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Study Finds Tobacco Companies Increasingly Advertise to Youth

A study from the Boston University School of Public Health has concluded that the master settlement agreement between the attorneys general of 46 states and the United States' four largest tobacco companies "appears to have had little effect on cigarette advertising in magazines and on the exposure of young people to these advertisements."

The study analyzed advertising spending for 15 brands of cigarettes and the exposure of young people to that advertising in 38 magazines published between 1995 and 2000. It defined youth-oriented magazines as those with at least 15% of readership or two million readers in the 12- to 17-year-old age bracket; all other magazines were classified as adult-oriented. The study also defined youth brands of cigarettes as those smoked by more than 5% of all smokers in the 8th, 10th, and 12th grades, which singled out Camel®, Marlboro®, and Newport® as youth brands.

Although the average annual advertising spending for adult brands decreased in both adult- and youth-oriented magazines from 1995 to 2000, expenditures for youth brands in youth-oriented magazines actually increased—53.8% for Camel, 8% for Marlboro, and 13.2% for Newport. Overall, magazine advertisements for youth brands of cigarettes reached more than 80% of young people in the United States, an average of 17 times each in the year 2000, the study found.

The full results of the study were published in the August 16 issue of the *New England Journal of Medicine*.

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New Melanoma Staging System Developed

After conducting the largest prognostic factor analysis to date, the American Joint Committee on Cancer (AJCC) has developed a revised melanoma staging system, which will be published this year in the sixth edition of the *AJCC Cancer Staging Manual*.

The new system reflects several major changes.

- Melanoma thickness and ulceration but not level of invasion to be used in the T category (except for T1 melanoma)
- The number of metastatic lymph nodes rather than their gross dimensions and the delineation of clinically occult versus clinically apparent nodal metastases to be used in the N category
- The site of distant metastases and the presence of elevated serum lactic dehydrogenase to be used in the M category
- An upstaging of all patients with stage I, II, and III disease when a primary melanoma is ulcerated
- A merging of satellite metastases around a primary melanoma and in-transit metastases into a single staging entity that is grouped into stage III disease
- A new convention for defining clinical and pathologic staging so as to take into account the staging information gained from intraoperative lymphatic mapping and sentinel node biopsy.

Under the new staging system, patients with localized disease are classified as stages I and II; stage III indicates regional metastases; stage IV is reserved for patients with distant metastases.

The full results of the prognostic factor analysis were published in the August 15 issue of the *Journal of Clinical Oncology.*

Experts Meet to Carry Out Phase II of Nursing Workforce Funding Methodology

George Mason University's Division of Nursing at the Center for Health Policy, Research, and Ethics (CHPRE) has begun phase II in the creation of an allocation methodology for funding of programs that support the development of the nursing workforce. Title VIII of the Public Health Service Act requires that this be done for funding of advanced education nurses, increased diversity in the nursing workforce, and basic nursing education and practice.

CHPRE is leading a panel of experts as it tests the funding allocation method developed in phase I. Phase II will carry this method out further, using qualitative and quantitative methods and an expert judgment process to implement recommendations to develop the funding methodology proposed in phase I. The panel will report to Congress in June.

For more information about phase II, visit http://chpre.gmu.edu and click on Funding Allocation Project.

FDA Approves New Agent for Occluded Central Venous Access Devices

The U.S. Food and Drug Administration (FDA) recently approved the use of Genentech Inc.'s (South San Francisco, CA) Cathflo™ Activase®, a tissue plasminogen activator, to clear blood clots in central venous access devices (CVADs).

Genentech estimates that as many as 25% of CVADs become occluded (as assessed by the ability to draw blood), 60% of those from blood clots. Cathflo Activase, a version of the company's recombinant alteplase, is now the only thrombolytic agent available to clear such blockages. A 2-mg dose is indicated to activate plasminogen, which dissolves fibrin, breaking down the clot and restoring CVAD function. Study trials found that 88% of patients treated with up to two active doses had restored CVAD function.

According to research, Cathflo Activase may help patients avoid surgery to remove and replace blocked CVADs.

The FDA's decision was based on two clinical trials. The most serious adverse events were sepsis, gastrointestinal bleeding, and venous thrombosis.