

although the evidence is controversial,⁹ and their role in complex interventions is not yet established.^{10,11}

Positive effects on restenosis have also been reported¹² with use of a paclitaxel-coated angioplasty balloon.

- Windecker S, *et al.* Sirolimus-eluting and paclitaxel-eluting stents for coronary revascularization. *N Engl J Med* 2005; **353**: 653–62.
- Dibra A, *et al.* Paclitaxel-eluting or sirolimus-eluting stents to prevent restenosis in diabetic patients. *N Engl J Med* 2005; **353**: 663–70.
- Hofma SH, *et al.* One year clinical follow up of paclitaxel eluting stents for acute myocardial infarction compared with sirolimus eluting stents. *Heart* 2005; **91**: 1176–80.
- Stone GW, *et al.* A polymer-based, paclitaxel-eluting stent in patients with coronary artery disease. *N Engl J Med* 2004; **350**: 221–31.
- Stone GW, *et al.* One-year clinical results with the slow-release, polymer-based, paclitaxel-eluting TAXUS stent: the TAXUS-IV trial. *Circulation* 2004; **109**: 1942–7.
- Silber S. Paclitaxel-eluting stents: are they all equal? An analysis of six randomized controlled trials in de novo lesions of 3,319 patients. *J Interv Cardiol* 2003; **16**: 485–90.
- Muni NI, Gross TP. Problems with drug-eluting coronary stents—the FDA perspective. *N Engl J Med* 2004; **351**: 1593–5.
- Stone GW, *et al.* Safety and efficacy of sirolimus- and paclitaxel-eluting coronary stents. *N Engl J Med* 2007; **356**: 998–1008.
- Mauri L, *et al.* Stent thrombosis in randomized clinical trials of drug-eluting stents. *N Engl J Med* 2007; **356**: 1020–9.
- Beohar N, *et al.* Outcomes and complications associated with off-label and untested use of drug-eluting stents. *JAMA* 2007; **297**: 1992–2000.
- Win HK, *et al.* Clinical outcomes and stent thrombosis following off-label use of drug-eluting stents. *JAMA* 2007; **297**: 2001–9.
- Scheller B, *et al.* Treatment of coronary in-stent restenosis with a paclitaxel-coated balloon catheter. *N Engl J Med* 2006; **355**: 2113–24.

Preparations

USP 31: Paclitaxel Injection.

Proprietary Preparations (details are given in Part 3)

Arg.: Asotax; Clitaxel; Dallys; Drifen; Erioxal; Paclikebir; Paciteva; Pakitaxil; Panataxel; Tarvexol; Taxocris; Taxol; Taxcovit; **Austral.:** Anzatax; Taxol; **Austri.:** Ebetaxel; Taxol; **Belg.:** Paclitaxin; Paxene; Taxol; **Braz.:** Biopaxel; Onxel; Paclitax; Paraxel; Paxel; Tacilapaxol; Tacilax; Tarvexol; Taxilan; Taxol; **Canad.:** Taxol; **Chile:** Britaxol; Oncopaxel; Praxel; Taxodiol; **Cz.:** Anzatax; OncoTax; Onxel; Padimeda; Pacline; Paxene; Taxol; **Denm.:** Taxol; **Fin.:** Taxol; **Fr.:** Paxene; Taxol; **Ger.:** NeoTaxan; Ribotax; Taxol; **Gr.:** Biotaxel; Ovipac; Pacit; Paclitaxin; Pacitol; Paclixel; Pataxel; Paxene; Ribotax; Taxogen; Taxol; Taxoprol; **Hong Kong:** Anzatax; Taxol; **Hung.:** Genexol; Intaxel; Magytax; Paxene; Taxol; **India:** Intaxel; Paclitax; Petaxel; **Indon.:** Anzatax; Paxus; Taxol; **Ir.:** Paxene; Taxol; **Israel:** Biotax; Ebetaxel; Medixel; Taxol; **Ital.:** Anzatax; Paxene; Taxol; **Jpn.:** Taxol; **Malaysia:** Anzatax; Formoxol; Mitotax; Taxol; **Mex.:** Asotax; BrisTaxol; Cryoxet; Daburex; Ifaxol; Padisan; Praxel; **Neth.:** Paclitaxin; Paxene; Taxol; **Norw.:** Anzatax; **NZ.:** Taxol; **Philipp.:** Intaxel; Taxol; Unitaaxel; **Pol.:** Poltaxel; Sindaxel; Taxol; **Port.:** Paxene; Taxobine; Taxol; **Rus.:** Abitaxel (Абитаксел); Mitotax (Митотакс); Paxene (Паксен); Taxol (Таксол); **S.Afr.:** Anzatax; Biolyse; Taxol; **Singapore:** Anzatax; Genexol; Taxol; **Spain:** Paxene; Taxol; **Swed.:** Paxene; Taxol; **Switz.:** Taxol; **Thail.:** Anzatax; Intaxel; Oncotaxel; Praxel; Taxol; **Turk.:** Anzatax; Taxol; **UK:** Paxene; Taxol; **USA:** Abraxane; Onxel; Taxol; **Venez.:** Clitaxel; Intaxel; Paclitax.

