

PSORIATIC ARTHRITIS NEWS AND VIEWS

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PSORIATIC ARTHRITIS MEDICAL NEWS

FDA OKs™ GENERIC VERSIONS OF OXYCONTIN
March 24, 2004 WASHINGTON (AP)

The first generic versions of the potent painkiller Oxycontin have been approved for market, a move likely to help patients with long-term pain save money on the drug that has been illegally used by drug abusers.

Oxycontin is a long-lasting version of oxycodone, a narcotic considered important therapy for many patients suffering long-term, severe pain from illnesses such as cancer. The tablet, when swallowed whole, provides 12 hours of pain relief.

But the drug can produce a quick and potentially lethal high if it is chewed, snorted or injected. It has been linked to more than 100 deaths and bears the FDA's strongest warning label, which says the drug may be as addictive as morphine.

Abuse of Oxycontin is a serious law-enforcement problem, but its cost -- hundreds of dollars a month -- has had patients who depend on its pain relief anxiously awaiting generic competition.

Late Tuesday, the Food and Drug Administration cleared Teva Pharmaceuticals and Endo Pharmaceuticals to sell generic versions of extended-release oxycodone. As a condition, the companies must include abuse warnings, doctor education and other steps aimed at minimizing illegal use that are similar to the risk-management program run by Oxycontin maker, Purdue Pharma.

It's unclear when the generic versions will go on the shelves. A federal judge recently ruled some Oxycontin patents unenforceable, clearing the way for generic competition, but Purdue Pharma has filed legal notice that it will appeal.

Purdue Pharma also had petitioned the FDA to block generic approval unless its competitors used an identical risk-management program. But FDA on Tuesday decided that the generic companies' plans were similar enough.

Teva and Endo haven't said how much they will charge, but generic competition can eventually cause drug prices to drop by a third or even half.

The availability of the generic versions likely will complicate the controversy over Oxycontin because lower prices for legitimate patients can mean lower prices for drug abusers, too.

The FDA, however, is bound by law to approve generic competition of effective

drugs. Agency officials said in a statement they were seeking to balance effective pain management for more than 10 million Americans who suffer chronic pain with a minimized potential for abuse.

Earlier this month, the Bush administration announced new steps to help curb abuse of Oxycontin and other prescription painkillers, including steps to help states track patient use, spot doctor shopping and shut down "pill mills" that illegally sell controlled substances over the Internet. Copyright 2004 the Associated Press.

A PAIN FREE JERRY LEWIS RETURNS TO LAUGHLAND
By E.J. Mundell HealthDay Reporter TUESDAY, March 16 (HealthDayNews)

Jerry Lewis, the King of Comedy, has beaten back illness and chronic pain and is planning to return to the stage this summer after almost three years away from doing what he loves best.

It's been a tough battle back to the footlights.

Lewis, who turns 78 on March 16, has overcome decades of debilitating pain, addiction to painkillers, a life-threatening lung disease and a massive weight gain triggered by the steroid medication used to treat his lungs.

"It's been hard. To perform all of your life and then they tell you -- 'That's it,'" he says during an interview at the Waldorf-Astoria in New York City.

But the legendary entertainer, star of comedy classics such as "The Nutty Professor" and a Nobel Prize nominee for his work raising money for muscular dystrophy, says his triumph over pain makes his comeback all the sweeter.

"Pain helps you understand other people, and doing comedy is the key to unlock the door that helps others," he says.

As he speaks, something in Lewis' eyes reflects his belief that laughter can heal, is itself a balm for pains physical and otherwise. "Am I this great knight on the white horse with the saber? Yeah, I really believe that. That's what comedy does for people," he says.

The comic's own crusade against pain began March 20, 1965. Performing at the Sands hotel in Las Vegas, he typically finished his act "by doing a back flip off the piano and a flat-fall to the floor," he recalls. But that night, a move he'd performed hundreds of times went horribly wrong, and Lewis splintered his spine.

