Murex

was what would now be called an alien Murex species, introduced following the completion of the Suez Canal, and Sir John (would a 2014 letter to Nature ever refer to a Sir John?) and Monica wondered whether the species had altered its presentation, “relieved of the shackles of environment.” The letter was a plea for specimens from the Red Sea so that the comparison might be made. Wikipedia informs me that Murex tribulus is a large predatory sea snail, with a distribution from the Central Indian Ocean to the Western Pacific Ocean.

Did Monica Taylor ever get her Red Sea specimens? Life is full of small mysteries. Taylor herself is a fascinating soul. Born in 1877, the daughter of a science teacher and the cousin of Sir Hugh Taylor, one-time Dean of the Princeton Graduate School, she trained as a teacher prior to becoming a nun.

In 1953, the year of her mystique, Monica Taylor received a DSc from the University of Glasgow, provided she did not attend lectures and was chaperoned by another Sister at all times.” There she impressed Professor Graham Kerr, who encouraged her to pursue an advanced degree, and obtained permission for her to attend classes.

After receiving a DSc from the University of Glasgow in 1917, she headed the Science Department at Notre Dame College until her retirement in 1946, all the while conducting significant research in amoebic zoology.

In 1953, the year of her Murex letter, she was awarded an honorary doctorate from the University of Glasgow for being “a protozoologist of international distinction.” She died in 1968; six years after Watson and Crick got their Nobel prizes. No citations, and no Nobel, but perhaps you will remember this also-ran, a woman of courage and fortitude.

Most of us are also-rans, if judged against those carved into science’s Mount Rushmore. Glory would not be glorious if it was common. But maybe we have it wrong if we think the also-rans felt demeaned by their also-ranness. Maybe Dr. Alim or Dr. Hadek or Sister Dr. Taylor enjoyed their brush with greatness. And maybe, just maybe, they were satisfied with lives well lived in service to science and mankind.
The U.S. Food and Drug Administration has approved the use of Velcade (bortezomib) for the re-treatment of adults with multiple myeloma who have previously received and responded to Velcade therapy and have then relapsed at least six months after the completion of that treatment. The drug, co-developed by Millennium/Takeda and Janssen Pharmaceuticals, is a proteasome inhibitor that was first approved for treatment of myeloma in 2003 (OT 8/25/03 issue), and then approved for injection in 2008 (OT 8/25/08 issue). Velcade was approved in 2006 for the treatment of patients with mantle cell lymphoma who have received at least one prior therapy. And, the drug’s label was updated in 2012 to include the subcutaneous method of administration in its approved indications including multiple myeloma and mantle cell lymphoma after at least one prior therapy (OT 2/25/12 issue).

The recent actions for the drug follow data from the single-arm, open-label, Phase II RETRIEVE trial of 130 patients who had previously received and responded to Velcade-based therapy and had relapsed at least six months after that prior Velcade treatment. The data showed that one patient had a complete response and 49 had a partial response, and that the median duration of response was 6.5 months.

The most common adverse effects reported in patients receiving Velcade were thrombocytopenia, diarrhea, herpes zoster, and pneumonia. Adverse reactions that led to discontinuation of treatment occurred in 13 percent of the patients. Other common side effects were fever, decreased appetite, fatigue, and rash.

Despite clear evidence of effectiveness, there are still many barriers to accessing minimally invasive palliative procedures, including the availability of trained staff, concerns regarding the impact of minimally invasive palliative procedures when used in conjunction with traditional methods like radiotherapy, and lack of awareness of available procedures and how to best utilize them.

Multidisciplinary Palliative Care Conferences

 Asked for his perspective, Jonathan Knisely, MD, Chief and Co-director for Radiosurgery and Stereotactic Radiation Therapy at North Shore-Long Island Jewish Cancer Institute, said, “Multidisciplinary palliative care conferences are an important way of optimizing patient care. At North Shore-LIJ, these conferences for musculoskeletal oncology include not only pain management specialists, medical and radiation oncologists, and diagnostic radiologists, but also neurosurgeons and orthopedic surgeons. “Many patients can benefit from aggressive management of problems, including surgical stabilization that preserves function, and thus quality of life.”

The symposium, which had the theme “Supportive Care Makes Excellent Cancer Care Possible,” is sponsored by the Multinational Association of Supportive Care in Cancer and the International Society of Oral Oncology. About 900 people from approximately 50 countries attended this year.

“Minimally invasive palliative procedures are options now considered as Step 4 of the WHO ladder.”