The University of Arizona Cancer Center (UACC) in Tucson is one of 41 National Cancer Institute (NCI)-designated comprehensive cancer centers in the United States. Called a “high-performing” center by US News & World Report, the center has 29 beds on a dedicated oncology wing, plus beds in surgery, gynecology, and pediatric units. The total number of beds in the facility is 487.

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CANCER CENTER PROFILE
University of Arizona Cancer Center
The Expanding Role of the Oncology Pharmacist
By Alice Goodman

The University of Arizona Cancer Center (UACC) in Tucson is one of 41 National Cancer Institute (NCI)-designated comprehensive cancer centers in the United States. Called a “high-performing” center by US News & World Report, the center has 29 beds on a dedicated oncology wing, plus beds in surgery, gynecology, and pediatric units. The total number of beds in the facility is 487. UACC has 2 outpatient clinics: UACC North Campus is for clinic/office visits, infusions, and Mohs surgery; and UACC Orange.

T-DM1 in Metastatic Breast Cancer
It’s Just the Beginning for an Exciting New Class of Agents
By Caroline Helwick

The biggest newsmaker at the 2012 Annual Meeting of the American Society of Clinical Oncology (ASCO) was a compound whose name and actions sound practically missilelike: T-DM1. Because of its highly targeted and potent effect that spares surrounding healthy tissue, T-DM1 not only has potent antitumor effects but is also very well tolerated.

Trastuzumab emtansine (T-DM1) is part of an emerging class of drugs called antibody-drug conjugates (ADCs) that link a monoclonal antibody (in this case,

RENT CELL CARCINOMA
Quality of Life Drives Patient Preference for Metastatic Renal Cell Carcinoma Drug
By Wayne Kuznar

The surprising results of a randomized trial on patient preference for one cancer therapy over another show that patient-reported quality-of-life (QOL) differences influence treatment preference far more than physicians had imagined, suggested researchers at the 2012 Annual Meeting of the American Society of Clinical Oncology, held in Chicago, Illinois.

In a double-blind, crossover trial, 169 patients with metastatic renal cell carcinoma (mRCC) were randomized 1:1 to 10 weeks of 800 mg of pazopanib or 50 mg of sunitinib as first-line cancer treatment; after a 2-week washout period,
University of Arizona Cancer Center  Continued from cover

Grove Campus offers clinic/office visits, infusions, and radiation oncology. Surgery and radiation oncology services are also offered at the University Campus hospital center.

In the fiscal year of 2011, 8560 patients were treated at UACC for solid tumor, soft tissue, and skin and blood cancers. UACC is best known for its specialties: lymphoma, skin cancer and melanoma, gastrointestinal cancer, gynecologic cancer, and breast cancer. UACC encompasses 11 multidisciplinary clinics for major disease sites, as well as a separate clinic for high-risk cancer genetics.

Research is a major focus at UACC. Currently, more than 200 clinical trials are open for enrollment at UACC. These include:

- Study to determine if ursodeoxycholic acid (a natural bile acid) can reverse the cellular damage of Barrett’s esophagus.
- Research to see if taking high-dose vitamin D (cholecalciferol) twice a week for 8 to 9 weeks prevents skin cancer in people with sun damage and low levels of vitamin D.
- Study in breast cancer patients or women at high risk who are taking tamoxifen to determine if a supplement called diindolylmethane (DIM) can reduce risk of cancer recurrence.
- I-SPY 2 breast cancer trial, which is a collaborative study to obtain genetic and biological markers from individual patients’ tumors to screen several promising treatments simultaneously.

UACC is affiliated with St. Joseph’s Hospital and Medical Center in Phoenix, and the Cancer Centers of Northern Arizona Healthcare in Sedona. UACC’s research facility has 73 laboratories and about 300 researchers drawn from the University of Arizona and other institutions.

The Oncology Pharmacist interviewed Daniel Butcher, PharmD, Outpatient Oncology Pharmacy Supervisor, at the University of Arizona Cancer Center to get his perspective on the role of the oncology pharmacist at his institution.

What approach does the University of Arizona Cancer Center take to treat people with cancer?

Daniel Butcher (DB): We are an NCI-designated comprehensive cancer center that employs experts in all related fields. We use a multidisciplinary approach for each patient to identify the best treatment options.

How does your approach translate to better outcomes for your patients?

DB: The multidisciplinary approach is based on the recognition that a diagnosis of cancer has physical and psychological ramifications. With our pool of experts, we are well equipped to address the entire disease spectrum and to help with healing. We provide active supportive care for treatment-related and disease-related side effects as well as for healing, with psychological and family support.

How has the role of the oncology pharmacist changed over the past 5 years?

DB: It is exciting to see that the oncology pharmacist is needed more now than ever before. Our role has expanded significantly from compounding and dispensing drugs to helping manage patients with complex diseases and therapies. I firmly believe that oncology pharmacists can ease the burden on our providers by implementing collaborative practice agreements that allow us to apply our specialized knowledge.

This can have a financial impact. New therapies are extremely expensive and I believe we can guide appropriate use of these therapies to improve outcomes for patients.

What inspired you to become an oncology pharmacist?

DB: When I was in pharmacy school, I became interested in oncology drugs. I found the biology fascinating, including the prepharmacy courses about DNA and RNA and the biological underpinnings of cancer. My job as an oncology pharmacist is an extension of that. One in four deaths in the US are due to cancer. I felt I had the necessary qualifications to help cancer patients.

What advice would you give to oncology pharmacists just entering the field?

DB: Oncology can be overwhelming and the work environment is complex. One piece of advice is not to be afraid to ask questions. You are working with patients at the most stressful time in their lives and the work can be emotionally taxing. Be sure to have a planned outlet to process your work experiences in a positive manner. You will see the full range of emotions with your patients, like an emotional roller coaster. You will need a good support system to provide balance. Learn from your patients. They are a valuable educational resource on a daily basis. Your clinical experience with patients is as important as reading journals.

If you were not an oncology pharmacist, what would you be doing?

DB: The quality that attracted me to oncology is an interest in how things work. I think I would be a mechanical engineer or a nuclear physicist. When I was a kid, I would take apart appliances and other household items to see how they worked, and I always managed to put them back together in working order.