

Caution Urged as More Teens Seek Breast Implants

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Contributing Writer

One of the nation’s largest professional societies for plastic surgeons has issued a statement recommending that its members be more cautious in performing cosmetic breast augmentation in women under age 18. The statement, issued in late December by the American Society of Plastic Surgeons, is meant to clarify previous policy

guidelines that also recommended against implanting the devices in young women, with exceptions, said Philip Haeck, M.D., a member of the ASPS board of directors and a plastic surgeon in private practice in Seattle, Wash. “This policy had one intent: to clarify a gray area for our members and put into writing what was already issued in previous policies,” Dr. Haeck said. It also serves as a reminder that saline breast implants are not approved by the

Food and Drug Administration for women under 18. The ASPS acknowledged that there has been an increase in the number of media reports of women younger than 18 getting breast implants for cosmetic reasons. But, said ASPS President Scott Spear, M.D., in a statement, “Contrary to popular belief, people 18 and younger make up only 4% of all cosmetic plastic surgery procedures. Although the numbers have increased over the years, teens continue to be a small per-

centage of the plastic surgery population.” According to ASPS statistics, 3,841 women aged 18 or younger had breast augmentation in 2003, a 4% increase over 2000 but a 24% increase over 2002. Another professional group, the American Society for Aesthetic Plastic Surgery, reported that 11,326 women under age 18 had breast augmentation in 2003, accounting for 4% of the 280,401 breast augmentation procedures that year. Diana Zuckerman, Ph.D., said her Washington, D.C.–based advocacy group, the National Center for Policy Research for Women & Families, asked the ASPS to condemn the procedure in women under 18 in mid-2004, primarily because those women aren’t mature enough to make such a decision. A long-time critic of cosmetic breast augmen-

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tation, Dr. Zuckerman applauded the new policy statement but questioned whether it gave plastic surgeons a “loop-hole” by saying implants were acceptable in cases of asymmetry.

Dr. Haeck strongly disagreed with that characterization, noting that asymmetric breasts can be socially and psychologically devastating for young women. “This is a private matter between a surgeon and the patient behind the closed door of an exam room, and it is, just like apple pie, the American way,” he said.

He emphasized, however, that in most instances, cosmetic enhancement would not be acceptable. “Most of us feel that breast implants for your 16th birthday are inappropriate,” Dr. Haeck said. He did acknowledge that the recommendations were just that—advice. “We can’t sit in our members’ offices and tell them they can’t do it,” he said.

The policy urged a delay in implants for these young women, until they have “sufficient emotional and physical maturity to make an informed decision based on an understanding of the factors involved in this procedure.”

With years of experience, a plastic surgeon can determine whether a young woman has this maturity, Dr. Haeck said, adding that in some cases, it is more obvious when implants would be inappropriate—such as when a boyfriend accompanies the patient and is paying for the surgery.

Michael Olding, M.D., chief of plastic surgery at George Washington University, Washington, and a member of the ASPS’s public education committee, said he has never performed cosmetic breast augmentation in a woman under age 18. Some women might be mature at that age, he noted, “but those people are, in my opinion, a very small percentage of the women who would want to have breast augmentation at that age.”

ZOFRAN® (ondansetron hydrochloride) Tablets ZOFRAN ODT® (ondansetron) Orally Disintegrating Tablets ZOFRAN® (ondansetron hydrochloride) Oral Solution

The following is a brief summary only; see full prescribing information for complete product information.

CONTRAINDICATIONS
ZOFRAN Tablets, ZOFRAN ODT Orally Disintegrating Tablets, and ZOFRAN Oral Solution are contraindicated for patients known to have hypersensitivity to the drug.

WARNINGS
Hypersensitivity reactions have been reported in patients who have exhibited hypersensitivity to other selective 5-HT₃ receptor antagonists.

PRECAUTIONS
Ondansetron is not a drug that stimulates gastric or intestinal peristalsis. It should not be used instead of nasogastric suction. The use of ondansetron in patients following abdominal surgery or in patients with chemotherapy-induced nausea and vomiting may mask a progressive ileus and/or gastric distension.

Information for Patients: Phenylketonurics: Phenylketonuric patients should be informed that ZOFRAN ODT Orally Disintegrating Tablets contain phenylalanine (a component of aspartame). Each 4-mg and 8-mg orally disintegrating tablet contains <0.03 mg phenylalanine.

Patients should be instructed not to remove ZOFRAN ODT Tablets from the blister until just prior to dosing. The tablet should not be pushed through the foil. With dry hands, the blister backing should be peeled completely off the blister. The tablet should be gently removed and immediately placed on the tongue to dissolve and be swallowed with the saliva. Peelable illustrated stickers are affixed to the product carton that can be provided with the prescription to ensure proper use and handling of the product.

