

Cornerstone News

National Cornerstone Healthcare Services

March 2006

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Peace of mind for your healthcare needs.

Note from the President



National Hemophilia Month opened eyes...and more

By David S. Espinosa
President, NCHS

It has been 20 years since President Reagan took the lead with Proclamation 5442 and brought hemophilia, and indeed all bleeding disorders, solidly into the public consciousness. That occurred on Feb. 21, 1986 when, with the stroke of a pen, the president declared March "National Hemophilia Month."

At that time, most people knew little about hemophilia, and it was uncertain whether National Hemophilia Month 1986 would be both the first and last such public recognition that the bleeding disorder would receive. First? Yes. Last? Definitely not.

Since that first proclamation, associations and communities across the country have taken up the banner, and hemophilia is now well known and at least better understood than it was two decades ago. Consider, for instance, the Bleeding Disorders Association of Northeastern New York and the Texas AIDS Network, whose web sites prominently urge readers to contact the National Hemophilia Foundation to see how they can participate in National Hemophilia Month.

In his original proclamation, the president pointed out some interesting facts: that hemophilia is almost exclusively a male disease, that at that time it occurred in one in 4,000 live male births, and that it had (and still has) no regard for race, nationality or family economic status.

He also pointed out that at that by 1986 significant advances had been made in the diagnosis and treatment of hemophilia. Since his proclamation, other advances have come along as well, including the use of Factor VIII concentrate purified by chemical and monoclonal techniques and the development of genetically engineered, or recombinant, Factor VIII. Other developments are sure to come along during the coming years.

"To stimulate public awareness about hemophilia and to encourage the development of improved techniques of diagnosis and treatment, the Congress, by Senate Joint Resolution 150, has designated the month of March 1986 as "National Hemophilia Month," the president wrote. Indeed, his proclamation appears to have done just that—it most certainly stimulated public awareness about hemophilia and



likely encouraged, at least at some level, the development of improved techniques of diagnosis and treatment.

As we look back, we do so with appreciation. After all, we've come a long way since 1986. However, there's a long road yet to travel, and we look forward with anticipation. Medical science has progressed well beyond where it was 20 years ago, and the future is sure to bring even more advances in the treatment of hemophilia. To all of you who are looking forward with anticipation along with each of us at National Cornerstone Health Services, we say, "Happy Hemophilia Month!"

Sincerely,

David S. Espinosa

Historical News

Your Health Care

Mary R. Blahut RN CPHQ
General Manager

The National Hemophilia Foundation (NHF), which was established in 1948 both to improve care for those with bleeding disorders while helping to find cures, began a campaign in 1973 to establish a network of medical centers. These centers would provide a wide range of medical services *within one treatment facility* for patients with bleeding disorders and their families.

Today, more than 141 such facilities dot the landscape from coast to coast. Each center receives federal monies to support their own particular hemophilia programs.

The Centers for Disease Control and Prevention (CDC) also supports the network of these specialized health-care centers, which provide comprehensive health management and preventive assistance to all persons with bleeding disorders, thrombophilia and thalassemia. Each center has a multidisciplinary team of healthcare specialists, state-of-the-art clinical research programs, and outreach programs; each HTC also is part of the CDC's universal data collection (UDC) program.

The confidential UDC program has a twofold agenda: to monitor the health complications of people with bleeding disorders while concurrently monitoring the safety of our nation's blood supply. The information collected helps researchers identify patterns of complications, which in turn helps in the search for solutions to prevent future complications.

At HTCs, people with bleeding disorders benefit

from experienced, caring staff who are able to develop a lifelong plan of treatment individualized to the specific needs of each patient and family. Many people utilize the extensive capabilities of HTC's throughout their lives.

The HTC care team may include:

- A hematologist
- A physician specializing in blood disorders
- Pediatricians
- Nurses
- Social workers
- Physical Therapists
- Orthopedists
- Physicians who specialize in disorders of the joints and bones
- Dentists

In addition to providing personalized medical care, each HTC team member has considerable experience treating people with bleeding disorders and is able to provide a tremendous amount of emotional support throughout each patient's lifetime.

To find the Hemophilia Treatment Center nearest you contact the NHF at (212) 328-3700 or visit the organization's web site, www.hemophilia.org. You may also visit the CDC's web site, www.cdc.gov, to access a list of Hemophilia Treatment Centers under the subheading "bleeding disorders."

Cornerstone Kids

Easter Mints

By Tami Velazquez

- 1/3 c Soft butter
- 1/3 c Light corn syrup
- 1/2 tsp Salt
- 1 tsp Flavoring
- 3 1/2 c (1 lb) sifted confectioner's sugar
- Large bowl
- Wooden spoon
- Paper plates
- Pencils

This is a no-cook recipe the children can mix with their hands. Flavor it with any of the liquid flavorings in the supermarket, such as strawberry and lemon. If you want, you can instead divide it into three portions and add a few drops of food coloring to tint it yellow, red, and green. Then knead a small amount of flavoring into each one. This recipe makes about 1 1/2 lbs of candy.

