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REPRINT

AXCAN PHARMA™: CANASA® (MESALAMINE, USP) RECTAL SUPPOSITORIES FOR THE TREATMENT OF ULCERATIVE PROCTITIS

ULTRASE®, and ULTRASE® MT (pancrelipase) and VIOKASE® (pancrelipase, USP) for the Treatment of Exocrine Pancreatic Insufficiency

Axcan Pharma's (Mont Saint-Hilaire, Quebec), **CANASA®** (mesalamine, USP) **1000-mg** rectal suppository is the only FDA-approved, once-daily suppository for the treatment of active ulcerative proctitis. CANASA® suppositories work directly on the area involved and have been shown to be a rapid and effective way to treat ulcerative proctitis. CANASA® suppositories reach up to 20 cm above the anal verge[1]; often stop rectal bleeding within one week of therapy; significantly reduce stool frequency, diarrhea and tenesmus within two weeks; and reduce urgency associated with tenesmus. CANASA® 1000 mg may improve compliance with patient-preferred once-daily dosing.[1,2]

Use of topical 5-ASA therapies, such as CANASA®, is usually the first step in treating and offsetting the symptoms of ulcerative proctitis.[3,4] Studies done with patients using CANASA® 1000 mg for treatment of ulcerative proctitis show that it is very effective for improving the symptoms associated with active ulcerative proctitis[5], and the majority of patients will respond to that therapy.[6] For many patients, CANASA® 1000 mg improves overall disease activity after three to six weeks of treatment.[5]

Stephen B. Hanauer, MD, Professor of Medicine and Clinical Pharmacology and Chief, Section of Gastroenterology and Nutrition, University of Chicago (Chicago, IL), has extensive experience with CANASA® suppositories and finds them extremely well tolerated and helpful for patients with more extensive disease. Dr. Hanauer stated, "Recent studies by Marteau, *et al*. (Gut 2005) demonstrate the importance of healing the rectum. We often use CANASA® suppositories for patients with rectal urgency, tensesmus or bleeding."

Seymour Katz, MD, Clinical Professor of Medicine at New York University School of Medicine, North Shore University Hospital-Long Island Jewish Hospital Systems, Manhasset, NY and St. Francis Medical Center states, "We use CANASA® in our patients who are particularly afflicted with tenesmus. CANASA® is tremendously convenient—and it's all about compliance. Our patients all work for a living, so they don't have time to stop and fuss."

The usual dosage of CANASA® (mesalamine, USP) 1000 mg Suppositories is one rectal suppository 1 time daily at bedtime.

CANASA® was well tolerated in clinical studies. As with other mesalamine containing products, less common but possible serious side effects such as acute intolerance syndrome, pericarditis and pancolitis may occur. The most common side effects of CANASA® are dizziness (3%), rectal pain (1.8%), fever, rash, acne, and colitis (1.2%).

ULTRASE® and **ULTRASE® MT** (pancrelipase) orally administered capsules contain a pancreatic enzyme combination used to improve food digestion in patients who do not produce enough enzymes on their own. ULTRASE® is indicated for patients with partial or complete exocrine pancreatic insufficiency. ULTRASE® capsules contain enteric-coated microspheres or mini-tablets The enteric coating is designed to prevent inactivation by gastric acid, thereby resulting in the delivery of high levels of biologically active enzymes into the duodenum. When treatment with a pancreatic enzyme such as ULTRASE® is used in patients with pancreatic insufficiency, fat absorption has been shown to increase more than 85-90 percent in most patients.[8,9] It is important to note that while major brands of pancreatic enzyme preparation with a pH-dependent enteric coating are generally effective[10,11] differences in product release characteristics have been reported[12,13] and those variations in release characteristics have been reported to be associated with differences in clinical effect.[14]

Michael W. Konstan, MD, Professor of Pediatrics, Case Western Reserve University School of Medicine and Director, Cystic Fibrosis Center, Rainbow Babies and Children's Hospital (Cleveland, OH), said, "ULTRASE® is of great benefit to our patients with CF. Nearly all of these patients are pancreatic insufficient, and literally could not survive without pancreatic enzyme replacement therapy. ULTRASE® has been one of the more effective enzyme replacement therapies. Patients who have not responded to another brand often respond to ULTRASE®. Clinical trials of ULTRASE® in patients with CF have proven the effectiveness of this enzyme formulation in decreasing fat and protein malabsorption in CF.