"They took me off the stage, and I went into an ambulance plane to L.A. That was the beginning of 37 years of big pain," he says. It also marked the beginning of big-time addiction to prescription painkillers such as Percodan.

"I tried everything," Lewis remembers. "The doctor who was shooting me up, helping with zyllocaine, marcaine -- all of the -caines -- he was making cocktails! Brewing it, &e-- here Lewis cackles maniacally -- "like I did in 'The Nutty Professor.'"

But by 2001, even the most potent medications couldn't keep the pain at bay. Desperate for help, he went to his personal physician, world-famous heart specialist Dr. Michael DeBakey.

It was DeBakey who referred him to the Medtronic Company and their implantable spinal cord stimulator. Lewis calls it a "pain pacemaker" -- a device about the size of a computer mouse, implanted under the skin and connected by electrodes to points on the spine. Using a hand-held remote, Lewis explains how he constantly adjusts the device to block pain-linked nerve impulses originating in the spine from making their way to the brain.

Lewis allows this reporter to touch where the pain pacemaker bulges from under the skin just above his left hip. "I can't feel it at all," he says.

He fiddles with the remote. "If I turn it on now, it covers the pain, I'm OK." Then -- as if he can't resist the moment -- "It also opens my garage door!"

Lewis' health troubles had gotten even worse three years ago when he was diagnosed with a serious lung ailment, interstitial pulmonary fibrosis. With IPF, lung tissue becomes fibrous, stiffening over time and making breathing difficult. Lewis was hospitalized and placed on high doses of the steroid prednisone, which improved his lungs but sent his weight soaring to over 260 pounds.

Fans distressed at seeing photos of a bloated, unhealthy-looking Jerry Lewis two years ago will welcome Lewis' physical comeback. Lounging at the Waldorf in a colorful Hawaiian shirt, he beams. "I've taken off 58 pounds," he says. "I'm at 202."

How did he do it? "Diet and rehab," he says, adding that the bulk of the credit goes to his "two girls" -- wife Samantha and, especially, daughter Danielle.

"Danielle, she's going to be 12 next week, she understands how close Daddy came to not coming back," Lewis says, clearly moved. He says Samantha and Danielle keep him on a tight leash when it comes to diet and exercise.

"They are on me all the time."

It's paying off. Besides the dramatic weight loss, Lewis' blood-oxygen level has risen to healthy readings as his lungs improve, and he says he's ending treatment with prednisone in just three weeks.

Lewis obviously can't wait to get back to the Las Vegas spotlight. His return is set for June 3, and he is currently under contract to wow them on The Strip well into advanced old age.

"I signed a 20-year deal when I was 74," he says, grinning. "There's a clause in the contract that says: 'In the event that Mr. Lewis is 94, he is allowed to work onstage with a walker.' That's in there! But I'll be there."

And he has no intention on giving up on Jerry's Kids, the annual telethon for

muscular dystrophy research that he's headlined for 54 years. The telethon has raised almost \$2 billion during that time.

"My staff tells me that they are going to bring me a cure in my lifetime," he says. "I said --'Fellas, let's think about what we're saying, 'cause I'm going to hold you to it."

Lewis sees his work as a paid spokesperson for the Medtronic pain pacemaker -- which he calls "the miracle" -- as just another way of reaching out to those who are suffering. "They have a [pain] pump that services diabetes, they have a pump that services cancer pain," he says. "I felt that it was incumbent upon me to let people know what I got."

"Spinal cord stimulators do work in a small segment of the chronic pain population, and they've provided significant relief for people," says Mary Pat Aardrup, executive director of the non-profit National Pain Foundation. But she cautions that patients should try other options before moving to such a highly invasive implantable device. "It's kind of the end stage, after you've tried numerous medications, a variety of Eastern and complementary options, or physical therapy," she says.

Even then, spinal cord stimulators won't work for everyone. Medtronic estimates that between 10 percent and 15 percent of those suffering from chronic pain will find relief from the product.

