

Government plans further review of control of entry

Regulations that govern the way in which new pharmacy contracts are awarded in England will be subject to further Government scrutiny, health minister Andy Burnham announced last week.

In a statement issued alongside the report of the Government's latest review of the control of entry system, Mr Burnham said: "We have decided that it would not be prudent to propose further major changes to the current system, either in terms of moving towards greater regulation or imposing tighter restrictions. . . . We have concluded that the time is right to consider how we can best shift the focus away from a system that is largely a legacy of the last century to more modern and reformed contractual arrangements that can better meet the health needs and challenges of this century.

The review will be completed by March and undertaken by Anne Galbraith, who in

2003 chaired an advisory group which examined the introduction of the control of entry regulations. Mr Burnham added: "We shall review what action is needed to allow primary care trusts to have more powers to commission . . . to secure adequate service provision to meet local health needs, while ensuring the opportunities to maximise choice and contestability within a reformed system are not lost."

The Government's decision to undertake a further review will lead to uncertainty for contractors, the Pharmaceutical Services Negotiating Committee said in a statement. "Many contractors will have been surprised to learn that there will be another review of control of entry arrangements. Independents and multiples alike make significant investments to provide services to patients — many have recently invested heavily to implement

the pharmacy contract. This adds a further period of uncertainty about the future, which will not be welcomed."

The National Pharmacy Association and Numark have both welcomed the decision not to make any immediate changes to the control of entry system. NPA chief executive John D'Arcy said: "I agree with the report's assessment that it is too early to judge the impact of the revised control of entry provisions, so I'm pleased to see that there won't be any changes rushed through."

Numark managing director Simon Colebeck commented: "Numark is pleased to see that there will be no further relaxation of exemptions. . . . This further period of reflection may well expose the shortcomings in the control of entry amendments as they stand at the moment."

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Call for "desirable" to be restored to control of entry test wording

Changing the wording of the control of entry test from "desirable" to "expedient" has made the NHS Act 2006 null and void, the National Pharmacy Association has argued.

The NPA has asked Lord Hunt, the minister with responsibility for pharmacy, to restore the original "necessary and desirable" wording under new powers in the Legislative and Regulatory Reform Act 2006 without the need for a further Act of Parliament. The

wording of the control of entry test for new pharmacy contracts in England was changed in the NHS Act 2006 and the NHS (Wales) Act 2006 last year (*PJ*, 18 November 2006, p596). The Department of Health said the change was to achieve consistency and that there would be no change to the criteria used to assess applications.

John D'Arcy, NPA chief executive, commented: "This is not a matter of tidying up

definitions. Twenty years of judicial scrutiny have allowed community pharmacy and the NHS to reach a position of relative certainty as to what words mean and how they will be interpreted in decision making. Changing 'desirable' to 'expedient' will allow old applications to be challenged and encourage new applications, opening the floodgates to anyone wishing to challenge a PCT decision."

NPA opens debate on access to electronic NHS care records for community pharmacists

The case for community pharmacists to have "read and write" access to electronic NHS care records is set out in a National Pharmacy Association position statement this week.

The NPA hopes that the statement will stimulate debate among other pharmacy bodies, health care professionals and the public so that a consensus can be reached. John D'Arcy, the NPA's chief executive, commented: "It is time for the profession to make the case for access, to patients and the public as well as other health care professionals and the Government. Electronic care record pilots are due to start this year, we cannot afford to be left behind."

The document argues that access to electronic records is necessary for pharmacists to carry out their responsibilities under the new contract and gives scenarios to illustrate this. It says that access will prevent harm to patients and bring benefits for patients, pharmacists and other health care professionals.

"Patients often see their pharmacist more frequently than any other health care professional, which means that the pharmacist is able to add the most up-to-date information



Access to electronic records is needed

to the shared care record to support the care provided by other health care professionals," says the statement.

The statement also addresses potential objections to pharmacists having access to NHS records, such as a belief that access beyond patient medication records is not required and concerns about maintaining patient confidentiality in a shop environment.

Society's national pharmacy boards elections completed

The first elections to the Royal Pharmaceutical Society's national pharmacy boards have been completed, with polling figures suggesting that the creation of an English Pharmacy Board has failed to attract much interest among pharmacists.

The percentage of ballot papers returned in the election of pharmacists to the English board was 14.4 per cent, compared with 24.2 per cent in Scotland and 29.8 in Wales.

