential).

Radiographic features include presence of transverse fractures (in contrast to the more common osteoporosis-related spiral fracture); cortical hypertrophy or thickness; stress reaction on the affected or unaffected sides, or both; poor fracture healing; and normal or low bone mass, but not osteoporosis, in the hip region.

The authors suggest asking patients

who are on long-term bisphosphonate therapy about thigh and groin pain specifically. Radiographic imaging may be warranted in patients who have femoral pain. Finding the atypical fractures earlier could help prevent surgery.

Source: *Am J Geriatr Pharmacother.* 2011;9(3):194-198. doi:10.1016/j.amjopharm.2011.02.2009.

For additional
Drug Monitor
content, check out the
exclusive online edition
of Drug Monitor at:
www.fedprac.com

or scan
this image
with your
smartphone.