Drug Interactions: Ondansetron does not itself appear to induce or inhibit the cytochrome P-450 drug-metabolizing enzyme system of the liver (see CLINICAL PHARMACOLOGY, Pharmacokinetics in full prescribing information). Because ondansetron is metabolized by hepatic cytochrome P-450 drug-metabolizing enzymes (CYP3A4, CYP2D6, CYP1A2), inducers or inhibitors of these enzymes may change the clearance and, hence, the half-life of ondansetron. On the basis of available data, no dosage adjustment is recommended for patients on these drugs.

Phenyltoin, Carbamazepine, and Rifampicin: In patients treated with potent inducers of CYP3A4 (i.e., phenytoin, carbamazepine, and rifampicin), the clearance of ondansetron was significantly increased and ondansetron blood concentrations were decreased. However, on the basis of available data, no dosage adjustment for ondansetron is recommended for patients on these drugs.

Tramadol: Although no pharmacokinetic drug interaction between ondansetron and tramadol has been observed, data from 2 small studies indicate that ondansetron may be associated with an increase in patient controlled administration of tramadol.

Chemotherapy: Tumor response to chemotherapy in the P-388 mouse leukemia model is not affected by ondansetron. In humans, carmustine, etoposide, and cisplatin do not affect the pharmacokinetics of ondansetron.

In a crossover study in 76 pediatric patients, I.V. ondansetron did not increase blood levels of high-dose methotrexate.

Use in Surgical Patients: The coadministration of ondansetron had no effect on the pharmacokinetics and pharmacodynamics of fentanyl.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Carcinogenic effects were not seen in 2-year studies in rats and mice with oral ondansetron doses up to 10 and 30 mg/kg/day, respectively. Ondansetron was not mutagenic in standard tests for mutagenicity. Oral administration of ondansetron up to 15 mg/kg/day did not affect fertility or general reproductive performance of male and female rats.

Pregnancy: Teratogenic Effects: Pregnancy Category B. Reproduction studies have been performed in pregnant rats and rabbits at daily oral doses up to 15 and 30 mg/kg/day, respectively, and have revealed no evidence of impaired fertility or harm to the fetus due to ondansetron. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: Ondansetron is excreted in the breast milk of rats. It is not known whether ondansetron is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when ondansetron is administered to a nursing woman.

Pediatric Use: Little information is available about dosage in pediatric patients 4 years of age or younger (see CLINICAL PHARMACOLOGY and DOSAGE AND ADMINISTRATION sections of full prescribing information for use in pediatric patients 4 to 18 years of age).

Geriatric Use: Of the total number of subjects enrolled in cancer chemotherapy-induced and postoperative nausea and vomiting in US- and foreign-controlled clinical trials, for which there were subgroup analyses, 938 were 65 years of age and over. No overall differences in safety or effectiveness were observed between these subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. Dosage adjustment is not needed in patients over the age of 65 (see CLINICAL PHARMACOLOGY section of full prescribing information).

ADVERSE REACTIONS
The following have been reported as adverse events in clinical trials of patients treated with ondansetron, the active ingredient of ZOFRAN. A causal relationship to therapy with ZOFRAN has been unclear in many cases.

Chemotherapy-Induced Nausea and Vomiting: The adverse events in Table 1 have been reported in B5% of adult patients receiving a single 24-mg ZOFRAN Tablet in 2 trials. These patients were receiving concurrent highly emetogenic cisplatin-based chemotherapy regimens (cisplatin dose B50 mg/m²).

| Table 1. Principal Adverse Events in US Trials: Single Day Therapy With 24-mg ZOFRAN Tablets (Highly Emetogenic Chemotherapy) | | | |
|---|--------------------------------|---------------------------------|--------------------------------|
| Event | Ondansetron 24 mg q.d. n = 300 | Ondansetron 8 mg b.i.d. n = 124 | Ondansetron 32 mg q.d. n = 117 |
| Headache | 33 (11%) | 16 (13%) | 17 (15%) |
| Diarrhea | 13 (4%) | 9 (7%) | 3 (3%) |

The adverse events in Table 2 have been reported in B5% of adults receiving either 8 mg of ZOFRAN Tablets 2 or 3 times a day for 3 days or placebo in 4 trials. These patients were receiving concurrent moderately emetogenic chemotherapy, primarily cyclophosphamide-based regimens.

| Table 2. Principal Adverse Events in US Trials: 3 Days of Therapy With 8-mg ZOFRAN Tablets (Moderately Emetogenic Chemotherapy) | | | |
|---|---------------------------------|---------------------------------|-----------------|
| Event | Ondansetron 8 mg b.i.d. n = 242 | Ondansetron 8 mg t.i.d. n = 415 | Placebo n = 262 |
| Headache | 58 (24%) | 113 (27%) | 34 (13%) |
| Malaise/fatigue | 32 (13%) | 37 (9%) | 6 (2%) |
| Constipation | 22 (9%) | 26 (6%) | 1 (<1%) |
| Diarrhea | 15 (6%) | 16 (4%) | 10 (4%) |
| Dizziness | 13 (5%) | 18 (4%) | 12 (5%) |

Central Nervous System: There have been rare reports consistent with, but not diagnostic of, extrapyramidal reactions in patients receiving ondansetron.

