CAMPUS NEWS

GPAT-2017 QUALIFIERS OF NIRMALA COLLEGE OF PHARMACY

ALL INDIA GPAT RANKS

1. SRIKANTH - 505
2. SAI KISHORE -552
3. ALEKHYA-1400
4. PRATYUSHA-1740
5. SAI RAMIREDDY–2189
6. VINOD KUMAR - 6010

STATE LEVEL TAEKWONDO WINNER

K STEFFY SELESE OF B.PHARM 1st YEAR SELECTED FOR NATIONAL LEVEL TAEKWONDO COMPETETIONS & WON GOLD MEDAL AT STATE LEVEL COMPETETION

1. WINNERS AT NATIONAL LEVEL CONFERENCE ORGANIZED BY SIDDARTHA COLLEGE, OF PHARMACY, NUZIVIDU.
2. QUIZ AND ELOCUTION WINNERS AT STEP (SOCIETY FOR TRAINING & EMPLOYMENT PROMOTION) PROGRMME ON THE OCASSION OF NATIONAL YOUTH DAY CELEBRATIONS, GUNTUR.

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CLINICAL PHARMACY

PROMOTES HEALTH BY PROVIDING PHARMACEUTICAL PATIENT CARE

News Letter

NIRMALA COLLEGE OF PHARMACY

NEW MOLECULAR MARKER CAN PREDICT BREAST CANCER RISK

Researchers have identified a molecular marker that identifies proliferating cells in normal breast tissue and can predict a woman's risk of developing breast cancer, the leading cause of death in women with cancer worldwide. The findings showed that women having a higher percentage of the molecular marker Ki67 are five times more likely to increase their risk of developing breast cancer.Ki67 can be found in the cells called the mammary epithelium that line the mammary ducts and milk producing lobules. These cells undergo drastic changes throughout a woman's life and a majority of breast cancers originate in these tissues. "Instead of only telling women that they don't have cancer, we could test the biopsies and tell women if they were at high risk or low risk for developing breast cancer in the future," said Kornelia Polyak, researcher at Harvard University in US. Though doctors test breast tumors for Ki67 levels, the study published online in the Journal Cancer Research is the first to link Ki67 to precancerous tissue and use it as a predictive tool. The team examined biopsies from 302 women who had been diagnosed with benign breast disease.of these, the researchers compared the tissue of 69 women who later developed cancer and 233 who did not."By identifying women at high risk of breast cancer, we can better develop individualized screening and also target risk reducing strategies," added Rulla Tamimi, associate professor at Harvard University. Also, screening for Ki67 levels would be easy to apply and minimise the unnecessary radiation associated with mammograms, for women at low risk, the researchers concluded.

By: FARHATH JAHAN II /IV B.PHARM

SHAIK MUNWAR, Assco.Professor

2nd PRIZE WINNER OF POSTER PRESENTATION AT 68th IPC - Ms.PRATYUSHA

GENETICALLY MODIFIED MOSQUITO TRIALS TO CONTROL DENGUE, CHIKENGUNEA AND ZIKA

The efficiency of genetically modified mosquito to suppress wild female Aedes aegypti mosquito population that causes dengue,chikengunea and zika were launched. The efficiency to kill offspring was over 99%and male mosquitoes imported were able to mate with locally available wild female mosquito and the longevity of imported mosquito was the same as the wild one. MODIFIED MALES: Oxitecs technology uses genetically modified [GM] males Aedes aegypti mosquito that carry a dominant lethal gene. When male GM mosquito mate with Wild female mosquito the lethal gene is passed onto offspring. The lethal gene in the offspring kills the larvae before they reach adulthood. Since male mosquitoes do not bite Humans,the release of GM males will not increase the risk of DENGUE, CHIKENGUNEA, AND ZIKA.

By: B.DAIVA KRUPA, III/VI PHARM. D

CAMPUS NEWS

NIRMALA PLAYOFF'S - 2017 SPORTS AND CULTURALS

CARDIOVASCULAR SAFETY MONITORING DURING CHEMOTHERAPY

Purpose of review Assessments of cardiac and cardiovascular toxicity are prominent components of oncology clinical practice, since many oncologic agents can be cardiotoxic. While the overall benefit-risk balance of such drugs is favorable, however, considerable clinical consideration is needed for patients who are receiving and have finished receiving pharmacotherapy. Oncologic drugs have been associated with various off-target cardiovascular responses, including cardiomyopathy leading to heart failure, cardiac dysrhythmias, thromboembolic events and hypertension. Risk mitigation strategies in oncology clinical practice Table 1 presents examples of cardiotoxicities associated with oncology agents. Appropriate benefit-risk assessments and cardiovascular monitoring must be employed on a patientby-patient basis. Various measures include cardiac function monitoring, limitation of chemotherapy dose, use of anthracycline analogs and cardioprotectants and early detection of myocardial cell injury using biomarkers. Cardiomyopathy Noninvasive modalities are preferred for evaluation of chemotherapyinduced cardiomyopathy (CMP). These include echocardiography, radionuclide ventriculography, multiple-gated acquisition (MUGA), CT and MRI scans.

Take-away messages:

- Oncologic agents can successfully extend life by many years, but cardiotoxicity can occur up to a decade following cessation of treatment. Follow-up care and monitoring is essential.
- Patients can benefit considerably from their oncologists and cardiologists working closely together.

Table 1: Cardiotoxicity parameters listed in package inserts for a sample of oncologic drugs

Drug (Class and Indication)	Parameters mentioned in the "Highlights of Prescribing Information"
Bevacizumab (vascular endothelial growth factor-specific angiogenesis inhibitor: multiple indications including metastatic colorectal cancer, with intravenous 5-fluorouracil–based chemotherapy for first- or second-line treatment; non-squamous non-small cell lung cancer, with carboplatin and paclitaxel for first line treatment of unresectable, locally advanced, recurrent or metastatic disease)	Arterial thromboembolic events, e.g., myocardial infarction, cerebral infarction: hypertension.
Doxorubicin (anthracycline topoisomerase inhibitor: indicated for ovarian cancer after failure of platinum-based chemotherapy; AIDS-related Kaposi's Sarcoma after failure of prior systemic chemotherapy or intolerance to such therapy)	Acute left ventricular failure; heart failure; dose-dependent cardiomyopathy (Note: information presented in Section 5.1 of the Full Prescribing Information) **Boxed warning: Cardiotoxicity.**
Pazopanib (tyrosine kinase inhibitor: indicated for advanced renal cell carcinoma; advanced soft tissue sarcoma who have received prior chemotherapy)	QT Prolongation and TdP; congestive heart failure and decreased left ventricular ejection fraction; hypertension; fatal hemorrhagic events; arterial thrombotic events.
Trastuzumab (monoclonal antibody: indicated for HER2-overexpressing breast cancer; HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma)	Sub-clinical and clinical cardiac failure manifesting as CHF, and decreased LVEF, with greatest risk when administered concurrently with anthracyclines. **Boxed warning for cardiomyopathy.**
Vandetanib (tyrosine kinase inhibitor: indicated for symptomatic or progressive medullary thyroid cancer in patients with unresectable locally advanced or metastatic disease)	QT prolongation, TdP and sudden death; heart failure; hemorrhage; hypertension. **Boxed warning for QT prolongation, TdP and Sudden Death. REMS in place.**

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2. Gottdiener JS, Bednarz J, Devereux R, et al; American Society of Echocardiography. American Society of Echocardiography recommendations for use of echocardiography in clinical trials. *J Am Soc Echocardiogr.* 2004; 17:1086-119.

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