

Drug Watch

Bevacizumab increases gastrointestinal perforation

Bevacizumab significantly increases the risk of gastrointestinal (GI) perforation, a study has confirmed. The risk is highlighted in the product's summary of product characteristics — but previous randomised clinical trials have lacked the statistical power to confirm the association, claim the authors of the study, published online in *The Lancet* on 25 May 2009 [1].

They performed a systematic review and meta-analysis of data from 17 randomised controlled trials involving over 12,000 patients, and found that those treated with bevacizumab had more than double the risk of GI perforations, compared with patients who received control medicine (relative risk 2.14, 95% confidence interval 1.19–3.85; $p = 0.011$).

The inhibitor of vascular endothelial growth factor is widely used in current cancer treatment, so it is important to look out for symptoms of perforation. The risk may vary with bevacizumab dose and tumour type.

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Question marks over acid suppressants in hospital

Recent papers suggest proton pump inhibitors (PPIs) and H₂ receptor antagonists are over-used and that they may be associated with nosocomial pneumonia and reduced effects of clopidogrel on platelet function.

A US study reports that just over half of patients admitted may be prescribed either a PPI or H₂ receptor antagonist in a Boston teaching hospital [1]. Pneumonia may develop because acid suppressants modify the bacteria in the upper GI tract, and as a result, the respiratory flora, over a period of a few days.

A Greek study says PPIs are inappropriately prescribed in Greece for unlicensed indications and usually for an unspecified time [2]. PPIs were prescribed in 430 patients (25.4%). In 349 (81.2%) of these, PPIs were prescribed for an improper indication, mainly for prophylaxis with medicines such as steroids, NSAIDs, antiplatelets and warfarin. The most commonly prescribed PPI was omeprazole.

Those discharged on clopidogrel for acute coronary syndrome (ACS) and prescribed a PPI were more likely to be readmitted for ACS or die: 29.8% of those receiving clopidogrel plus PPI versus 20.8% of patients prescribed clopidogrel without a PPI. After adjustment for confounding factors, PPI use increased the risk of a primary outcome event by about a quarter [3].

1. JAMA 2009;301:2120.

2. Eur J Int Med. 2009;20(2):171-3.

3. Can MAJ;doi:10.1503/cmaj.082001.

EMA to investigate safety of insulin glargine

EMA is looking into four recently published studies investigating a possible relationship between insulin analogues, in particular insulin glargine, and the risk of cancer. The studies were published on the *Diabetologia* website on 26 June 2009.

The results of the four studies were found to be inconsistent. In two studies (Scottish Diabetes Research Network Epidemiology Group and Jonasson et al.) an association between breast cancer was found in a group of patients taking insulin glargine as monotherapy, but not in another group using insulin glargine together with other types of insulin. For other cancers, no association was found. In these two studies dose-dependency was not evaluated. The third study (Hemkens et al.) reported a dose-dependent association between use of insulin glargine and malignancies. However, no information is available on the types of cancer found in this study. In the fourth study (Currie et al.), no association between cancer and the use of any insulin was found.

www.emea.europa.eu/EMA/408474/2009

New expert consensus on the primary therapy of early breast cancer

The 11th St Gallen expert consensus meeting proposed a radically different treatment selection algorithm for the management of early breast cancer in March 2009 [1]. Greater knowledge of the heterogeneous nature of the disease has resulted in clarification of the indications for different types of treatment, and the authors expect clinical practice to change as a result.

New information was presented in the area of genetics, tumour biology, experimental therapeutics, surgery, oncology radiation and adjuvant systemic therapy. A panel of 43 experts from around the world reviewed this to arrive at recommendations on the principles of treatment selection. Answering the specific questions “What justifies the use of endocrine, anti-HER2 and chemotherapy?” allowed the panel to propose a new approach to the selection of each treatment modality according to its most relevant indications. They hope that this will enable clinicians to make the best possible choice of all the types of treatment currently available.

1. Published in Ann Oncol doi:10.1093/annonc/mdp322.