

## Guild unhappy with parental leave scheme

Nick O'Donoghue

PHARMACIES will carry the administrative costs of paying the Government's new paid parental leave scheme, despite concerns expressed by the Pharmacy Guild of Australia.

Yesterday the Government rejected amendments proposed by the opposition in the Senate to "fix the situation" a Guild spokesman told *Pharmacy eNews*.

Under the scheme, which comes into place on 1 January, 2011, employees will receive the minimum weekly wage - \$534.78 - which will initially be distributed by the Family Assistance Office until 1 July, 2011, when employers will be given the payment to distribute to their staff when they are on leave as previously reported by *Pharmacy eNews*.



**GUILD:** Counting the cost of parental leave.

"Our chief concern about paid parental leave is over the so-called 'paymaster issue', that individual pharmacies and all other small business will have to pay the money to the employees on leave, instead of the central government agency.

"This is an unnecessary administrative burden on small business.

"Throughout the consultation process the Government has failed to understand the concerns of the

Guild with regard to the additional administrative and compliance burden that will come with the scheme," the Guild spokesman said.

Pharmaceutical Society of Australia (PSA) president Warwick Plunkett said he was not sure how the introduction of paid parental leave would impact on community pharmacies.

"Generally we'd be supportive of the process, both parties seem to be on that track and this appears to be the lesser of the two propositions.

"I'm not sure what impact, if any, it will have on community pharmacies, but we've got a profession with a high proportion of females in it, so I'm sure it will be seen as a benefit for that group," he said.

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## Results show Arimidex is breast cancer standard

RESEARCH from an international study involving more than 150 Australian women will be released today showing Arimidex (anastrozole) significantly reduces the risk of breast cancer recurring.

The trial found anastrozole increased disease-free survival in postmenopausal women with hormone-receptor positive early stage disease five years after initial treatment.

Data from the Arimidex, Tamoxifen Alone or in Combination (ATAC) study revealed the long-term benefits of anastrozole compared with tamoxifen after 10 years.

Principal ATAC investigator for the Australian New Zealand Breast Cancer Trials Group, Professor John Forbes from Calvary Mater Newcastle Hospital, described the

results as reinforcing the position of anastrozole in the treatment of breast cancer.

"The latest ATAC update reinforces the position of anastrozole as 'standard of care' over tamoxifen for postmenopausal women with hormone-receptor positive early breast cancer.

"The protective effect of anastrozole persists well beyond completion of treatment, providing these women with an improved cancer-free survival.

"This is a very important milestone in the continued efforts to improve outcomes for women with breast cancer," he said.

Researchers said the reduction in risk means that anastrozole is the first aromatase inhibitor to demonstrate long-term benefits

for many years after the active treatment period.

Compared to tamoxifen, anastrozole significantly increased time to recurrence and improved disease-free survival with the absolute benefit increasing over time following the active treatment period the study revealed.

Results from the trial showed a continued improvement in disease-free survival of 2.6 per cent at five years, increased to 3.5 per cent at 10 years post-treatment.

"It is clear that treating patients with anastrozole from the start means fewer women have to deal with the potentially devastating news that their breast cancer has recurred years after their treatment has finished," Prof Forbes said.

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## Individual health identifiers a must: PSA

Nick O'Donoghue

PLANS TO amend legislation regarding individual health identifiers would be supported by the Pharmaceutical Society of Australia (PSA), if they ensure they come into place sooner rather than later.

The *Australian Financial Review* reported the Government was willing to make concessions to the opposition to secure the passage of legislation including the deletion of clauses in the Individual Healthcare Identifiers Bill that may permit information to be disclosed if allowed by

another law.

PSA president Warwick Plunkett told *Pharmacy eNews* he would support any steps that insure the patient health identifiers are implemented, after the Government agreed to make changes to the proposed legislation yesterday.

"I'm not sure they've changed anything other than agreeing to do more on the elements the opposition wanted, to make the whole thing more transparent and a bit more protected from likely access to the details of people who were not appropriate.

"We would be supportive of any steps which see this being brought into action, because this is a very necessary item for the improvement of health care and pharmacists' ability to contribute to that.

"We're keen to see it happen and if that amendment makes it a more transparent process and give more protection we would support that.

"At the end of the day we want to see it in play... it will be a big step forward for the profession if all this comes into being and the sooner it does the better," he said.

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## Celecoxib linked to lower incidence of GI events

Jennifer Joseph

ARTHRITIS patients at increased gastrointestinal (GI) risk taking celecoxib (Celebrex) demonstrated a significantly lower incidence of clinically significant upper and lower GI events, a study has found.

Data from the CONDOR (Celecoxib vs. Omeprazole and Diclofenac for at-risk Osteoarthritis and Rheumatoid arthritis patients) study, published in *The Lancet* compared patients taking celecoxib, diclofenac plus omeprazole.

Risk of clinical outcomes throughout the gastrointestinal tract was lower in patients treated with a COX-2-selective non-steroidal anti-inflammatory drug (NSAID) than in those receiving a non-selective NSAID plus a proton-pump inhibitor (PPI).

This difference was driven by clinically significant

decreases in haemoglobin and/or haematocrit of defined or presumed GI origin, with 15 patients in the celecoxib group having a significant decrease in haemoglobin compared with 77 patients in the diclofenac plus omeprazole group.

Studying more than 4,400 arthritis patients in 32 countries, excluding Australia, the large scale study is the first to use this novel composite GI endpoint.

Dr Francis Chan, lead investigator and professor of medicine and therapeutics, chief of gastroenterology and hepatology at the Chinese University of Hong Kong said NSAID-associated GI adverse events, such as ulcers, perforation, haemorrhage, remain a major clinical problem, significantly impacting hospital admissions, mortality and health care expenditure.

"Physicians are aware of the potential for damage to the upper GI tract with NSAID use,

however a growing body of evidence suggests that NSAID-induced GI toxicity also extends to the lower GI tract," he said.

The trial addressed the need for a more comprehensive evaluation of NSAID-associated GI adverse events by assessing both the upper and lower GI tract.

"Haemoglobin was included in the primary endpoint of CONDOR because a clinically significant drop in haemoglobin can indicate blood loss from the upper or lower GI tract and have important clinical implications, such as requiring early discontinuation of treatment and the need for further clinical investigation," said Dr Chan.

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