Still, the device "is out there for people who've given up," Lewis says.

His advice to those battling daily pain? "Don't sit in a room as a recluse because you don't believe there's anything further that can be done. I'm here to tell you that there's a lot more that can be done."

SOURCES: Jerry Lewis; Mary Pat Aardrup, executive director, National Pain Foundation
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NEW CURE FOR THE AGONY OF STIFFNESS

Submitted by our fellow member Michael Szczygiel. The source for this information is the BBC - United Kingdom.

This time last year, Angela Martin, 63, was in so much pain that she even contemplated suicide.

In 1994, the keen golfer had been diagnosed with the incurable tendon and ligament disorder, fibromyalgia. Over time, her symptoms worsened until she suffered from agonising stiffness and pain throughout her body. "I had to give up golf because I could no longer bend down to pick up the ball," says Mrs. Martin, a widow who lives alone in Bewdley in Worcestershire. "The pain was constant and unbearable. My doctor said there was nothing more he could do. I was in complete despair and I could not see a way out of my misery."

Now, she is almost pain-free, thanks to an innovative device which was unveiled at the annual Pain Society meeting in Manchester yesterday. Mrs. Martin is one of the first chronic pain sufferers in Britain to try out an Electronic Nerve Modulator (ENM), developed by Dr John Royle. At the meeting, Dr Royle, who practises in Great Harwood in Lancashire, will announce the results of a double blind placebo-controlled trial, which shows that the new technology can ease severe pain by nearly 40 per cent after just one-weekâ€™s treatment.

Conventional drug treatments rarely achieve this kind of improvement, and the relief often comes with a host of nasty side effects. Non-steroidal anti-inflammatory drugs are commonly prescribed for people suffering from chronic pain, but they can cause nasty long-term side effects, such as internal bleeding and ulcers. Sixty per cent of people who are prescribed these drugs say that they are "somewhat effective" at best.

Delegates learnt that 87 per cent of patients in the trial derived benefit from the device, either through pain control or better sleep.

The ENM device works on a simple principle. When we feel pain, nerve signals are sent from the injury site through the spinal cord and finally to the brain. Electrical energy can interrupt nerve signals on their way through the spinal cord, effectively blocking the ache. This is the basis for a complex and expensive surgical procedure known as spinal column stimulation, in which wires are implanted directly into the spine. Very few NHS patients are offered this tried and tested treatment, partly owing to the expense - about pounds 15,000 - and also because of the potential hazards.

The ENM achieves the same result, but without any need for invasive surgery. Instead of wires inside the backbone, electrodes are placed on the surface of the skin, over the spinal column. Dr Royle has modified the wave forms so that the electrical current penetrates up to five centimetres through tissue to the central nervous system. Patients wear the device for half an hour twice a day.

Although it uses electric impulses, the ENM is different from TENS machines, which are low voltage and only stimulate the nerves just under the skin.

"I realised that we needed something which would penetrate much deeper," says Dr Royle.

"TENS machines provide a form of distraction therapy and work because they cause a localised tingle. I wanted to actually block pain signals on their journey."

An ENM device, which is the size of a small personal stereo, costs around pounds 150 and uses an inbuilt rechargeable battery. One electrode, on a sticky pad, is placed on the lower spinal column, the second at the base of the neck just below the shoulders.

Angela Martin is in no hurry to give hers back. "It changed my life," she says. "I was at my wits' end, and now I can do things I used to enjoy, like arranging the church flowers. I wouldn't do without my ENM for all the tea in

China."

Editor's Note: Thanks Michael for your contribution. I am sure that our members in the United Kingdom will find this interesting information. Are you aware of ENM devices being made available in other countries?

BONE SAVING DRUG WORKS OVER LONG HAUL, STUDY SHOWS March 17, 2004 - BOSTON (AP)

The widely used osteoporosis drug Fosamax keeps strengthening bones for at least a decade, a study found, easing fears that the medicine might eventually boomerang and start making hips and spines brittle and prone to break.