Hepatic: In 723 patients receiving cyclophosphamide-based chemotherapy in US clinical trials, AST and/or ALT values have been reported to exceed twice the upper limit of normal in approximately 1% to 2% of patients receiving ZOFRAN Tablets. The increases were transient and did not appear to be related to dose or duration of therapy. On repeat exposure, similar transient elevations in transaminase values occurred in some courses, but symptomatic hepatic disease did not occur. The role of cancer chemotherapy in these biochemical changes cannot be clearly determined.

There have been reports of liver failure and death in patients with cancer receiving concurrent medications including potentially hepatotoxic cytotoxic chemotherapy and antibiotics. The etiology of the liver failure is unclear.

Integumentary: Rash has occurred in approximately 1% of patients receiving ondansetron.

Other: Rare cases of anaphylaxis, bronchospasm, tachycardia, angina (chest pain), hypokalemia, electrocardiographic alterations, vascular occlusive events, and grand mal seizures have been reported. Except for bronchospasm and anaphylaxis, the relationship to ZOFRAN was unclear.

Radiation-Induced Nausea and Vomiting: The adverse events reported in patients receiving ZOFRAN Tablets and concurrent radiotherapy were similar to those reported in patients receiving ZOFRAN Tablets and concurrent chemotherapy. The most frequently reported adverse events were headache, constipation, and diarrhea.

Postoperative Nausea and Vomiting: The adverse events in Table 3 have been reported in B5% of patients receiving ZOFRAN Tablets at a dosage of 16 mg orally in clinical trials. With the exception of headache, rates of these events were not significantly different in the ondansetron and placebo groups. These patients were receiving multiple concomitant perioperative and postoperative medications.

| Table 3. Frequency of Adverse Events From Controlled Studies With ZOFRAN Tablets (Postoperative Nausea and Vomiting) | | |
|--|-----------------------------|-------------------|
| Adverse Event | Ondansetron 16 mg (n = 550) | Placebo (n = 531) |
| Wound problem | 152 (28%) | 162 (31%) |
| Drowsiness/sedation | 112 (20%) | 122 (23%) |
| Headache | 49 (9%) | 27 (5%) |
| Hypoxia | 49 (9%) | 35 (7%) |
| Pyrexia | 45 (8%) | 34 (6%) |
| Dizziness | 36 (7%) | 34 (6%) |
| Gynecological disorder | 36 (7%) | 33 (6%) |
| Anxiety/agitation | 33 (6%) | 29 (5%) |
| Bradycardia | 32 (6%) | 30 (6%) |
| Shiver(s) | 28 (5%) | 30 (6%) |
| Urinary retention | 28 (5%) | 18 (3%) |
| Hypotension | 27 (5%) | 32 (6%) |
| Pruritus | 27 (5%) | 20 (4%) |

Preliminary observations in a small number of subjects suggest a higher incidence of headache when ZOFRAN ODT Orally Disintegrating Tablets are taken with water, when compared to without water.

Observed During Clinical Practice: In addition to adverse events reported from clinical trials, the following events have been identified during post-approval use of oral formulations of ZOFRAN. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. The events have been chosen for inclusion due to a combination of their seriousness, frequency of reporting, or potential causal connection to ZOFRAN.

General: Flushing. Rare cases of hypersensitivity reactions, sometimes severe (e.g., anaphylaxis/anaphylactoid reactions, angioedema, bronchospasm, shortness of breath, hypotension, laryngeal edema, stridor) have also been reported. Laryngospasm, shock, and cardiopulmonary arrest have occurred during allergic reactions in patients receiving injectable ondansetron.

Hepatobiliary: Liver enzyme abnormalities

Lower Respiratory: Hiccups

Neurology: Oculogyric crisis, appearing alone, as well as with other dystonic reactions

Skin: Urticaria

DRUG ABUSE AND DEPENDENCE

Animal studies have shown that ondansetron is not discriminated as a benzodiazepine nor does it substitute for benzodiazepines in direct addiction studies.

OVERDOSAGE

There is no specific antidote for ondansetron overdose. Patients should be managed with appropriate supportive therapy. Individual intravenous doses as large as 150 mg and total daily intravenous doses as large as 252 mg have been inadvertently administered without significant adverse events. These doses are more than 10 times the recommended daily dose.

In addition to the adverse events listed above, the following events have been described in the setting of ondansetron overdose: “Sudden blindness” (amaurosis) of 2 to 3 minutes’ duration plus severe constipation occurred in 1 patient that was administered 72 mg of ondansetron intravenously as a single dose. Hypotension (and faintness) occurred in a patient that took 48 mg of ZOFRAN Tablets. Following infusion of 32 mg over only a 4-minute period, a vasovagal episode with transient second-degree heart block was observed. In all instances, the events resolved completely.



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