Help the children measure all the ingredients into the large bowl. They can take turns stirring it with the wooden spoon until it becomes stiff. Then they can knead it with their hands. They should continue kneading until the dough is smooth.

Give each child a paper plate and a pencil. Tell them to turn their plates over and write their names on the bottom to prevent pencil lead from getting on their mints. Help them hold their pencils correctly. Make sure they use upper and lower case letters.

Give each child a portion of dough on his or her plate. The children can pinch off pieces, roll them into balls, and press them lightly with a fork to make a fancy butter mint. Children who cannot roll the candy into balls can make snakes, cut the snakes into pieces, and press the pieces with a fork. They might eat the pieces with the fork, but that's ok too.

Leave the mints on the plates and refrigerate them for 30 minutes until they become firm. Easter Mints taste even better the second day, if you can keep everyone from eating them all on the first day. Cover with plastic wrap and keep them in the refrigerator.

"HEMOPHILIA AWARENESS MONTH"

C S J D A I L I H P O M E H P N
 I E T I I S S E R G O R P E H C
 H M N S F A U A C A T G D L Y H
 A K P T I F G K V G O I O A S S
 S W A R E D N N S D A R M N I E
 E H A W O R E I O T T D O T C N
 S E Z R P V S P R N E B N I A O
 R A L W E O E I O Z I I T C L I
 U L V T N N C C I H B R H I T T
 N T A G P I E L D N T D R P H A
 H H A A A S A S S A R R E A E D
 T I X N A I L E S A D H O T R N
 D I S E C P E O P L E M X I A U
 O A S E C N E I R E P X E O P O
 M I P E C N A T S I S S A N I F
 D S P R E V E N T I O N I P S M
 H C R A M N T N E M T A E R T O
 N A G A E R D L A N O R S N A M

NCHS
 RONALD REAGAN
 HEMOPHILIA
 AWARENESS
 DISEASE CONTROL
 SPECIALIZED
 PREVENTION
 ASSISTANCE

FOUNDATION
 MARCH
 MONTH
 TREATMENT
 CENTERS
 EXPERIENCE
 NURSES
 PHYSICAL THERAPIST

ORTHOPEDISTS
 PEDIATRICIANS
 HEALTH
 IMPROVE
 PROGRESS
 ANTICIPATION
 DIAGNOSIS

Note from the Pharmacist

Kogenate® FS with BIO-SET®

By Richard Aguilar, Jr., Pharm.D.
Director of Pharmacy Operations



The advent of spring has brought an exciting announcement from the Bayer Healthcare Biological Products Division, which is eager to showcase its new self-contained, needleless, fully assembled reconstitution system for recombinant Factor VIII. The system is being introduced to the U.S. hemophilia A community as

Kogenate® FS with BIO-SET®.

This therapeutic advancement is expected to set new standards in safety, simplicity and convenience for healthcare professionals, patients and caregivers. The transfer and filter needle have been removed from this packaging, unlike conventional reconstitution systems, as a means to reduce

the risk of accidental needle sticks. To ensure rapid product preparation, Kogenate® FS with BIO-SET® comes with just two components: a prefilled 2.5ml diluent syringe and a lyophilized powder vial with the enclosed system.

Bayer Biological Products is enhancing the introduction and acceptance of this new reconstitution system by making available a practice kit to help users learn proper step-by-step **Preparation**, **Activation**, and **Transfer**. The boxed kit contains the following pieces: a user guide, a training DVD and three demonstration kits. A colorful neoprene infusion mat that details in words and pictures the reconstitution process is also available.

The tamper-evident BIO-SET® coagulation product is now available from your National Cornerstone Healthcare Services Pharmacy, and please be sure to ask for it by name: Kogenate® FS with BIO-SET®. Pricing remains unchanged compared with Kogenate® FS. Questions concerning this new needleless reconstitution system can be addressed by contacting Bayer Clinical Communications at (800) 288-8371.

Meanwhile, as we forge ahead to the annual rites

of spring cleaning, please be sure to thoroughly review and evaluate your healthcare needs as to what should be kept, discarded, or introduced.

Get Reconstitution Down PAT

How to Use Kogenate® FS with BIO-SET®

1. Prepare		2. Activate		3. Transfer	
A Open		A Activate*		A Transfer	
B Remove Tip Cap		B Connect Plunger Rod		B Disconnect	
C Connect Syringe		C Inject		C Infuse	
		D Mix			

*Step 2A Activate is the most critical step in the process. If the syringe is not pushed down firmly enough, the system will not be fully activated. For more information on this step, please refer to the BIO-SET® User's Guide.

The most frequently reported adverse injection site reactions. Known hyperse mouse or hamster protein may be a cor to the use of Kogenate® FS.

