



FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST –April 8, 2009

FLASCO WEBSITE: www.flasco.org

FLASCO CLINICAL TRIALS NETWORK WEBSITE: www.fctn.org

PROGRAM COMMITTEE: Jose Lutzky, MD, Chairman

BUSINESS OF ONCOLOGY SUMMIT – October 3, 2009 – MARK YOUR CALENDARS NOW!

We are extremely pleased to announce that we will be conducting a Business of Oncology Summit in Tampa on October 3, 2009, from 8:30 am – 2:30 pm, which is being funded by **Abraxis Oncology**. Dr. Richard Levine will serve as Moderator of this Summit. The agenda topics are:

- Managed Care Contract Negotiations
- Succession Planning
- Clinical Pathway Development and Implementation
- Benchmarking to Improve Practice Efficiency and Patient Care
- Financial Planning
- Utilizations and Responsibilities of ARNP/PA

CLINICAL PRACTICE COMMITTEE UPDATE: Thomas Gaddis, MD, Chairman

NCCN Adds Cutaneous B-Cell Lymphoma Guidelines (Source: OncologySTAT)

The National Comprehensive Cancer Network (NCCN) added new guidelines on primary cutaneous B-cell lymphoma that focus on differentiating more invasive lymphomas from indolent subtypes and limit aggressive treatment to the relatively small number of poor-prognosis cases.

DRUG AND INDUSTRY UPDATES:

Everolimus Wins FDA Nod for Kidney Cancer

On March 30, 2009, the FDA approved everolimus (RAD001, Afinitor) for second-line therapy of advanced kidney cancer after first-line failure of either sunitinib or sorafenib. Everolimus, an inhibitor of the mammalian target of rapamycin (mTOR), suppresses proangiogenic signaling by targeting a different part of the pathway than do sorafenib and sunitinib. Since February 2007, everolimus is the fourth agent approved in the United States for kidney cancer, thereby further enriching the drug repertoire for a malignancy that until recently was largely considered treatment refractory.

CMS UPDATES:

Special Open Door Forum – Part B - RAC

CMS is hosting this Special Open Door Forum for Part B provider recovery audit contractors (RACs) on **April 14, 2009**. The purpose of this forum is to introduce providers to the new contractors and provide more information about the RAC program. Open Door Forum Instructions:

Capacity is limited so dial in early. You may begin dialing into this forum as early as 1:45 PM ET.

Dial: 1-800-837-1935 - Reference Conference ID 92489480

An audio recording of this Special Forum will be posted to the Special ODF website at

http://www.cms.hhs.gov/OpenDoorForums/05_ODF_SpecialODF.asp and will be accessible for downloading beginning April 22, 2009 and available for 30 days.

Healthcare Common Procedure Coding System (HCPCS) Update

The Centers for Medicare & Medicaid Services is pleased to announce the scheduled release of modifications to the Healthcare Common Procedure Coding System (HCPCS) code set. These changes have been posted to the HCPCS web page at http://www.cms.hhs.gov/HCPCSReleaseCodeSets/02_HCPCS_Quarterly_Update.asp. Changes are effective on the date indicated on the update.

Decision Memo – FDG PET

CMS was asked to reconsider Section 220.6 of the National Coverage Determination (NCD) Manual to end the prospective data collection requirements across all oncologic indications of FDG PET except for monitoring response to treatment. Section 220.6 of the NCD Manual established the requirement for prospective data collection for FDG PET used in the diagnosis, staging, restaging and monitoring response to treatment for brain, cervical, ovarian, pancreatic, small cell lung and testicular cancers, as well as for cancer indications not previously specified in Section 220.6 in its entirety.

After receiving public comments, CMS is revising Section 220.6 of the Medicare NCD Manual to reflect a new framework for most solid tumor oncologic indications and for myeloma. This decision replaces sections 220.6.2 (FDG PET for lung cancer); 220.6.3 (FDG PET for esophageal cancer); 220.6.4 (FDG PET for colorectal cancer); 220.6.5 (FDG PET for lymphoma); 220.6.6 (FDG PET for melanoma); 220.6.7 (FDG PET for head and neck cancers non-CNS/thyroid); 220.6.10 (FDG PET for breast cancer); 220.6.11 (FDG PET for thyroid cancer); 220.6.12 (FDG PET for soft tissue sarcoma); 220.6.14 (FDG PET for brain, cervical, ovarian, pancreatic, small cell lung and testicular cancers), and 220.6.15 (FDG PET for all other cancer indications) of the NCD Manual with a single section that outlines coverage of PET scans for oncologic conditions. Section 220.6, a general section on PET scanning, will be modified as required by this decision. Coverage determinations in Sections 220.6.1 (PET for perfusion of the heart); 220.6.8 (FDG PET for myocardial viability); 220.6.9 (FDG PET for refractory seizures); 220.6.13 (FDG PET for dementia and neurodegenerative diseases), and 220.6.16 (FDG PET for infection and inflammation) describe coverage of PET imaging for non-oncologic conditions and will not be modified.

