



FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST – May 3, 2007

CLINICAL PRACTICE COMMITTEE: Thomas Gaddis, MD, Chm.

Special Open Door Forum on Registry-based Reporting for the Physician Quality Reporting Initiative (PQRI)

Our FLASCO Clinical Practice Committee has been receiving several questions from members regarding the PQRI. We **strongly encourage you or someone in your practice** to participate in the CMS Special Open Door Forum on the use of registries for reporting data on quality measures to the Physician Quality Reporting Initiative on **Monday, May 14, 2007, from 1-5 pm, EDT**. To participate, you will need to register on this web site: <http://registration.intercall.com/go/cms2>. For those who will be unable to attend, the Special Open Door Forum will be recorded. A replay option will be available beginning the close of business May 18, 2007, and will be accessible for 3 days. You may visit the following website: <http://www.cms.hhs.gov/center/hospital.asp> to download an audio recording.

NCI Launches Clinical Trial/Drug Development Website

The Division of Cancer Treatment and Diagnosis (DCTD) within the National Cancer Institute (NCI) has launched a new website at <http://dctd.cancer.gov>. The DCTD is a major extramural component of NCI with the responsibility of overseeing much of the Institute's infrastructure for clinical trials and drug development. The website provides descriptions of the division's major initiatives and ongoing projects, the latest DCTD program announcements, a news section, search engines for finding division-sponsored projects and NCI clinical trials, and a featured agents section, which provides publicly available preclinical and clinical data on investigational agents of interest.

LEGISLATIVE UPDATE: Lowell Hart, MD, Chairman

Dispensing bill (Florida Legislature) Senate Bill 1007

A growing number of physicians are dispensing medication in their offices. This allows them to provide a service to many patients which will save the patient time and money by filling their prescriptions in the office, and provide an additional revenue source for the physician. The physician writes the prescription, then dispenses pre-filled (by a pharmacist) packages of the medication and then charges the patient or their insurance for that prescription.

Prior to the implementation of this law, which will take effect on July 1, 2007 after being signed into law by the Governor, **ONLY** physicians and nurse practitioners who have dispensing licenses could dispense. This bill will allow physician assistants, who have prescribers licenses, to be delegated by their supervising physicians to dispense medications. Prior to this change, PAs could dispense samples of medications as long as there was no fee for the samples, but their written prescriptions had to be filled in a licensed pharmacy, by a licensed pharmacist. There will be no additional licensing, registration or fees required for the physician assistant.

ASCO UPDATES:

Initial Hormonal Management of Androgen-Sensitive Metastatic, Recurrent, or Progressive Prostate Cancer --2007 Update of an American Society of Clinical Oncology Practice Guideline

Recommendations: Bilateral orchiectomy or luteinizing hormone-releasing hormone agonists are recommended initial androgen-deprivation treatments (ADTs). Nonsteroidal antiandrogen monotherapy merits discussion as an alternative; steroidal antiandrogen monotherapy should not be offered. Combined androgen blockade should be considered. In metastatic or progressive PCa, immediate versus symptom-onset institution of ADT results in a moderate decrease (17%) in relative risk (RR) for PCa-specific mortality, a moderate increase (15%) in RR for non-PCa-specific mortality, and no overall survival advantage. Therefore, the Panel cannot make a strong recommendation for early ADT initiation. Prostate-specific antigen (PSA) kinetics and other metrics allow identification of populations at high risk for PCa-specific and overall mortality. Further studies must be completed to assess whether patients with adverse prognostic factors gain a survival advantage from immediate ADT. For patients electing to wait until symptoms for ADT, regular monitoring visits are indicated. For patients with recurrence, clinical trials should be considered if available. Currently, data are insufficient to support use of intermittent androgen blockade outside clinical trials

Clinical Trials:

The Centers for Medicare and Medicaid Services (CMS) recently proposed changes to its 2000 clinical trials coverage policy. Among these is a reversal of its earlier decision to cover trials that FDA has found to be exempt from investigational new drug (IND) review.

This decision has the potential to cause serious dislocation, not only to cancer providers and patients who participate in IND-exempt trials in substantial numbers, but also to FDA and its staff, as there will be many more requests for INDs despite FDA's decision that such submissions are unnecessary.

ASCO urges you and your colleagues to express your concerns about this change in policy. ASCO sent CMS a letter objecting to this change, basing its arguments on both substantive and procedural considerations. In addition, ASCO also sent a letter to Dr. von Eschenbach at the FDA to urge him to contact CMS about the policy. Both letters are posted on the ASCO website at:

[http://www.asco.org/ASCO/Downloads/Cancer Research/ASCO Comments to CMS 4.27.07.pdf](http://www.asco.org/ASCO/Downloads/Cancer%20Research/ASCO%20Comments%20to%20CMS%204.27.07.pdf)

[http://www.asco.org/ASCO/Downloads/Cancer Research/ASCO Medicare clin trls coverage 4-27-07.pdf](http://www.asco.org/ASCO/Downloads/Cancer%20Research/ASCO%20Medicare%20clin%20trls%20coverage%204-27-07.pdf)

FLASCO has sent a letter to CMS supporting the ASCO position.