ULTRASE® has proven clinical efficacy and safety[15] with up to 89 percent dietary protein absorption efficacy and up to 87 percent dietary fat absorption efficacy. ULTRASE® has proven symptomatic relief with up to 67 percent of patients experiencing abdominal pain relief and up to 42 percent of patients experiencing relief from flatulence.[15]

Dosage with ULTRASE® and ULTRASE® MT should be adjusted according to the severity of the exocrine pancreatic insufficiency. Begin therapy with one or two capsules with meals or snacks and adjust dosage according to symptoms. The number of capsules or capsule strength given with meals and/or snacks should be estimated by assessing which dose minimizes steatorrhea and maintains good nutritional status. Dosages should be adjusted according to the response of the patient.

Pancrelipase capsules are contraindicated in patients known to be hypersensitive to pork protein. Pancrelipase capsules are contraindicated in patients with acute pancreatitis or with acute exacerbations of chronic pancreatic diseases. The most frequently reported adverse reactions to products containing pancrelipase are gastrointestinal in nature. Less frequently, allergic-type reactions have also been observed. Extremely high doses of exogenous pancreatic enzymes have been associated with hyperuricosuria and hyperuricemia when the preparations given were pancrelipase in powdered or capsule form.

VIOKASE® (pancrelipase, USP) for oral administration is indicated in the treatment of exocrine pancreatic insufficiency associated with, but not limited to, chronic pancreatitis (CP), pancreatectomy, obstruction of the pancreas ducts, or cystic fibrosis (CF). Patients with CP who have significant reduction of pancreatic function are unable to digest fats, proteins, and carbohydrates. As a consequence, the absorption of these nutrients is impaired, with the result being malnutrition and a host of secondary complications. VIOKASE® is a branded enzyme that is readily available without an enteric coating.

Managing abdominal pain associated with chronic pancreatitis presents a challenge. Abdominal pain is often the symptom that causes patients to seek medical attention. It can be difficult to control, and its manifestations can vary from mild to disabling.[7] Phillip P. Toskes, MD, Professor of Medicine, University of Florida College of Medicine, Division of Gastroenterology, Hepatology and Nutrition (Gainesville, FL), has extensive experience in treating chronic pancreatitis with VIOKASE®, non-enteric coated, pancreatic enzyme therapy. According to Dr. Toskes, "A study from our center presented at a recent DDW meeting compared Pancrease®, Creon® and VIOKASE® in regard to delivery of proteases into the proximal small intestine-the site of the feedback control mechanism for pancreatic exocrine secretion. VIOKASE® delivered appreciable amounts of protease but Creon® and Pancrease® demonstrated little delivery of the enzymes in the upper intestine because they didn't open up their enteric coat until they went beyond that part of the intestine."

For patients with pancreatectomy or obstruction of pancreatic ducts: one to two VIOKASE® 8 tablets or one VIOKASE® 16 tablet taken at 2-hour intervals or as directed by a physician.

Adverse Effects: The dust or finely powdered pancreatic enzyme concentrate is irritating to the nasal mucosa and the respiratory tract. It has been documented that inhalation of the airborne powder can precipitate an asthma attack. The literature also contains several references to asthma due to inhalation in patients sensitized to pancreatic enzyme concentrates. Extremely high doses of exogenous pancreatic enzymes have been associated with hyperuricemia and hyperuricosuria. Overdosage of pancreatic enzyme concentrate may cause diarrhea or transient intestinal upset.

An Axcan Pharma sponsored Web site will soon be available at www.PancreaticCME.com. This new, comprehensive Web site will contain almost 15 hours of CME videos on Chronic Pancreatitis, HIV, and CF.

The physicians quoted in this piece have been involved in research activities with Axcan Pharma™

For more information concerning Axcan Pharma, CANASA®, ULTRASE®, ULTRASE® MT, or VIOKASE® please call 1-800-472-2634. For full prescribing information visit the company's Web site at www.axcan.com, or contact a company representative at ACG booth #1327

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