

## Letters to the Editor

### Sees need to expand informatics standards

It is encouraging to see that the AVMA Executive Board formally acknowledges and supports Logical Observation Identifier Names and Codes (LOINC), Health Level 7 (HL7), and Systematized Nomenclature of Medicine (SNOMED; *JAVMA*, June 1, 2005, p 1787). As our profession moves away from a paper record to an electronic one, adoption of such standards will become more important. Without standards, it is unlikely that different practice management systems will be able to seamlessly integrate and exchange data. Without this integration, we will not be able to fully exploit the potential of the electronic medical record for improving patient care by facilitating convenient exchange and comparison of data from different systems. Veterinarians are encouraged to request that practice management systems support these standards.

One standard that the AVMA Executive Board did not include in their position statement on informatics is the Digital Imaging and Communications in Medicine (DICOM) standard. The DICOM standard was created as a standard method for the transmission of medical images and their associated information. The adoption of a standard for exchanging medical images will become crucially important to our profession as more practices convert from screen film to digital radiography and incorporate other digital imaging modalities, such as ultrasonography, computed tomography, and magnetic resonance imaging, into their practices.

One impediment to the adoption of the DICOM standard in veterinary medicine has been the lack of support for veterinary-specific fields or "tags" within the DICOM

standard. However, the American College of Veterinary Radiology has been invited to join the DICOM committee by forming the DICOM Work Group for Veterinary Medicine. The DICOM committee has shown enthusiastic support for the inclusion of these veterinary-specific elements within the DICOM standard.

It is our opinion that DICOM is an important informatics standard that will benefit the veterinary profession. It is our hope that the AVMA will expand its position on informatics to include the DICOM standard as the recommended method for the transmission of medical images and their associated information.

*Dennis Balance, DVM  
Co-chair  
William Hornof, DVM, MS, DACVR  
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for Veterinary Medicine  
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### Encourages awareness among AVMA Political Action Committee contributors

Many veterinarians are small business owners and are concerned about legislation affecting them. I

think many veterinarians would be surprised to know who receives the AVMA Political Action Committee (PAC) money.

On the list of recipients for AVMAPAC money are many congressman and senators who consistently vote for legislation I would not want or against legislation that I favor.

If you contribute to the AVMA-PAC, you ought to obtain a list of recipients. You may not be in agreement with those recipients.

*Steven Ward, DVM  
El Dorado, Ariz*

### Dr. Chaddock responds:

Thank you for your letter and for sharing your concerns about some of the recipients of AVMA Political Action Committee (PAC) contributions. We agree that it is very important to make sure AVMA members are aware that their PAC dollars are spent wisely; however, we firmly believe that the AVMA-PAC supports worthy candidates, and the AVMA's recent legislative successes are a testament to the effectiveness of the AVMAPAC's contributions.

The AVMAPAC Policy Board takes careful consideration in selecting candidates for PAC support. They have developed selection criteria to determine PAC contributions that include support/sponsorship of AVMA

#### Instructions for Writing a Letter to the Editor

Readers are invited to submit letters to the editor. Letters may not exceed 500 words and 6 references. Not all letters are published; all letters accepted for publication are subject to editing. Those pertaining to anything published in the *JAVMA* should be received within one month of the date of publication. Submission via e-mail ([JournalLetters@avma.org](mailto:JournalLetters@avma.org)) or fax (847-925-9329) is encouraged; authors should give their full contact information including address, daytime telephone number, fax number, and e-mail address.

Letters containing defamatory, libelous, or malicious statements will not be published, nor will letters representing attacks on or attempts to demean veterinary societies, their committees or agencies. Viewpoints expressed in published letters are those of the letter writers and do not necessarily represent the opinions or policies of the AVMA.

Executive Board-backed legislation; membership on House and Senate committees that are of particular interest to the AVMA; and recommendations from and accessibility to AVMA members and staff.

The AVMAPAC does not support members of one particular party or ideology, but rather candidates who have been supportive of and/or have the most impact on issues that affect the veterinary profession. By supporting federal candidates who meet these criteria, our PAC has helped create a strong impact on Capitol Hill, including

the enactment of three bills from the AVMA legislative agenda into law in the last Congress.

In addition, all AVMA members who contribute to the PAC receive a bimonthly political newsletter, which includes a list of all candidates whom the AVMA-PAC supported in the current election cycle and information on how to make a recommendation of their own for AVMAPAC support of a federal candidate. All other AVMA members are welcome to receive a list of AVMAPAC-supported candidates and may do so by contacting

Tim Foltyn, AVMAPAC/Grassroots Coordinator, at (800) 321-1473 ext 3206 or tfoltyn@avma.org.

Again, thank you for your concern and commitment to an effective PAC. I hope this has helped explain the AVMAPAC Policy Board's role in determining support of federal candidates and advancing the AVMA legislative agenda for all veterinarians.

