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**New Class of Drugs Brings Hope to Cancer Patients**

**By ARA Content**

**New Class of Drugs Brings Hope to Cancer Patients**

by: **ARA Content**

(ARA) – This is an exciting time in cancer research. Recent information on angiogenesis — the growth of new blood vessels — is providing researchers opportunities to find new ways to slow or stop a tumor's growth by cutting off the blood supply it needs.

Angiogenesis performs a critical role in the development of cancer. To grow, solid tumors need oxygen and nutrients provided by new blood vessels. Once a vascular network has been generated, cancer cells can also invade the rest of the body, a process called metastasis. Currently, researchers believe that more than 90 percent of all cancer cases are angiogenesis-dependent.

The good news is that a novel class of drugs, which acts as angiogenesis inhibitors, shows great potential in fighting more than 20 different diseases, including many types of cancer.

These "anti-angiogenesis" drugs being developed and tested block the formation of new blood vessels, starving cancerous cells and stopping tumor growth. One drug being tested, Neovastat, was discovered in 1994 and is derived from cartilage tissue. Neovastat is the only angiogenesis inhibitor being developed in the biotechnology and pharmaceutical universe that has four mechanisms of action to combat blood vessel growth. Furthermore, Neovastat is taken orally, making it convenient for patients who need long-term treatment, and it has shown minimal side effects in clinical trials. This means that unlike standard chemotherapy, Neovastat is not likely to interfere with a patient's immune system, or cause adverse gastrointestinal symptoms or hair loss.

In addition, because most cancer cells are genetically unstable and more prone to mutations, resistance is a major problem with many chemotherapy agents. But since anti-angiogenesis drugs target normal endothelial cells that are not genetically unstable, drug resistance is less likely to develop and has not been a problem so far in clinical trials.

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Another hope is that angiogenesis inhibitors can be used in combination with therapies that directly target tumor cells. Because anti-angiogenic drugs and chemotherapy are aimed at different cellular targets, it is possible that the combination will prove even more effective than either therapy is as a stand-alone.

Currently, Neovastat is the subject of three clinical trials, targeting three forms of cancer for which there are urgent needs for new therapies. For multiple myeloma, the second most common form of blood cancer, the drug is in phase two trials with 125 patients in the United States, Canada and Europe. This trial should be completed by the end of 2002. For progressive renal cell carcinoma, the drug is in phase three trials with 280 patients in the United States, Canada and Europe, which should be completed in early 2003. For non-small cell lung cancer, Neovastat is in a phase three trial sponsored by the National Cancer Institute with 760 patients in the United States and Canada. This trial should be completed in 2005.

Once the clinical trials are complete, health authorities in various countries can then assess test results and make decisions on approval.

Neovastat is being developed by Aeterna Laboratories of Quebec, Canada. For more information about current trials, call (888) 349-3232. If you are an oncologist, contact Claude Hariton, PhD, vice president of Clinical and Regulatory Affairs, (418) 652-8525, Ext. 306.

To learn more about anti-angiogenesis and Aeterna Laboratories, visit the Aeterna Web site at [www.aeterna.com](http://www.aeterna.com). For more information about the NCI's clinical trials, visit <http://cancertrials.nci.nih.gov>.

Courtesy ARA Content,

; e-mail:

## **Antipsychotic Drugs For Schizophrenia**

**By John Conrad**

Antipsychotic medications are not a cure for schizophrenia, for the moment we hope. They only treat the symptoms and help to normalize the biochemical imbalances that cause schizophrenia. There are two major types of antipsychotics, traditional and new antipsychotics.

Traditional antipsychotics (so called classic antipsychotics) effectively control the delusions, hallucinations, and confusion of schizophrenia. Antipsychotic drug, such as haloperidol, chlorpromazine, and fluphenazine, are the first antipsychotic drugs that were used. These drugs primarily block dopamine receptors. They treat well schizophrenia symptoms, but unfortunately have many side effects. And because of this side effects the patient refuse to take them anymore.

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From the new class of antipsychotics we remember Risperidone (Risperdal), olanzapine (Zyprexa), quetiapine (Seroquel), ziprasidone (Geodon) and aripiprazole (Abilify). These antipsychotics have fewer side effects than the classic antipsychotic drugs.

The main problem with the new class of antipsychotics is their cost. It seems to be a little bit expensive, and some of the patients can not afford to buy their medication. For the future maybe their cost will be not a problem anymore.

Side effects for antipsychotics may cause a patient to be afraid taking them. However, it is important to take your doctor's opinion before making any changes in medication since many side effects can be controlled. Also, if the treatment is interrupted many symptoms can reappear, some of them even on a higher intensity. The advice is to be sure to weigh the risks against the potential benefits that antipsychotic drugs can provide. Sometimes it does not deserve to interrupt the treatment!

To prevent appearing side effects, the doctor should prescribe the right dosage of antipsychotic, neither more or less. And this depends from patient to patient. There are many patients who have the same symptoms, but the response to the same medicine is different.

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