Table 1. New Anticancer Agents*

Drug	Classification	Indication	Dose and Administration	Common Toxicities
Temozolamide *(Temodar)*	Alkylating agent	Refractory anaplastic astrocytoma that has failed prior chemotherapy	150 mg/m ^{2}/day orally for 5 days. Cycle is to be repeated every 28 days depending on count recovery. Medication should be taken on an empty stomach. Dose should be adjusted to keep ANC = 1000-1500/mm ^{3} and platelets = 50,000-100,000/mm ^{3}	Myelosuppression (white blood cells and platelets)Nadir occurs at 28 days. Cycle should not be repeated unless counts are adequate.Nausea and vomiting--may be decreased if dose administered at bedtime.Headache, fatigue, constipation
UFT and Leucovorin *(Orzel)*	UFT: Antimetabolite activityLeucovorin: Potentiates activity of 5-fluorouracil (5-FU)	Metastatic colorectal cancer	UFT 300 mg/m ^{2}/day orally X 28 days with 1-week rest period.Leucovorin: 75-90 mg/day in 3 divided doses	Myelosuppression, diarrhea, mucositis, fatigue, increased bilirubin. Does NOT cause hand-foot syndrome seen with 5-FU and its analogues.
Epirubicin *(Ellence)*	Anthracycline analogue	Adjuvant therapy in node-positive breast cancer in patients who have undergone surgery	100-120 mg/m ^{2} as a single IV infusion or in 2 divided doses on days 1 and 8 of each cycle of therapy	Myelosuppression, nausea and vomiting, alopecia, mucositis, vesicant properties, secondary malignancies. Maximum recommended cumulative dose = 900 mg/m ^{2}

Valrubicin *(Valstar)*	Anthracycline analogue	Bladder cancer (*insitu*) that is refractory to BCG therapy in patients who have contraindications for immediate cystectomy	800 mg intravesicularly weekly; dose should be diluted to 75 ml and retained for 2 hours. Valrubicin is in *Cremophor EL*base, so non-DEHP containers and administration sets should be used.	Urinary frequency, dysuria, urinary urgency. Systemic toxicities of anthracyclines (myelosuppression, mucositis, nausea/vomiting) are seen in patients with non-intact bladders.
Denileukin diftitox *(Ontak)*	Fusion protein	Persistent or recurrent cutaneous T-cell lymphoma expressing the CD25 component of the IL-2 receptor	9-18 mcg/kg/day IV over 15 minutes daily X 5 days. Cycle is repeated every 3 weeks. Product must be stored in the freezer. Product must be diluted with NS. Glass containers should be avoided and the product should not be filtered. Must use prepared solution within 6 hours of preparation.	Acute hypersensitivity reactions, capillary leak syndrome (hypotension, hypoalbuminemia, edema), chills, fever, asthenia, headache, nausea/vomiting, anorexia, diarrhea, infection, pain at tumor site, pruritus, increased transaminases.