POLICY &

ACR Research Agenda

More research is needed not only to improve treatments for rheumatologic diseases, but also to gain a better understanding of the pathophysiology and disease mechanisms related to rheumatologic conditions, according to the American College of Rheumatology's research agenda. The document, which was developed by the ACR's Committee on Research, calls for research to investigate the regulation of immune and inflammatory pathways and their involvement in disease mechanism as well as identifying mechanisms underlying pain. On the treatment side, ACR pointed out the need to investigate innovative methods of drug delivery, including cell-based methods and gene therapy. The college also called for investigating theory-driven nonpharmacologic interventions to reduce pain and disability and to improve quality of life. But more money and government support are needed to make this possible, according to ACR. The group called for an increase in government and private funding and an increase in the number of early career investigators in all areas of research. The ACR research agenda is available online at www.rheumatology.org.

Psoriasis Advocates

The patient advocacy group Psoriasis Cure Now has honored three members of Congress for increasing funding for psoriasis research. Sen. Arlen Specter (R-Pa.), Rep. Rosa DeLauro (D-Conn.), and Rep. Ralph Regula (R-Ohio) were given the group's 2005 Health Care Advocates of the Year award. "These leaders took up our cause without fanfare and recognized how research on psoriasis will help not just the millions of Americans with the disease, but may also help us better understand other challenging diseases," Michael Paranzino, president of Psoriasis Cure Now, said in a statement.

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PRACTICE

Advances in Arthritis

The Food and Drug Administration approval of abatacept, a costimulation modulator, for the treatment of moderate to severe rheumatoid arthritis, is among the top 10 advances of last year according to the Arthritis Foundation. Also topping the list are a recent study showing that febux-ostat is effective for treatment of gout; a Medicare demonstration project that allowed nearly 16,000 arthritis patients to gain coverage for self-injectable drugs; research showing that weight loss and exercise can reduce arthritis pain and improve

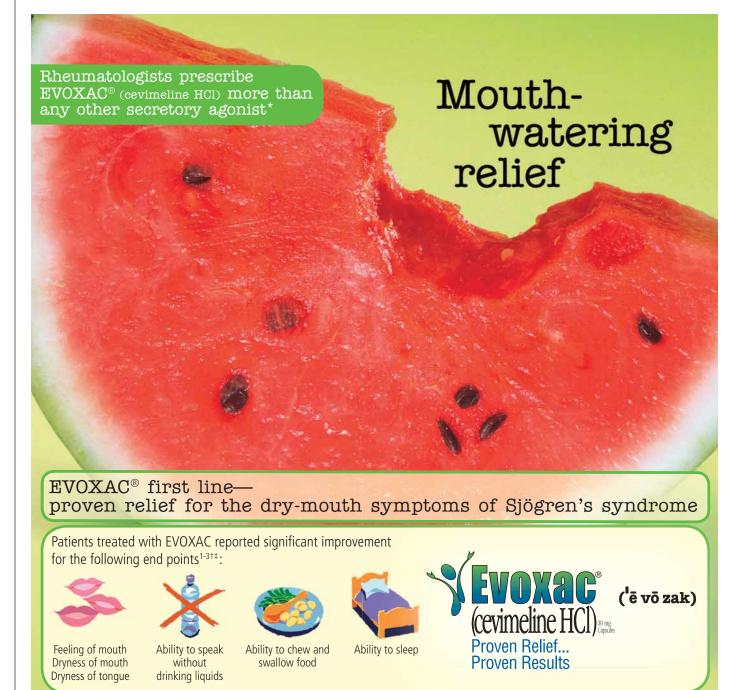
function; and findings from research showing that a once-monthly osteoporosis treatment is effective at increasing bone mineral density.

Rural Access to Part B Drugs

Access problems may prevent rural providers from participating in the new Competitive Acquisition Program (CAP) for Part B drugs and biologicals, Joan Sokolovsky, a senior analyst with the Medicare Payment Advisory Commission (MedPAC), said at a commission meeting late last year. Physicians who elect to participate in the CAP program will obtain drugs from a preselected list

of vendors, who in turn will take on the responsibility of billing Medicare for the drugs and collecting coinsurance or deductibles from patients. Under CAP rules, drugs must be delivered to the facility where they will be administered. Chemotherapy in rural areas, however, is delivered through satellite facilities, where "sometimes drugs cannot be mixed," Ms. Sokolovsky said. In a recommendation, MedPAC said that the U.S. Department of Health and Human Services should allow an exception to these delivery rules for rural satellite offices of providers.

-Mary Ellen Schneider



Safety considerations

- The most frequently reported adverse events associated with the pharmacologic action of a muscarinic agonist (>10% incidence) in clinical trials of cevimeline were: excessive sweating, nausea, rhinitis, and diarrhea. Consult the brief summary of prescribing information for other adverse events
- Cevimeline is contraindicated in patients with uncontrolled asthma, known hypersensitivity to the drug, and in acute iritis and narrow-angle (angle-closure) glaucoma
- Consult the brief summary of prescribing information for safety considerations concerning drug interactions, special populations, patients with a history of cardiac disease, controlled asthma, chronic bronchitis, COPD, nephrolithiasis, or cholelithiasis

Please see accompanying brief summary of prescribing information.

- Special care should be exercised when cevimeline is taken by geriatric patients, considering the greater frequency of decreased hepatic, renal, or cardiac function
- Cevimeline can potentially alter cardiovascular function.
 Consult the brief summary of prescribing information concerning these potential effects
- Caution should be advised while driving at night or performing hazardous activities in reduced lighting
- *IMS Health. National Prescription Audit *Plus*™ for the 6-month period ending March 2004.
- [†]In 1 or more clinical trials, patients reported significant improvement for these secondary end points at various measurement intervals using a visual analogue scale (VAS) (*P*A0.05).
- [†] Statistical significance was not observed consistently for every secondary end point at each point of measurement across all studies.

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