ASSOCIATIONS: PRENATE DHA® is contraindicated in patients with a known hypersensitivity to any of the ingredients.

WARNINGS: Suspension of use of more than 3 grams of omega-3 fatty acids (such as EPA and DHA) per day has been shown to have potential detrimental effects, including on coagulation, bleeding time and international normalized ratio (INR). Administration of more than 3.3 grams of EPA and DHA should be avoided in patients taking anticoagulants and in those known to have an inherited or acquired predisposition to bleeding.


CONTRAINDICATIONS: PRENATE DHA® is contraindicated for use in patients with severe hypervitaminosis A or any of the ingredients.

PHARMACOTHERAPY: Omega-3 fatty acids (EPA and DHA) are triglycerides and are hydrolyzed by pancreatic lipase and chylomicron lipase to form monoacylglycerols and free fatty acids. These products enter the lymphatic circulation and are transported to the liver, where they are reesterified to triglycerides and resecreted into the lymph and bloodstream.

METABOLISM: A decrease in low-density lipoprotein cholesterol (LDL-C) and triglycerides and an increase in high-density lipoprotein cholesterol (HDL-C) have been observed in children and adults following the administration of omega-3 fatty acids (EPA and DHA).

ETHICS: The risks and benefits of omega-3 fatty acids (EPA and DHA) should be considered when determining the appropriate dose and duration of treatment.

SIDE EFFECTS: In clinical trials, the most common side effects were nausea, flatulence, and diarrhea.

PATIENTS: Omega-3 fatty acids have been shown to reduce the risk of cardiovascular disease and improve clinical outcomes in adults with cardiovascular disease.

MAMMALPRINT® 600 mcg

(Medication Guide)

MammaPrint breast cancer prognostic test measures the expression of 70 genes in tumor samples. It is cleared for use by the Food and Drug Administration, and made by Agendia BV, which sponsored the study.

In an effort to underscore that the MammaPrint assay adds information to all risk categories, the investigators performed a subgroup analysis in 145 women with lymph node-negative, estrogen receptor-positive, grade 2 tumors.

The 10-year overall survival rate was significantly different among 90 women with a good-prognosis signature, as compared with 35 women with a poor-prognosis signature (92% vs. 60%), according to the investigators, led by Dr. Annuska M. Glas, also of Agenda BV.

Poster discussant Dr. Fabrice André of the Gustave-Roussy Institute in Villejuif, France, said that the number of women with small tumors of the breast is increasing with mass screening. If the current data are reproduced in cross-validation retrospective studies, MammaPrint could be used in clinical practice to identify women who are eligible for chemotherapy among this good-prognosis population. Dr. André said he was cautious, however, that randomized, controlled trials are needed before molecular assays should be used to decrease the use of adjuvant treatment in this population.