Harry Michael Chaddock, DVM  
 Director  
 AVMA Governmental Relations  
 Division  
 Washington, DC



# Interceptor<sup>®</sup>

## Flavor Tabs<sup>®</sup> (milbemycin oxime)

Care without compromise<sup>™</sup>

**Brief Summary:** Please consult full package insert for more information.

**Caution:** U.S. Federal law restricts this drug to use by or on the order of a licensed veterinarian.

**Indications:** INTERCEPTOR<sup>®</sup> (milbemycin oxime) Flavor Tabs<sup>®</sup> are indicated for use in the prevention of heartworm disease caused by *Dirofilaria immitis*, the control of adult *Ancylostoma caninum* (hookworm), and the removal and control of adult *Toxocara canis*, *Toxascaris leonina* (roundworms) and *Trichuris vulpis* (whipworm) infections in dogs and in puppies four weeks of age or greater and two pounds body weight or greater.

**Dosage:** INTERCEPTOR Flavor Tabs are given orally, once a month, at the recommended minimum dosage rate of 0.23 mg milbemycin oxime per pound of body weight (0.5mg/kg).

| Recommended Dosage Schedule for Dogs |                      |
|--------------------------------------|----------------------|
| Body Weight                          | INTERCEPTOR          |
| 2-10 lbs.                            | One tablet (2.3 mg)  |
| 11-25 lbs.                           | One tablet (5.75 mg) |
| 26-50 lbs.                           | One tablet (11.5 mg) |
| 51-100 lbs.                          | One tablet (23.0 mg) |

Dogs over 100 lbs. are provided the appropriate combination of tablets.

**Administration:** INTERCEPTOR Flavor Tabs are palatable and most dogs will consume the tablet willingly when offered by the owner. As an alternative, the dual-purpose tablet may be offered in food or administered as other tablet medications. Watch the dog closely following dosing to be sure the entire dose has been consumed. If it is not entirely consumed, redose once with the full recommended dose as soon as possible.

INTERCEPTOR Flavor Tabs must be administered monthly, preferably on the same date each month. The first dose should be administered within one month of the dog's first exposure to mosquitoes and monthly thereafter until the end of the mosquito season. If a dose is missed and a 30-day interval between dosing is exceeded, administer INTERCEPTOR Flavor Tabs immediately and resume the monthly dosing schedule.

If INTERCEPTOR Flavor Tabs replaces diethylcarbamazine (DEC) for heartworm prevention, the first dose must be given within 30 days after the last dose of DEC.

**Palatability:** Palatability trials conducted in 244 dogs from 10 different U.S. veterinary practices demonstrated that INTERCEPTOR Flavor Tabs were willingly accepted from the owner by over 95% of dogs.

**Efficacy:** INTERCEPTOR Flavor Tabs eliminate the tissue stage of heartworm larvae and the adult stage of hookworm (*Ancylostoma caninum*), roundworms (*Toxocara canis*, *Toxascaris leonina*) and whipworm (*Trichuris vulpis*) infestations when administered orally according to the recommended dosage schedule.

**Precautions:** Do not use in puppies less than four weeks of age and less than two pounds of body weight. Prior to initiation of the INTERCEPTOR Flavor Tabs treatment program, dogs should be tested for existing heartworm infections. Mild, transient hypersensitivity reactions manifested as labored respiration, vomiting, salivation and lethargy may occur after treatment of dogs carrying a high number of circulating microfilariae.

**Adverse Reactions:** The following adverse reactions have been reported following the use of INTERCEPTOR: depression/lethargy, vomiting, ataxia, anorexia, diarrhea, convulsions, weakness and hypersalivation.

**Safety:** In well-controlled clinical field studies 786 dogs completed treatment with milbemycin oxime. Milbemycin oxime was used safely in animals receiving frequently used veterinary products such as vaccines, anthelmintics, antibiotics, steroids, flea collars, shampoos and dips.

Studies in heartworm-infected dogs demonstrated mild, transient hypersensitivity reactions in dogs with high microfilaria counts. Safety studies in pregnant dogs given an exaggerated dosing regimen, resulted in measurable concentrations of the drug in milk. Puppies nursing these females which received exaggerated dosing regimens demonstrated milbemycin-related effects. Subsequent studies included using 3X daily from mating to one week before weaning and demonstrated no effects on the pregnant females or their litters. A second study where pregnant females were dosed once at 3X the monthly use rate either before, on the day of or shortly after whelping resulted in no effects on the puppies.

Some nursing puppies, at 2, 4, and 6 weeks of age, given greatly exaggerated oral INTERCEPTOR doses (9.6 mg/kg = 19X) exhibited signs typified by tremors, vocalization and ataxia. These effects were all transient and puppies returned to normal within 24 to 48 hours. No effects were observed in puppies given the recommended dose of INTERCEPTOR (0.5 mg/kg). This product has not been tested in dogs less than 1 kg (2.2 lbs) weight.

A rising-dose safety study conducted in roughcoated collies, manifested a clinical reaction consisting of ataxia, pyrexia and periodic recumbency, in one of fourteen dogs treated with milbemycin oxime at 12.5 mg/kg (25X monthly use rate). No adverse reactions were observed in any of the collies treated with a rising-dose regimen up through the 10.0 mg/kg (20X monthly use rate) dose.

**How Supplied:** INTERCEPTOR Flavor Tabs are formulated according to the weight of the dog. Each tablet size is available in color-coded packages of six or twelve tablets each.

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