Pharmacy technicians were more enthusiastic, with polls of 27.4 per cent of ballot papers returned in England and 36.9 per cent in Wales.

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First independent prescriber

The first pharmacist to be awarded a practice certificate in independent prescribing has now registered with the Royal Pharmaceutical Society and is able to practise as an independent prescriber. Beth Hird, senior practice pharmacist at Nottinghamshire County Teaching Primary Care Trust, qualified from Keele University last week (*PJ*, 13 January, p37).

Glasgow pharmacists to tackle health inequalities

Pharmacists in Glasgow are to play a key role in the Scottish Executive's "Prevention 2010" initiative that aims to tackle health inequalities.

Richard Lowrie, community pharmacy clinical services lead, NHS Greater Glasgow and Clyde, told *The Journal* that the Glasgow project will help people in deprived areas make better use of primary care services. Pharmacists will focus on prescription collection, supporting adherence, and referral to health and social care agencies.

The project will involve up to 60 pharmacies and 18 GP surgeries in two areas of the city. "The GP practices will identify patients aged 45–65 years with cardiovascular disease who are poor attenders or receiving polypharmacy. They will be referred to a community pharmacist of their choice who will promote adherence using an evidence-based approach," explained Mr Lowrie. "This will involve discussing what medicines have been prescribed and why. It is not a clinical

review but about supporting adherence, although if any clinical issues are identified these will be referred to the GP. The aim is to get patients back into regular contact with the health service and help them take their prescribed medicines."

Pharmacists will be provided with details of the patient's clinical history and repeat medicines. Patients will be seen by a pharmacist every two months, up to 12 times over the two-year initiative. It is expected that 1,200 to 1,500 patients will use the service.

There are five Prevention 2010 sites across Scotland. The Glasgow project has been awarded two-year funding and will start within the next month. Exactly how much will be paid per pharmacist consultation is being finalised.

Another part of the project is an extension to the existing pharmacy-based smoking cessation service. Liz Grant, public health pharmacist, NHS Greater Glasgow and Clyde,



Re-establishing regular contact with health services is a key aim of the project

explained that pharmacists and assistants will receive behavioural change training. "Selected pharmacies will be able to supply combination nicotine replacement therapy under agreed criteria, and to offer smoking cessation support to housebound patients," she added.

News in brief

Patient records

Guidance on retention of patient records will not be extended to community pharmacy, according to a Scottish Executive report. The report concludes that contractual arrangements between community pharmacists and the NHS make extending guidance to pharmacy inappropriate. However, it hopes pharmacy will follow the Scottish Executive health department's forthcoming guidance on records management where practicable.

Generics shortage guidance

Guidance on managing shortages of generic medicines has been issued by the British Generic Manufacturers Association and the Department of Health. "Notification and management of medicines shortages" sets out similar provisions to those suggested by the DoH and the Association of the British Pharmaceutical Industry last week (*PJ*, 13 January, p40).

Delivery of Pfizer products in NI

UniChem has revealed that it will not deliver Pfizer medicines in Northern Ireland from March. Sangers (NI) Ltd has been subcontracted to deliver Pfizer's products on behalf of UniChem, since it does not have a dedicated wholesale facility there. UniChem will take orders and Sangers will deliver products and collect any returns through a separate warehouse within its main facility.

Varenline among five drugs accepted by SMC

The smoking cessation medicine varenline is among five drugs accepted by the Scottish Medicines Consortium for use in NHS Scotland this month.

Varenline (Champix) has been accepted for smoking cessation treatment for adults. In addition: busulfan (Busilvex) has been accepted as a conditioning treatment before conventional haematopoietic progenitor cell transplantation; clofarabine (Evoltra) has been accepted for the treatment of acute lymphoblastic leukaemia in patients under 21 years of age; and ertapenem (Invanz) has been

accepted for the treatment of diabetic foot infections of the skin and soft tissue.

Daptomycin has been accepted, following an abbreviated submission, for the treatment of complicated skin and soft tissue infections in adults who have known or suspected methicillin-resistant *Staphylococcus aureus* infection. However, Omalizumab (Xolair) was not accepted as an add-on asthma therapy in adult and adolescent patients with severe persistent asthma. The SMC concluded that the economic case for its use had not been demonstrated.

NHS consultation on five principles of self care launched

Consultation on five principles of self care has been launched by NHS Skills for Health

Skills for Health works with employers to ensure that health care workers are equipped with appropriate skills.