Panitumumab (USAN, rINN)

ABX-EGF; E7.6.3; Panitumumabum. Immunoglobulin, anti-(human epidermal growth factor receptor) (human monoclonal ABX-EGF heavy chain), disulfide with human monoclonal ABX-EGF light chain, dimer.

Панитумумаб

CAS — 339177-26-3.

ATC — L01XC08.

ATC Vet — QL01XC08.

Adverse Effects, Treatment, and Precautions

As for Cetuximab, p.695, although the use of premedication for prevention of infusion reactions with panitumumab has not been standardised. The infusion rate should be reduced by 50% in patients who have mild to moderate infusion reactions; if a severe reaction occurs, immediate and permanent discontinuation is recommended. In patients who developed skin reactions, infectious complications including abscesses and sepsis, in some cases fatal, have been reported.

Interactions

Use of panitumumab with combination chemotherapy is not recommended. A high incidence of severe diarrhoea occurred in patients given panitumumab with fluorouracil, folinic acid, and irinotecan. Increased risk of death occurred when panitumumab was given with bevacizumab.

The symbol † denotes a preparation no longer actively marketed

Pharmacokinetics

The pharmacokinetics of panitumumab are reported to be non-linear. Steady-state concentrations were reached by the third infusion with the recommended dose regimen. The elimination half-life was about 7.5 days.

Uses and Administration

Panitumumab is a recombinant human monoclonal antibody that binds to the epidermal growth factor receptor (EGFR). It is used in the treatment of EGFR-expressing metastatic colorectal cancer (p.665) in patients with disease progression after fluoropyrimidine-, oxaliplatin-, or irinotecan-containing regimens. In some countries it is licensed only in patients whose tumour contains a non-mutated *KRAS* gene (Kirsten rat sarcoma 2 viral oncogene homologue), which plays a role in cell growth regulation and angiogenesis; mutations in the *KRAS* gene occur frequently in various human tumours and are implicated in oncogenesis and tumour progression.

The recommended dose is 6 mg/kg given as an intravenous infusion every 14 days. Doses up to and including 1 g are given in 100 mL sodium chloride 0.9% over 60 minutes whereas doses above 1 g are diluted in 150 mL and given over 90 minutes; the final concentration of the infusion should not exceed 10 mg/mL. The infusion should be given via an infusion pump using a low-protein-binding 0.2 or 0.22 micrometre in-line filter. It may be given through a peripheral line or indwelling catheter; the line should be flushed with sodium chloride 0.9% before and after giving panitumumab. The infusion rate should be reduced by 50% in patients who have a mild to moderate infusion reaction, and stopped immediately and permanently if a severe reaction occurs.

Panitumumab should be withheld if severe dermatological toxicity develops, and permanently stopped if toxicity does not improve within 1 month. If toxicity improves after withholding no more than 2 doses of panitumumab, treatment may be restarted at half the original dose. If toxicity recurs, therapy should be permanently stopped. If toxicity does not recur, subsequent doses may be increased in increments of 25% until the recommended dose of 6 mg/kg is reached.

References.

