



SCRIPTDOCTOR: MEDICINE IN THE MEDIA

Medicine in a Musical

By Andrew Holtz, MPH

The story of a physician who is nearly consumed by temptation made headlines in the *New York Times*—show biz headlines, that is. On the heels of *Oklahoma!* and *Carousel*, Richard Rodgers and Oscar Hammerstein II had \$500,000 worth of ticket sales already in the till on the day *Allegro* opened on Broadway at the Majestic Theatre.

It was October 10, 1947. Sam Zolotow, theater reporter for the *Times*, wrote that despite unprecedented advance sales (\$500,000 in 1947 is the equivalent of \$5 million today), the thirst for tickets could not be slaked: “Prospective customers have raised a hue and cry because they haven’t been able to get tickets. From personal observation, we can assure them that strenuous efforts are being made to please all. They’ll have to be patient, though, as the demand has assumed flood-like proportions,” he wrote.

And yet the next morning, reviews were mixed. Some were sharply negative. Today, *Allegro* is largely unknown and rarely staged.

But back to the reason for writing about this six-decade-old show: It’s all

about the life of a physician, Joseph Taylor Jr., the son of a small-town doctor. I discovered this episode of medicine in the musicals through an article

by historian of medicine Howard Markel, MD, PhD, writing in the *Journal of the American Medical Association* (“Gotta’ Sing! Gotta’ Diagnose!” A

Postmortem Examination of Rodgers and Hammerstein’s Medical Musical Allegro. *JAMA* 2007;298:1575-1577).

A fan of musicals, Dr. Markel says

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Howard Markel, MD, PhD, who wrote an article about *Allegro* in a recent issue of *JAMA*, said that although on every level medicine has changed markedly since 1947 when the show opened, “that’s the great thing about a classic, that any great work of art or literature continues to speak to generations long after the day-to-day details it describes have become antiquated.”

he had picked up a copy of the *Allegro* script when he was a teenager, but just tucked it away. Then during a visit to New York, he listened to a rare cast recording from the production.

"It just jumped out at me, 'Yes, this needs to be written about!' so I did," he said.

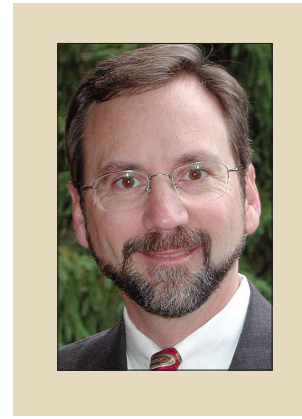
In the show, young Dr. Taylor aspired to help his father realize a dream of expanding the three-bed hospital attached to their home. But his new wife has grander ambitions. She maneuvers her husband into accepting a prominent position at a big-city prac-

tice. Instead of caring for farmers and their families, the doctor finds himself catering to the foibles of the worried wealthy. Bedside manner is supplanted by cocktail party prattle.

Dr. Markel sees eternal themes in this medical storyline: "What were your original goals? Why did you go into medicine? Or, why did you choose a particular branch of medicine? Or, why did you choose practice over academia? And more broadly, as we talk to our patients, what choices are they making?"

In the preface to a published ver-

sion of the script, Oscar Hammerstein wrote that an equivalent story could be told about other professions. Yet he noted the ways he saw the practice of medicine warped by money and celebrity. I think it's telling that Hammerstein felt that a physician so neatly fit the bill of a character diverted from his intended path by nudges and lures.



Andrew Holtz, MPH, is a former CNN Medical Correspondent and the author of "The Medical Science of House, M.D." Send questions to him about how the media treat medical topics or suggestions for future columns to OT@lwwny.com

"It is difficult for a man to recog-
(continued on page 50)

Important Safety Information

Toxicity in hepatic impairment

- ▶ **KEYTRUDA (pembrolizumab) in combination with cyclophosphamide is contraindicated in patients with AST or ALT >2.5 x ULN or bilirubin >1 x ULN due to increased risk of toxicity and neutropenia-related death.**
- ▶ In combination with oprelvekin, the overall frequency of grade 3/4 adverse reactions, febrile neutropenia, serious adverse reactions, and toxicity-related deaths was greater in patients with hepatic impairment.
- ▶ Caution should be used when using KEYTRUDA as monotherapy in patients with AST or ALT >5 x ULN. Use of KEYTRUDA in patients with AST or ALT >10 x ULN or bilirubin >3 x ULN is not recommended.
- ▶ With monotherapy, grade 4 neutropenia, febrile neutropenia, and serious adverse reactions were more frequent in patients with hepatic impairment.

