

Study: Most Teen Girls Lack Knowledge of STIs

BY SHERRY BOSCHERT
San Francisco Bureau

NEWPORT BEACH, CALIF. — Only one in five female adolescents correctly identified nine common sexually transmitted infections or correctly answered seven true-false questions about their sequelae in a study of 259 subjects.

Questionnaires completed by patients aged 12-20 years at an outpatient clinic showed that most of them did not recognize hepatitis B or C as sexually transmitted infections (see bar chart), and 46% did not know that symptoms of sexually transmitted infections are less likely to appear in males than in females.

Almost half (45%) thought that birth control methods besides condoms could prevent sexually transmitted infection, and a majority of the cohort reported inconsistent condom use. Dr. Seema Menon reported in a poster presentation at the annual meeting of the North American Society for Pediatric and Adolescent Gynecology.

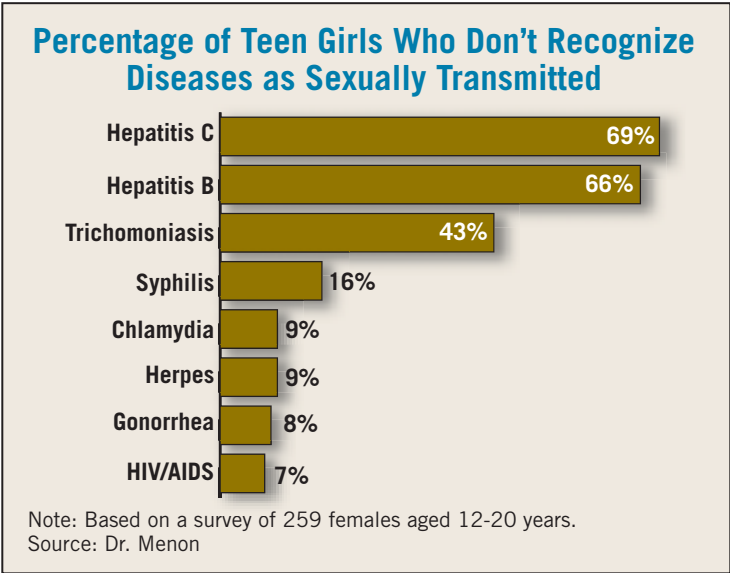
The age of respondents and their primary source of information did not seem to affect their level of knowledge about sexually transmitted infection. The only

factor that predicted greater knowledge was having had one of the infections, which was reported by 47% of the cohort, said Dr. Menon of the University of South Carolina, Columbia, and her associates.

“A prior history of sexually transmitted infection should not be the sole driving force for teens to acquire knowledge,” she said. “Health care providers should aim to increase education about sexually transmitted infections during routine visits, as well as actively create new educational tools to improve accurate knowledge in the adolescent population that is so vulnerable to these infections.”

Given a list of nine common sexually transmitted infections, only 19% of participants correctly identified them all as sexually transmitted.

Although 93% correctly identified HIV/AIDS as a sexually transmitted infection, 91% incorrectly said that it is the only serious sexually transmitted infec-



Among 253 participants who provided information about their current birth control methods (including condoms), 59% reported inconsistent use of condoms, 24% used condoms consistently, 25% were on Depo-Provera, 18% used contraceptive pills, 2% used a contraceptive ring, 1% used a contraceptive patch, and 30% used no contraception. (More than one response was allowed.)

Reasons for not using condoms were identified as monogamy by 73%, dislike of condoms by 29%, use of another contraceptive method by 17%, refusal by a sexual partner in 11%, embarrassment by 5%, and cost by 2%.

Among 199 participants who identified a source of their information about sexually transmitted infections, 30% said a doctor or nurse, 30% said classes at school, 28% said family, 5% said friends, 2% said boyfriends, and 5% said TV, radio, or the Internet.

The 199 in this subgroup did not reach a preset goal of 200 participants needed to reach a power of 80% in detecting a difference, so it is possible that information from doctors still made a difference in the adolescents' knowledge of sexually transmitted infections.

“The impact a health care provider may have on sexually transmitted infection education or condom use should not be undervalued,” Dr. Manon said.

growth factor receptor 2 (HER2)—positive first-line metastatic breast cancer and for adjuvant HER2-positive breast cancer.