CMS:

Medicare Fee-For-Service National Provider Identifier (NPI) Contingency Plan National Provider Roundtable with Question & Answer Session

The Centers for Medicare & Medicaid Services (CMS) will host a National Roundtable on the recently released Medicare Fee-For-Service (FFS) NPI Contingency Plan. This toll-free call will take place from 2:00 p.m. – 3:30 p.m., EDT, on Thursday, May 10, 2007. In order to receive the call-in information, you must register for the call. It is important to note that if you are planning to sit in with a group, only one person needs to register to receive the call-in data. Registration will close at 2:00 p.m. EDT on May 9, 2007, or when available space has been filled. No exceptions will be made, so please be sure to register prior to this time.

To register for the call participants need to go to:

<http://www2.eventsvc.com/palmettogba/051007> - Fill in all required data - Click "Register" - You will be taken to the "Thank you for registering" page and will receive a confirmation email shortly thereafter. (Note: If you do not receive the confirmation email, please check your spam/junk mail filter as they may have gotten caught in that.)

For those of you who will be unable to attend, a replay option will be available shortly following the end of the call. This replay will be accessible from 05/10/2007 until 05/17/2007, 11:59 p.m., EDT. The call in data for the replay is (800) 642-1687 and the passcode is 7087149. - For technical difficulties registering, call 1-877-812-4520 and reference call # 7087149.

Cancer Quality Measures Proposed within the Inpatient Payment System for 2009

The Centers for Medicare & Medicaid Services (CMS) is proposing to add new measures for quality reporting in the inpatient department of hospitals for 2009. The following are the oncology-related measures that may be included in the hospital inpatient prospective payment system (IPPS).

- Breast cancer: Patients with early stage breast cancer who have evaluation of the axilla
- Breast cancer: College of American Pathologists Breast Cancer Protocol
- Colon cancer: Surgical resection includes at least 12 nodes (ACOS-02)
- Colon cancer: College of American Pathologists colon and rectum protocol
- Completeness of pathologic reporting (CCO-04).

In addition to an expanded list of publicly reported quality measures and the provision of additional incentives for hospitals to engage in quality improvement efforts, CMS is proposing to take significant steps to improve the accuracy of Medicare's payment under the acute care IPPS. The payment reforms include a proposal to restructure the inpatient diagnosis-related groups (DRGs) to account more fully for the severity of the patient's condition. In addition, the proposed rule includes provisions to ensure that Medicare no longer pays hospitals for their additional costs of hospital-acquired conditions (including infections). The proposed rule would also reduce payment for a DRG involving the implantation of a device, when a hospital replaces a device and the replacement is supplied to the hospital at no or reduced cost.

MLN MATTERS:

New:

MM5466 – Update of HCPCS Codes for Hemophilia Clotting Factors

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5466.pdf>

(This article was revised on April 30, 2007, to replace HCPCS code Q4055 with J0886)

OTHER INFORMATION:

WEBCAST: Management of Chemotherapy-Related Complications:

“A Case-Based Approach to the Management of Mucositis, Hematologic Sequelae and Chemotherapy Related Bone Loss” *1.75 AMA PRA Category 1 Credits™*.

Program Overview:

This Web cast is a video of a dinner meeting held in Atlanta, Georgia on March 21, 2007. Experts in the field of cancer and chemotherapy complications review the association of management of treatment induced effects to the survival of patients with head and neck cancer. New directions and guidelines for the use of red cell growth factors are discussed in detail and very recent data are reviewed. Speakers: Rodolfo Bordoni, MD, Barbara Murphy, MD and Edith A. Perez, MD - To access Webcast go to:

<http://imedex.com/webcasts/4720/index.html>

Webcast: “Making Sense of Medicare Part D: View of a Changing Landscape,” Tuesday, May 8, 2007 - 12:30-1:30 p.m. EST (Sponsored by Novartis)

This 60-minute session will examine the current state of the Medicare Part D landscape and the convergence of demographic, economic, and political changes on its evolution. The program will feature Joseph Ward, Director, Medicare/Medicaid Business Team, Novartis Pharmaceuticals; Dan Mendelson, President, Avalere Health; and Bob Atlas, Senior Vice President, Avalere Health.

To participate please go to the following website: <http://www.panastream.com/Novartis/registration>

CORPORATE MEMBERSHIP/SPONSORSHIP: (January 1 – December 31, 2007)

FLASCO Members extend a big thanks to **Abraxis Oncology** for extending their Bronze to Platinum Corporate Membership.

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EVENTS:

Sept. 13-16, 2007 – Joint Cancer Conference – The Breakers, Palm Beach

November 9-10, 2007 – FLASCO Fall Meeting – Rosen Shingle Creek – Orlando

March 7-8, 2008 – FLASCO Spring Meeting – Tampa Airport Marriott Hotel

November 7-8, 2008 – FLASCO Fall Meeting – Location TBD

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