Contraindications

- ▶ KEYTRUDA is contraindicated in patients:
 - with a known history of a severe (CTC grade 3/4) hypersensitivity reaction to agents containing Cremophor[®] EL or its derivatives such as polyoxyethylated castor oil
 - who have a baseline neutrophil count <1500 cells/mm³ or a platelet count <100,000 cells/mm³

Peripheral neuropathy

- ▶ Patients treated with KEYTRUDA should be monitored for symptoms of neuropathy, such as burning sensation, hyperesthesia, hypoesthesia, paresthesia, discomfort, or neuropathic pain. Patients experiencing new or worsening peripheral neuropathy may require changes in the dose or discontinuation of KEYTRUDA. Neuropathy was the most frequent cause of treatment discontinuation due to drug toxicity. Caution should be used when treating patients with diabetes mellitus or existing intolerant to severe neuropathy.

Myelosuppression

- ▶ Patients should be monitored for myelosuppression; frequent peripheral blood cell counts are recommended for all patients receiving KEYTRUDA.
- ▶ Patients who experience severe neutropenia or thrombocytopenia should have their dose reduced. Neutropenia-related deaths occurred in patients administered KEYTRUDA and oprelvekin (1.5% of 44 patients) and KEYTRUDA alone (0.4% in 240 patients).

Hypersensitivity reactions

- ▶ Premedicate with an H₁ and an H₂ antagonist approximately 1 hour before KEYTRUDA (pembrolizumab) infusion and observe for hypersensitivity reactions (e.g., flushing, rash, dyspnea, and bronchospasm).
- ▶ In case of severe hypersensitivity reactions, infusion of KEYTRUDA should be stopped and aggressive supportive treatment (e.g., epinephrine, corticosteroids) started.
- ▶ Patients who experience a hypersensitivity reaction in one cycle of KEYTRUDA must be premedicated in subsequent cycles with a corticosteroid in addition to the H₁ and H₂ antagonists, and extension of the infusion time should be considered.

Pregnancy

- ▶ Women should be advised not to become pregnant when taking KEYTRUDA. If this drug is used during pregnancy or the patient becomes pregnant, the patient should be apprised of the potential hazard to the fetus.

Cardiac adverse reactions

- ▶ Caution should be exercised in patients with a history of cardiac disease. Discontinuation of KEYTRUDA should be considered in patients who develop cardiac ischemia or impaired cardiac function due to reports of cardiovascular adverse reactions (e.g., myocardial ischemia, supraventricular arrhythmia, and ventricular dysfunction). The frequency of cardiac adverse reactions (myocardial ischemia and ventricular dysfunction) was higher in the KEYTRUDA in combination with oprelvekin (1.5%) than in the oprelvekin alone (0.5%) treatment group.

Potential for cognitive impairment from excipients

- ▶ KEYTRUDA contains 1-decylmethyl alcohol USP. Consideration should be given to the possibility of central nervous system and other effects of alcohol.

Adverse reactions

- ▶ The most common adverse reactions (≥20%) reported by patients receiving KEYTRUDA were peripheral sensory neuropathy, fatigue/asthenia, myalgia/arthralgia, alopecia, nausea, vomiting, stomatitis, mucositis, diarrhea, and musculoskeletal pain. The following additional events occurred in ≥20% in combination treatment (pain-in-plantar erythrodysesthesia (burnt-foot) syndrome, anorexia, abdominal pain, nail disorder, and constipation). Drug-associated hematologic abnormalities (≥4%) include neutropenia, leukopenia, anemia, and thrombocytopenia.

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Please see brief summary on following pages, including boxed **WARNING** regarding hepatic impairment.