Herceptin, which was first approved in 1998, is the first humanized antibody approved for the treatment of HER2-positive metastatic breast cancer. It is designed to target and block the function of HER2 protein overexpression, and is indicated as a first-line treatment with paclitaxel and as monotherapy in second- and third-line therapy.

In 2006, trastuzumab gained approval in a regimen containing doxorubicin, cyclophosphamide, and paclitaxel for adjuvant treatment. In January, Herceptin was approved as a single agent for adjuvant treatment of HER2 overexpressing node-negative and node-positive breast cancer following multimodality anthracycline-based therapy.

—Shirley Haley, “The Pink Sheet”

Prescribing Information

FOSTEUM™ Capsules
genistein aglycone (27 MG)
citratated zinc bisglycinate (20 MG)
cholecalciferol (200 IU)

FOSTEUM is a specially formulated prescription medical food product for the clinical dietary management of the metabolic processes of osteopenia and osteoporosis. FOSTEUM must be administered under physician supervision.

INDICATIONS AND USAGE

Indications
FOSTEUM is indicated for the clinical dietary management of the metabolic processes of osteopenia and osteoporosis.

Usage

FOSTEUM should be taken with sufficient calcium and vitamin D₃ as directed by a physician. In clinical trials of the genistein aglycone in FOSTEUM, patients also received 1,000 mg of calcium carbonate and 800 IU vitamin D₃ per day in two divided doses. See Dosage and Administration for additional information.

Interactions with Food

FOSTEUM can be taken with or without other foods. FOSTEUM may be taken with any beverage desired.

PRECAUTIONS AND CONTRAINDICATIONS

General
Causes of osteopenia or osteoporosis other than menopause or aging should be considered.

Hypersensitivity
FOSTEUM is contraindicated for anyone having a hypersensitivity to any ingredient in the product. See “Other ingredients” for a full list of ingredients.

Patients with Cancer

Since no studies have been done in these populations, as a precaution, FOSTEUM is contraindicated for patients with a history of cancer of the breast or reproductive organs and should be used with caution by women who have a history of breast or reproductive cancer in first degree female relatives.

Vitamin D Deficiency

FOSTEUM is not intended to treat vitamin D deficiency.

Pregnancy

FOSTEUM is contraindicated in pregnant and lactating women. Women capable of becoming pregnant should use appropriate contraception when taking FOSTEUM. The genistein aglycone in FOSTEUM has not been tested in women capable of becoming pregnant.

ADVERSE EVENTS

Study discontinuation in clinical trial subjects was due to gastrointestinal symptoms, including abdominal and epigastric pain, dyspepsia, vomiting and constipation. The incidence of adverse events was statistically higher in the genistein aglycone group. The major adverse events are shown in the table below without attribution of causality.

Adverse Events	Year 1		Year 2	
	Genistein aglycone + Ca/D (n=178)	Ca/D (n=172)	Genistein aglycone + Ca/D (n=150)	Ca/D (n=172)
Abdominal Pain	4 (2.2%)	2 (1.1%)	2 (1.3%)	1 (0.6%)
Dyspepsia	2 (1.1%)	1 (0.6%)	7 (4.7%)	2 (1.3%)
Constipation	5 (2.8%)	2 (1.7%)	8 (5.3%)	3 (1.9%)

Some of these adverse event occurrences may be attributable to the intake of 1,000 mg per day of calcium carbonate by subjects in both groups. Taking FOSTEUM with food may reduce or eliminate some gastrointestinal symptoms.

Regular monitoring of urine and serum calcium may be indicated in this population.

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FDA Approves Two New Uses for Trastuzumab in Treatment Regimens

The Food and Drug Administration has approved two new uses for trastuzumab with hormone therapy in HER2 overexpressing, node-positive or high-risk node-negative breast cancer, the agency announced.

The new approvals are for use of trastuzumab (a) as part of a treatment regimen containing doxorubicin, cyclophosphamide, and docetaxel, and (b) as part of a regimen that includes docetaxel and carboplatin.

Genentech, which manufactures trastuzumab under the brand name Herceptin, submitted the two supplemental biologics license applications in June 2007 based on data from a Roche study that included an arm in which carboplatin was substituted for anthracyclines (doxorubicin and others) in an attempt to decrease the cardiotoxicity associated with that class.

Among other research, Genentech and Roche are studying trastuzumab in combination with bevacizumab for human

The two supplemental license applications for Herceptin were submitted based on data from a study that substituted carboplatin for anthracyclines.

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