- Gibson TB, *et al.* Randomized phase III trial results of panitumumab, a fully human anti-epidermal growth factor receptor monoclonal antibody, in metastatic colorectal cancer. *Clin Colorectal Cancer* 2006; **6**: 29–31.
- Saif MW, Cohenuram M. Role of panitumumab in the management of metastatic colorectal cancer. *Clin Colorectal Cancer* 2006; **6**: 118–24.
- Hoy SM, Wagstaff AJ. Panitumumab: in the treatment of metastatic colorectal cancer. *Drugs* 2006; **66**: 2005–14.
- Saadeh CE, Lee HS. Panitumumab: a fully human monoclonal antibody with activity in metastatic colorectal cancer. *Ann Pharmacother* 2007; **41**: 606–13.
- Anonymous. Panitumumab (Vectibix) for metastatic colorectal cancer. *Med Lett Drugs Ther* 2007; **49**: 35–6. Correction. *ibid.*; 48. [dosage error]
- Giusti RM, *et al.* FDA drug approval summary: panitumumab (Vectibix). *Oncologist* 2007; **12**: 577–83.

Preparations

Proprietary Preparations (details are given in Part 3)

Cz.: Vectibix; **Port.:** Vectibix; **UK:** Vectibix; **USA:** Vectibix.

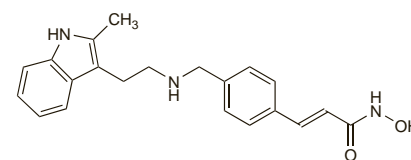
Panobinostat (rINN)

Panobinostatium. (2E)-N-Hydroxy-3-[4-({[2-(2-methyl-1H-indol-3-yl)ethyl]amino)methyl]phenyl]prop-2-enamide.

Панобиностат

C₂₁H₂₃N₃O₂ = 349.4.

CAS — 404950-80-7.



Profile

Panobinostat is a histone deacetylase inhibitor that is under investigation as an antineoplastic for the treatment of cutaneous T-cell lymphoma.

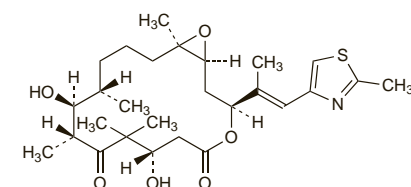
Patupilone (rINN)

EPO-906; Epothilone B; Patupilona; Patupilonom. (1S,3S,7S,10R,11S,12S,16R)-7,11-Dihydroxy-8,8,10,12,16-pentamethyl-3-[(1E)-1-(2-methyl-1,3-thiazol-4-yl)prop-1-en-2-yl]-4,17-dioxabicyclo[14.1.0]heptadecane-5,9-dione.

Патупильон

C₂₇H₄₁NO₆S = 507.7.

CAS — 152044-54-7.



Profile

Patupilone is a metabolite isolated from the bacterium *Sorani-gium cellulosum*, with microtubule stabilising activity similar to that of the taxanes. It is under investigation as an antineoplastic for the treatment of ovarian cancer.

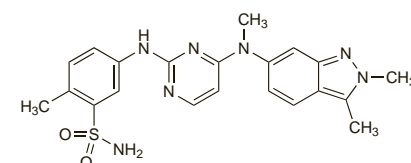
Pazopanib Hydrochloride (USAN, rINN)

GW-786034B; Hidrocloruro de pazopanib; Pazopanib, Chlorhydrate de; Pazopanibi Hydrochloridum. 5-({4-[(2,3-Dimethyl-2H-indazol-6-yl)methylamino]pyrimidin-2-yl}amino)-2-methylbenzenesulfonamide hydrochloride.

Пазопаниб Гидрохлорид

C₂₁H₂₃N₇O₂S.HCl = 474.0.

CAS — 444731-52-6 (pazopanib); 635702-64-6 (pazopanib hydrochloride).



(pazopanib)

Profile

Pazopanib hydrochloride is an inhibitor of tyrosine kinase associated with the epidermal growth factor receptor. It is under investigation for the treatment of renal cell carcinoma.

Peldesine (USAN, pINN)

BCX-34; Peldesina; Peldesine; Peldesinum. 2-Amino-3,5-dihydro-7-(3-pyridylmethyl)-4H-pyrido[3,2-d]pyrimidin-4-one.

Пельдесин

C₁₂H₁₁N₅O = 241.2.

CAS — 133432-71-0.