It is seeking comments on whether the principles address the Government's goal in the "Our health, our care, our say" White Paper to identify the skills needed to develop self-care support.

The five principles identified are: empower patients to make informed choices to manage

their condition and care needs; communicate effectively to enable patients to develop and gain confidence in their self care skills; enable patients to use technology to support self care; enable patients to develop skills in self care; and enable patients to participate in service planning and access support networks.

Further information about the five principles is available via *PJ Online* (www.pjonline.com/links/pj). Comments should be sent to karen.walker@skillsforhealth.org.uk by 28 February.

Day Lewis acquires lion's share of Alliance Boots disposals

Day Lewis pharmacy group has agreed to purchase 31 pharmacies from Alliance Boots, representing 32 per cent of the 96 pharmacies that the Office of Fair Trading ruled should be disposed of following the merger of Boots The Chemists and Alliance UniChem last year (*PJ*, 5 July 2006, p151).

The acquisition will increase the size of the Day Lewis group to over 160 pharmacies.

Another company set to expand following the merger of Alliance and Boots is the Co-operative Group, which has agreed to purchase 21 pharmacy branches from Alliance Boots.

Mental health trusts need more pharmacy input

Mental health trusts should increase the amount of clinical support provided by pharmacy staff to both wards and community teams, according to the Healthcare Commission in a report published last week. But there are concerns that such a development is beyond the current capacity of most trusts.

“Talking about medicines: the management of medicines in trusts providing mental health services” is the first report that focuses specifically on the management of medicines in mental health trusts and details findings from a review of 42 such trusts in England and Wales.

The report highlights relatively weak investment in clinical pharmacy services in mental health trusts compared with acute trusts. However, where clinical pharmacy services do exist, the contribution per patient on each visit is similar to that reported by acute trusts. In addition, there is limited evidence of pharmacy staff being involved with community teams, which treat over 90 per cent of service users in mental health. The report also emphasises the need to clarify the purpose and scope of medication reviews.

David Branford, chief pharmacist at Kingsway Hospital, Derbyshire Mental Health Services NHS Trust, commented: “Meeting the recommendations of the report will be beyond the capacity of many mental health trusts. The estimates in this report alone suggest a need for a pharmacy workforce at least three times that currently employed by mental health trusts.”

He added that achieving the recommendations will depend on leadership from the Department of Health and the Royal Pharmaceutical Society along with funding to equip mental health pharmacy teams with the necessary tools and staff. Leadership will also be required locally from mental health trust chief pharmacists. “Sustained support over a number of years is needed — this will not happen overnight,” he warned.

David Pruce, director of practice and quality improvement at the Society, agreed that a strong pharmacy infrastructure needs to be put in place. “The future should see specialist mental health pharmacists having an increased role in the care of patients,” he said.

□ **Acute trusts** A report that draws out national issues from a review of medicines man-



Mbighini/Dreamstime

Healthcare Commission wants pharmacists to have more input into the use of medicines in mental health care

agement in all 173 acute and specialist NHS trusts in England was also released by the Healthcare Commission last week — data from this review were first published last year (*PJ*, 19 August 2006, p209).

The report emphasises that there has been investment in clinical pharmacy services since a previous review in 2002 but identifies many issues that still need to be addressed, some of which also apply to mental health trusts (see Panel). Weaknesses in information sharing between hospitals and GPs and slow progress in automation and self-administration of patients' own medicines are highlighted in the report.

Both reports describe 10 areas for trusts to focus on to help them review their strategy for medicines management. The reports are available at www.healthcarecommission.org.uk and via *PJ Online* (www.pjonline.com/links/pj).

Recommendations common to both reports

The two Healthcare Commission reports make a number of shared recommendations. They are:

- Pharmacy staff should look to improve their profile, ensuring other hospital staff and patients are aware of how they can contribute to the care of patients
- Pharmacy staff should be made key stakeholders in trust initiatives with a medicines content and chief pharmacists should have the status of a clinical director and be actively involved in clinical policy development
- Trusts should identify and communicate their requirements for electronic prescribing systems to ensure the benefits can be realised at the earliest opportunity
- Trusts should maximise benefits from independent and supplementary prescribing by determining where it can best be used to meet clinical need

New opiate substitute could minimise misuse

Substance misuse clients receiving an opiate substitute can now be treated with a combination product containing buprenorphine and naloxone.

Suboxone, available from Shering-Plough in two tablet strengths, is designed to provide the opiate substitute buprenorphine in a product that reduces the potential for, and dangers associated with, misuse.