The study is the longest test yet of Fosamax, which was approved in 1995. It has gained quickly in popularity as an alternative to hormone supplements, which have been linked in recent years to heart disease and cancer.

"This is a chronic condition and requires long-term treatment, so it's really important to have the data," said Dr. Henry Bone, the study's lead author at St. John Medical Center in Detroit.

The results, collected by an international research team, were published Thursday in The New England Journal of Medicine. The group had reported previously on the first several years of findings in the 10-year experiment. Reporting on the last five years, the researchers focused on 247 middle-aged and elderly women with postmenopausal osteoporosis.

The findings are likely to reassure doctors as well as patients who take Fosamax, known generically as alendronate.

The blockbuster drug, which raked in \$2.7 billion in world sales last year, works by readjusting the continuous process of bone renewal. It slows bone-destroying cells and thus gives more time for bone-building cells to catch up.

Doctors have wondered, though, whether the slower turnover might eventually do harm. Will bone finally begin to break as older, more calcified tissue becomes more predominant? In this study, that did not appear to happen.

The number of fractures in the final five years was too small to be considered statistical proof. However, the raw numbers were seen as encouraging.

Among women who took 10 milligrams of Fosamax daily, 5 percent suffered back fractures. Among women who stopped taking the drug during the last five years of testing, 6.6 percent had such breaks.

"The name of the game in osteoporosis treatment is fracture protection. That's why this study is so interesting," said Dr. Steven Harris, a bone specialist at the University of California at San Francisco.

Bone density measurements were also heartening. The 10-milligram group gained

almost 14 percent in bone density in the lower spines over a decade, including nearly 4 percent over the last five years. The group that stopped taking the drug boosted its bone density in the lower back by 9 percent over 10 years -- but nearly all of that took place during the first five years.

In the first group, hip bone also became denser, by almost 1 percent, over the last five years. The comparison group lost almost 2 percent.

The research was backed by the maker of Fosamax, Merck & Co. of Whitehouse Station, New Jersey. Several researchers disclosed ties to Merck.

Dr. Gordon Strewler, a bone specialist at Harvard Medical School, said this study does not fully resolve the question of whether Fosamax will eventually weaken bones, as it did at high doses in some animal tests. He now plans to reevaluate his own patients after 10 years. He predicted that some will take a lower dose, others will suspend use, and some will stop altogether.

Osteoporosis chiefly strikes women after menopause, almost one in two women over 50 are expected to break a bone as a result of osteoporosis.

About 8 million American women and 2 million men have osteoporosis. About 34 million others are at elevated risk. The disease is blamed for about 1.5 million broken bones a year, including many debilitating fractures of the hip and back.

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ISIS PHARMACEUTICALS REPORTS POSITIVE DATA FROM PHASE 2 TRIAL OF ISIS 104838 IN RHEUMATOID ARTHRITIS Carlsbad, Calif., Jan. 5 /PRNewswire-FirstCall/

Editors Note: Please keep in mind that many drugs being developed for Rheumatoid Arthritis can eventually reach the list for Psoriatic Arthritis.

ABOUT ISIS 104838 - ISIS 104838 is an antisense inhibitor of TNF-alpha, and a product of Isis' proprietary second-generation chemistry, called 2'-O-methoxyethyl. Based on clinical and preclinical data, second-generation drugs offer: increased potency over first-generation antisense drugs; a decreased side effect profile; enhanced subcutaneous administration; enhanced patient convenience and the potential for oral delivery.