Kay Roberts, pharmacist and chairman of PharMAG (an advisory group with special interest in pharmaceutical aspects of substance misuse), told *The Journal* that the launch of Suboxone had been expected for some time.

“The combination of buprenorphine with the antagonist naloxone is intended to improve the safety profile if it is misused by injection,” she said. However, she added that there are other issues to consider.

“Experience in Australia and New Zealand suggests that the product may be misused because there is some residual opiate effect when injected, despite the naloxone component,” she said.

“Furthermore, although naloxone is almost completely inactive when taken by mouth, there is a small amount of the antagonist activity. Many clients therefore need to receive higher doses of Suboxone than buprenorphine — it is not a straight switch.”

Mrs Roberts also pointed out that there are dosing issues to consider with the product combination being a fixed ratio.

She added: “If use of the product does increase it is important that service providers don't become complacent. Just because the product contains naloxone, one cannot assume there is no risk.”

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News in brief

Lord Hunt returns

Lord Hunt of Kings Heath has returned to the Department of Health as Minister of State for Quality. His portfolio includes professional regulation and pharmacy, among other matters. Pharmacy was previously in the portfolio of health minister Andy Burnham. Lord Hunt replaces Lord Warner, who has retired.

DVD for patients with depression

Community pharmacists in south west London are taking part in a mental health promotion project in which they will give out a DVD containing information on antidepressants, cognitive behavioural therapy and relaxation techniques to all patients who present with their first prescription for antidepressants.

Global award for pharmacy-led diabetes service

A pharmacy-led service in Edinburgh and the Lothians, set up to support people from ethnic minorities who are struggling to manage their diabetes, has been recognised by the International Diabetes Federation.

Lubna Kerr, clinical pharmacist, Lothian Health Board, was presented with the DAWN (diabetes attitudes wishes and needs) Award 2006 at the IDF's annual congress held in Cape Town, South Africa, last month.

The 2006 award of €15,000 had been earmarked for an initiative supporting disadvantaged minority populations with diabetes. Dr Kerr told *The Journal* that her team had set up

a culturally sensitive diabetes service. "Patients who need access to culturally appropriate care or medication review can be referred to the service by any health care professional. Patients are seen either at home or in their place of work or at a hospital clinic, whichever location suits them best."

Dr Kerr explained that, as a bilingual pharmacist, she is able to communicate with patients from a south Asian background.

For other non-English-speaking patients the service uses link workers who are trained in diabetes management. "We also run an outreach service in a sports centre where patients

are offered access to three types of therapy: traditional, holistic and exercise. This service is delivered by a diabetes nurse specialist, another bilingual pharmacist and alternative therapists," she said.

Dr Kerr, who was recently co-opted to become a trustee for Diabetes UK, hopes to use the award money to expand her service to other ethnic minority populations in Scotland and to share the lessons learnt with health professionals in other parts of the world.

The DAWN award is given by Novo Nordisk on behalf of the IDF and an international advisory panel.

Benefits of inhaled insulin not sufficient to outweigh disadvantages

There are few situations where the potential benefit of inhaled insulin (Exubera) outweighs its associated safety concerns and expense, the authors of a *Drug and Therapeutics Bulletin* review conclude (2007;45:5).

The reviewers acknowledge that the need to inject insulin may make its use unacceptable to some patients and that alternative administration methods might address some of the problems associated with subcutaneous insulin. However they point out that, because Exubera is short-acting, it does not remove

the need for patients with type 1 diabetes to inject basal insulin.

The reviewers are also not convinced by the promotional claim that Exubera maintains "long-term glycaemic control", since experience of its use in routine long-term management of diabetes is limited. They also warn that the longer-term effects of continual exposure to insulin powder on the lungs are not known.

The January *DTB* also discusses the treatment of impetigo (ibid, p2).



Exubera: long-term experience is limited

Call for new pharmacy leadership

Professional leadership in pharmacy should focus on clinical innovation in community pharmacy practice, rather than on regulatory matters and contract terms, the Association of the British Pharmaceutical Industry has told a Parliamentary inquiry into the future of pharmacy. Dispensing should also become less important.

“Community pharmacy can only deliver the vision and patient benefits laid out in the pharmacy contract if its leaders and representative bodies drive the required changes,” an ABPI submission to the All-Party Pharmacy Group’s inquiry says.

Calling for further changes to the pharmacy contract, the ABPI says that a transparent debate is needed on whether pursuing purchase profits and prescription volume are compatible with high-quality health care.

“As long as the pharmacy contract continues to incentivise pharmacists for high volumes of dispensing and achieving higher discounts on medicine purchased, that is what many will focus on,” the submission says. “The general medical services contract has demonstrated that by incentivising doctors to address genuine health needs this is what gets done.”

Although recognising that dispensing underpins the wider role that community pharmacists can play, the ABPI believes that advanced services, such as medicines use reviews, should be incorporated into the list of

essential services and, over time, should displace dispensing from its position as the principal essential service.

The submission also says that pharmacists should take on more clinical roles and that to do this they need comprehensive IT connectivity in the NHS and access to patients’ medical records.

It advocates using pharmacists’ skills to:

- Enhance concordance and compliance, so that medicines are taken in a way that improves outcomes
- Provide benefit/risk profiles of medicines and alternatives to them
- Improve the safer use of medicines, especially in nursing and residential homes
- Reduce waste
- Actively promote better health and advise on other services
- Train staff working for the NHS and local authorities on medicines management

Commenting, ABPI director general Richard Barker said: “The pharmacy contract is a significant first step in realising the potential that the community pharmacist has to play in health care, but there now needs to be a more confident stride. The contract needs to put a strong emphasis on giving incentives to community pharmacists to make addressing health needs the main focus of their attention.”

Seven-day scripts for MDSs halted in Wales

Advice on how pharmacists should deal with GPs’ withdrawal of seven-day prescriptions has been issued by Community Pharmacy Wales.

CPW recommends that pharmacists review their current provision of monitored dosage systems and identify patients who would not qualify for MDS support under the requirements of the Disability Discrimination Act 1995. It also suggests giving patients at least 30 days’ notice of any change to the service they will receive.

GPs in Wales have been instructed to stop supplying seven-day prescriptions issued “solely for the purpose of supporting monitored dosage tray provision”, CPW says. This has been done for a number of reasons, Ian Millington, secretary to Morgannwg Local

Medical Committee, says in a letter to GPs in Morgannwg posted on the CPW website.

“There is a potential risk that issuing scripts in this way to generate extra fees for non-NHS funded work could be construed as a breach of the terms of service or even fraud,” he says. In addition, the extra work involved in preparing seven-day prescriptions may be seen as diverting funds from other NHS services and the use of MDS may raise clinical governance issues and, potentially, liability for a prescriber “colluding in this scheme” to administer drugs off-licence, Dr Millington suggests. However, this advice does not, he emphasises, mean that seven-day scripts issued for clinical reasons should cease.

Further information is accessible via *PJ Online* (www.pjonline.com/links/pj).

Welsh Assembly Government sets nine-year cancer targets

Three sets of targets for tackling cancer between now and 2015 have been set out by the Welsh Assembly Government.

“Designed to tackle cancer in Wales” sets out implementation targets that will run from now until March 2008, from April 2008 until March 2011 and from April 2011 until 2015.

By March 2008, every smoker who wants to quit will have access to an NHS smoking cessation service within a month of referral. By 2015, the WAG aims to have cancer incidence and survival rates comparable to the lower European quartile. Intermediate targets, to be reached by March 2011, have yet to be set.

Potential for novel vascular targeting agent for cancer

Clinical evidence has emerged that nitric oxide has a role in maintaining tumour blood supply and that inhibition of its synthesis results in a sustained reduction in tumour blood volume. The research is published online in *The Lancet Oncology* on 15 January (www.thelancet.com).

Animal studies have suggested that nitric oxide synthase may have a role in maintaining tumour blood supply. Nitric oxide increases tumour vascularisation through angiogenesis, which is related to increased tumour growth, and is the final mediator of angiogenesis stim-

ulated by vascular endothelial growth factor, the major factor implicated in angiogenesis of many human tumours.

Researchers gave a single dose of the nitric oxide synthase inhibitor N-nitro-L-arginine (L-NNA) to 18 volunteers who had non-small cell lung cancer, prostate cancer or cervical cancer. They found that, in the eight patients who underwent CT scanning, tumour blood flow decreased one hour after treatment (mean decrease of 42.9 per cent, range 12.0–62.1, $P=0.007$). This decrease was sustained for up to 24 hours and was associated with an increase in

the number of non-perfused tumour pixels, indicating a decrease in functional vascularity. Toxic effects were cardiovascular and self-limiting, including a drop in pulse rate and an increase in blood pressure.