Isis Pharmaceuticals, Inc. today reported data from a Phase 2 clinical trial which demonstrate that ISIS 104838, an antisense TNF-alpha inhibitor, produced a statistically significant disease response in patients with rheumatoid arthritis (RA). In the randomized, placebo-controlled trial, 157 evaluable RA patients received subcutaneous injections of either placebo or one of three dose

regimens of 200 mg of ISIS 104838: every other week, once weekly or twice weekly. Patients receiving the once- and twice- weekly doses experienced similar

responses to treatment, with 41% of evaluable patients achieving a 20% decrease in disease activity. In comparison, 23% of placebo-treated patients achieved a 20% decrease (p=0.04). Response to ISIS 104838 treatment was measured by the American College of Rheumatology (ACR 20) response criteria, a widely used index of RA severity.

"We are pleased with the activity ISIS 104838 demonstrated in this trial," said Jon T. Holmlund, M.D., Vice President, Development. "The responses in the trial were continuing to increase at the conclusion of 3 months of treatment. Therefore, we believe longer dosing or higher doses of ISIS 104838 may significantly enhance activity."

"Our Phase 2 data suggest that ISIS 104838 has the potential to offer several important competitive advantages over protein-based drugs, particularly with regard to side effect profile and cost. Moreover, as we develop our oral form of ISIS 104838, we look forward to the opportunity to dramatically increase patient convenience and the market potential," said Dr. Holmlund. "We are aggressively advancing the development of ISIS 104838 for the treatment of rheumatoid arthritis as an alternative to currently available drugs."

Isis plans to initiate additional Phase 2 trials to further explore dose, schedule and treatment duration of ISIS 104838 in patients with RA. The company is engaged in ongoing trials to optimize oral formulations for ISIS 104838 and other second-generation antisense drugs.

In total, 176 patients with RA enrolled in the study. The primary endpoint in the study was improvement in ACR 20 at day 85. Results from the total patient group and evaluable patients were comparable. The nineteen patients excluded from evaluation were evenly distributed across the study's four dose groups. Additional highlights from the trial are as follows: * Significantly more patients dropped out of the placebo group due to progression of their RA than the two highest ISIS 104838 dose groups (p=0.05) * Each of the two highest ISIS 104838 dose groups independently showed improvement in ACR 20 scores at day 85 *

40% of evaluable patients who received ISIS 104838 once a week (p=0.09) and 41% who received the drug twice a week (p=0.08) experienced improved ACR 20 scores, compared to 23% of placebo patients * Patients receiving the two highest

doses of ISIS 104838 experienced a greater improvement over baseline in the number of swollen and tender joints than patients in the placebo group * ISIS 104838 produced an acceptable safety profile in the Phase 2 trial * No drug-related serious adverse events were reported * The most frequent adverse event was

injection site reaction. The reactions were generally considered mild in nature and occurred principally in the first month of treatment and with similar

frequency as reported for protein therapeutics.

These Phase 2 results add to Isis' strong portfolio of data demonstrating activity of ISIS 104838. Another component of this data package is the Phase 2 biomarker study which evaluated the biological effects of TNF-alpha inhibition by ISIS 104838 in 20 RA patients over a four-week treatment period. As reported earlier this year, ISIS 104838 accumulated in synovial tissue in a dose-dependent manner, reducing TNF-alpha mRNA levels in patients with RA who received

300 mg of the second-generation antisense drug (see company press release from September 18, 2003). The synovium, the lining surrounding joints, is inflamed in patients with RA.

ABOUT ISIS PHARMACEUTICALS, INC. - Isis Pharmaceuticals, Inc. is exploiting its expertise in RNA to discover and develop novel human therapeutic drugs. The company has successfully commercialized the world's first antisense product,

and has 11 antisense products in development. In the company's GeneTrove(TM) program, Isis uses antisense technology as a tool to determine the function of genes and uses that information to direct the company's internal drug discovery research and that of its corporate partners. Through its Ibis Therapeutics(TM) program, Isis is developing a novel diagnostic tool to detect infectious organisms and is focused on the discovery of small molecule drugs that bind to RNA. As an innovator in RNA-based drug discovery and development, Isis is the owner or exclusive licensee of more than 1,300 issued patents worldwide.

This press release contains forward-looking statements concerning the development, therapeutic potential and safety of ISIS 104838. Any statement describing a goal, expectation, intention or belief of the company is a forward-looking statement and should be considered an at-risk statement.

NEWS REVIEW FROM HARVARD MEDICAL SCHOOL - FDA SEEKS SUICIDE WARNINGS FOR DRUGS by Mary Pickett, M.D., Harvard Medical School - March 23, 2004

Doctors who prescribe several popular antidepressant drugs should monitor patients taking these drugs carefully for warning signs of suicide, the U.S. Food and Drug Administration (FDA) said March 22. The FDA is requiring new label warnings for Prozac, Paxil, Zoloft, Effexor, Celexa, Remeron, Lexapro, Luvox, Serzone and Wellbutrin because of some evidence suggesting the drugs may increase the risk of suicide in some children and teenagers, the Associated Press reported. The warning is aimed at adults as well, however.

What Is The Doctor's Reaction? - The relationship between depression and suicide is clear, but the relationship between antidepressant medicines and suicide is not completely understood. The U.S. Food and Drug Administration is requiring a label warning for most of the antidepressant brands currently prescribed in the United States, cautioning that there is a possibility that antidepressant use might increase the risk of suicide.

A number of case reports in both children and adults have identified suicide events that occurred within days or weeks of an antidepressant prescription start or dose increase. In children at least two antidepressants, paroxetine (Paxil) and venlafaxine (Effexor), have been confirmed to have an association with an increased suicide risk at the start of treatment when compared with placebo treatment. In adults, studies have not confirmed an increased risk, but most studies have been sponsored by the makers of the medications and they have varied in how they counted suicide events. The FDA worries that some of these

studies might be falsely reassuring.

Some doctors theorize that an increase in suicide risk, if it occurs at all, may be a necessary phase of danger that people must pass through as their depression symptoms improve. They argue it is natural to expect that some people

will have improvement in the strength of their willpower with treatment before they have a brightening in their outlook on life. If so, people who are recovering from depression could be more capable of carrying out a suicide.

Other

doctors feel that an increase in impulsivity that is a direct side effect of some medicines is the main reason that suicide risk might increase.

Antidepressant medicines are effective treatments for depression. Various studies have shown that antidepressant medicine use is associated with improved symptoms in 50 percent to 60 percent of treated individuals within the first few months of treatment, whereas depression spontaneously improves or improves with placebo treatment in about 25 percent to 40 percent of people.

If you consider national trends, antidepressant medicines appear to lower the risk of suicide. A comparison of data from 1990 and 1999 can help to illustrate this lowered risk:

The number of antidepressant prescriptions that were written in the United States increased from 11 million in 1990 to 140 million in 1999, according to the National Prescription Audit.

During that same time, the suicide rate in the United States decreased from 12.4 suicides per 100,000 people to 10.7 suicides per 100,000 people.

Statistics from Sweden show similar benefit from antidepressant use. In that country, a recent review showed that a doubling of the number of people treated with antidepressants coincided with a 25 percent reduction in suicides.

The

prescriptions counted in Sweden's review were all medicines in the SSRI class (selective serotonin reuptake inhibitors); drugs that are receiving the FDA's new label warning.

Since the immediate risk of antidepressants has not been proven, and since depression itself is known to be a strong risk for suicide, it is still appropriate to use antidepressants to treat depression. It is important to remember that depression is dangerous until it has been fully stabilized, weeks or months

into treatment.

What Changes Can I Make Now? - Evaluate your reasons for needing an antidepressant: These medicines can have nuisance side effects in addition to potentially-dangerous side effects, and you should only take them if you need them.

There were 157 million prescriptions for these medications written in the U.S. in

2002. This compares with 11 million prescriptions just ten years earlier.

Antidepressants have become more widely used in part because doctors are getting

better at identifying cases of sincere depression. However, they are inappropriate prescriptions for some Americans who use them, individuals who do not

have true depression but instead are coping poorly due to substance abuse or stress in the home or workplace that should be managed in a different way.