“The sustained reductions in tumour blood volume after a single dose of L-NNA seem promising for use as a novel vascular targeting agent,” say the researchers. However, the biological role of nitric oxide in cancer remains unclear, they add. Further studies will be needed to relate these vascular findings to clinical outcome, they conclude.

Researchers lay groundwork for large-scale production of therapeutic proteins in eggs

Hens may in the future be used for large-scale production of therapeutic proteins, new research published this week online suggests (*PNAS* Early Edition, www.pnas.org).

UK researchers created transgenic chickens by inserting certain gene sequences into embryos using lentiviral vectors derived from equine infectious anaemia virus. They demonstrated stable transmission of the integrated vectors through the germ line in two subsequent generations. The resulting “transgenes” were chosen to express either a humanised miniantibody (miR24 — a potential treatment for malignant myeloma) or human interferon beta-1a, directed by regulatory sequences from the chicken ovalbumin gene.

“We aimed to direct transgene expression to the oviduct of laying hens by utilising regulatory sequences of the ovalbumin gene to control expression of the two therapeutic proteins,” the authors explain.

Ovalbumin makes up some 54 per cent of protein within egg white; the researchers



Antonio Ovejero Diaz/Dreamstime.com

Hen eggs: transgenic chickens could yield therapeutic proteins in egg whites

demonstrated that the transgenic hens laid eggs that contained functional recombinant therapeutic proteins.

Lapatinib shows survival benefit in breast cancer

Analysis of results from a phase III trial of the oral dual-kinase inhibitor lapatinib (Tykerb; GlaxoSmithKline) in women with HER2-positive advanced or metastatic breast cancer has confirmed a survival benefit for lapatinib plus capecitabine, compared with capecitabine alone (*New England Journal of Medicine* 2006;355:2733). The trial was stopped early last year due to positive interim results (*PJ*, 15 April 2006, p436).

The study involved 324 women who had received multiple previous treatments. Data showed that 49 women progressed in the combination therapy group compared with 72 in the monotherapy group (hazard ratio 0.49, 95 per cent confidence interval 0.34–0.71; $P<0.001$). Median time to progression was 8.4 months and 4.4 months, respectively.

Adverse events leading to discontinuation were similar in the two groups although more women in the lapatinib group experienced asymptomatic cardiac events related to treatment (four versus zero). No symptomatic cardiac events were observed and there were no withdrawals from treatment due to decreases in left ventricular ejection fraction.

“The findings . . . warrant elevations of the role of lapatinib, which has a mechanism of action distinct from that of trastuzumab, earlier in the treatment of HER2-positive breast cancer,” the researchers conclude.

Two new drugs show promising results for AML

Two drugs in development to treat acute myeloid leukaemia (AML) have shown promising results in poor-prognosis disease in early clinical trials. Both drugs have been developed through redesign of the chemical structure of currently available agents in an effort to achieve a better efficiency profile. The studies are reported this month in the *Journal of Clinical Oncology* (2007;25:10 and 25).

Troxacitabine is a nucleoside analogue with a long half-life that is excreted largely unchanged. It also has special features of cellular uptake and intracellular metabolism, bypassing the resistance mechanism imposed in nucleoside-specific membrane transporters.

Researchers gave a continuous infusion of troxacitabine to 48 poor-prognosis, heavily pretreated patients with AML and a median

age of 58 years. They found that this regimen allowed a significant increase in dose intensity compared with iv bolus. An overall remission rate of 15 per cent was achieved. The maximum tolerated dose was 12mg/m²/day for five days.

In the second study, an iv bolus of cloretazine, a sulfonylhydrazine alkylating agent with significant antileukaemia activity, was given to 104 older patients with previously untreated AML or high-risk myelodysplastic syndrome and co-morbidities. A remission rate of 32 per cent was achieved after one or two courses of therapy.

The author of an accompanying editorial (*ibid*, p1) says that, considering the poor risk profile of the patients, these drugs deserve additional study.

Pexelizumab stumbles in reperfusion trial

Pexelizumab, a humanised monoclonal antibody that binds the C5 component of complement, has failed to improve 30-day mortality for patients with acute ST-elevation myocardial infarction when used as an adjunct to percutaneous transluminal coronary intervention (*JAMA* 2007;297:43).

The drug had shown promise in earlier studies (*PJ*, 7 December 2002, p803 and 13 December 2003, p806).