Make sure you are closely monitored when you begin an antidepressant or change doses: You should monitor your own feelings about suicide and identify a friend or family member who can check in with you about them at regular intervals. You should also schedule at least one planned follow-up with your primary care doctor or psychiatrist soon after you begin your antidepressant to discuss symptoms.

Know if you or a loved one is at a high risk for suicide: Suicide risk is highest in people who have a past history of suicide attempt, and it is elevated

in people who are alcoholic or abuse other substances, people who are impulsive, and people who express feelings of hopelessness. People who have just been

released from a psychiatric hospital stay are at a high risk for suicide. A firearm is used in nearly 60 percent of all suicides in the United States. If you have a gun in your home and you or a family member is depressed, you should get rid of the firearm if possible. Statistics suggest that adolescents who live in a house with a gun have a risk for suicide that is increased four to 10 times above normal. Some people worry unnecessarily that bringing up suicide risk in a discussion with a depressed person might give that person an idea that they had not thought up on their own. Evidence supports the idea that discussion about suicide is helpful, and it does not ever appear to trigger a suicide event.

Never stop an antidepressant suddenly: Significant withdrawal symptoms can occur if certain antidepressants are stopped suddenly, including agitation, depression, headache or nausea.

What Can I Expect Looking To The Future? - The FDA plans to review the data that has already been collected about antidepressant treatment, carefully categorizing injuries and deaths that occurred in pre-existing studies so that no suicide or suicide attempt is overlooked. The FDA warning is merely a caution -- it has not resulted in any antidepressant being removed from the market. Associated Press and Mary Pickett, M.D., Harvard Medical School.

PSORIASIS THERAPY UPS TUMOR VIRUS

Background: Psoriasis is a common skin disorder in which there is a reddish scaly rash over the elbows, knees, scalp or elsewhere. About 10-15% of people with psoriasis develop arthritis. A key treatment for psoriasis is PUVA which stands for psoralen (P) + ultraviolet A (UVA). A person is first given psoralens (drugs containing chemicals that react with ultraviolet light) and then exposed to UVA light. This treatment is very effective but elevates the risk of skin cancer. Why has not been known.

New Finding: There is an increased prevalence of the human papillomavirus (HPV) in hairs plucked from patients with psoriasis treated with PUVA. HPV is tumorigenic (it causes the formation of tumors).

Comments: This is an important new finding because psoriasis is common and PUVA is a key treatment for it. The idea is that PUVA promotes skin cancer by increasing HPV in the skin. PUVA may do this by stimulating the replication of the virus or by immune suppression, or both. Barbara K. Hecht, Ph.D. - Frederick Hecht, M.D. Medical Editors, MedicineNet.com

TUESDAY, March 16 (HealthDayNews) -- People with psoriasis treated with a combination of the drug psoralen and ultraviolet A light therapy (PUVA) have increased levels of human papillomavirus (HPV) in their skin, says an Austrian study in the March issue of the Archives of Dermatology.

Previous research identified a link between PUVA therapy and increased risk of skin cancer, but the causes of that increased risk were not pinpointed. HPV has been closely linked to skin cancer.

"It has been suggested that PUVA may increase expression of the tumorigenic (cancer-causing) agent HPV in skin by directly stimulating virus replication, immune suppression or both, thereby leading to skin cancer formation," the study authors write.

They examined whether long-term PUVA treatment results in increased presence of HPV in the skin. They screened for HPV DNA in body hairs they collected from psoriasis patients.

Group A included 16 patients with a history of PUVA exposure and a history of skin cancer, group B included 35 with a history of PUVA exposure and no history of skin cancer, and group C included 30 with no history of PUVA exposure or skin cancer.

HPV DNA was found in 73 percent of patients in group A, 69 percent of patients in group B and 36 percent of patients in group C. Robert Preidt SOURCE:

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Good health to all,

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