Appendix A: Effect of Coverage Changes on Oncologic Uses of FDG PET

See NCD Manual for specific coverage language.

Solid Tumor Type	Final Framework	
	Initial Treatment Strategy*	Subsequent Treatment Strategy**
Colorectal	Cover	Cover
Esophagus	Cover	Cover
Head & Neck (not thyroid or CNS)	Cover	Cover
Lymphoma	Cover	Cover
Non-small cell lung	Cover	Cover
Ovary	Cover	Cover
Brain	Cover	CED
Cervix	1 or CED	Cover
Small cell lung	Cover	CED
Soft Tissue Sarcoma	Cover	CED
Pancreas	Cover	CED
Testes	Cover	CED
Breast (female and male)	2	Cover
Melanoma	3	Cover
Prostate	N/C	CED
Thyroid	Cover	4 or CED
All other solid tumors	Cover	CED
Myeloma	Cover	Cover
All other cancers not listed herein	CED	CED

* Formerly “diagnosis” and “staging”

** Formerly “restaging” and “monitoring response to treatment when a change in treatment is anticipated”

N/C = noncover

(1) Cervix: Covered for the detection of pre-treatment metastases (i.e., staging) in newly diagnosed cervical cancer subsequent to conventional imaging that is negative for extra-pelvic metastasis. All other uses are CED.

(2) Breast: Noncovered for diagnosis and/or initial staging of axillary lymph nodes. Covered for initial staging of metastatic disease.

(3) Melanoma: Noncovered for initial staging of regional lymph nodes. All other uses for initial staging are covered.

(4) Thyroid: Covered for subsequent treatment strategy of recurrent or residual thyroid cancer of follicular cell origin previously treated by thyroidectomy and radioiodine ablation and have a serum thyroglobulin >10ng/ml and have a negative I-131 whole body scan. All other uses for subsequent treatment strategy are CED.

The General Equivalence Mappings – ICD-9-CM To and From ICD-10-CM and ICD-10-PCS Fact Sheet (March 2009), which provides information and resources regarding the General Equivalence Mappings that were developed as a tool to assist with the conversion of International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) codes to International Classification of Diseases, 10th Edition (ICD-10) and the conversion of ICD-10 codes back to ICD-9-CM, is now available in downloadable format from the Centers for Medicare & Medicaid Services (CMS) **Medicare Learning Network** at http://www.cms.hhs.gov/MLNProducts/downloads/ICD-10_GEM_factsheet.pdf. The General Equivalence Mappings information discussed in this fact sheet has also been posted in the CMS Frequently Asked Questions database at https://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_alp.php?p_sid=l2s5Zouj. If you are unable to access any of the hyperlinks in this message, please copy and paste the URL into your Internet browser.

ASH UPDATE:

Register Now: Webinar to Assure Hematologists Receive PQRI and E-Prescribing Bonuses for Participation

The ASH webinar "PQRI and E-Prescribing: Nuts and Bolts" has been rescheduled for Tuesday, April 28th, 2009 from 5:00 p.m. – 6:15 p.m. Eastern Time. This webinar will focus on the basics of how to report the 2009 hematology-related Physician Quality Reporting Initiative measures and how to complete the E-Prescribing measure. It will help ensure that practitioners follow the correct steps and receive the bonus for successful reporting.

Sylvia Publ, CMS Senior Quality Advisor, will discuss the basics of how to satisfactorily report the 2009 PQRI quality measures and to participate in the E-Prescribing program. Afterwards, there will be an opportunity to ask questions. The webinar focuses on assisting **hematologists as well as their office staff** who may benefit from a greater understanding of the PQRI and E-Prescribing process. Please contact Matt Eckel at grassroots@hematology.org to sign up for this webinar

AMA UPDATE:

Last week, the American Medical Association (AMA) launched a new online learning center to provide physicians with the information and tools they need to find out about electronic prescribing. The learning center can be found at: www.ama-assn.org/go/eprescribing.

According to the AMA, only 13 percent of physicians were e-prescribing as of the end of 2008. Of course, they were not being paid to do it then, but, according to the AMA adoption of e-prescribing is still relatively slow.

The new AMA online learning center includes:

- Complete, objective information on e-Prescribing vendor prices and features (ours is free, free, free)
- Calculators to estimate time savings and determine Medicare e-Prescribing incentive payments in case you have run out of fingers and toes,
- The latest information on federal and state programs offering e-Prescribing incentives. and
- Readiness and planning tools to map out an implementation plan

The outcome of using this site is that you can find out...

- How e-Prescribing works
- What it can do for your practice
- How to get your office ready to implement it
- How to choose an e-Prescribing system, and more...

BUSINESS AND FINANCE: (Source: Phipps Wealth Management Group)

Q. My 401k is now a 201k, due to the market value having declined precipitously. Is there anything I should be doing to address this?

A. Yes. A STRESS TEST has been developed that allows us to review and analyze qualified plans (401k, IRA, etc.). The results of the STRESS TEST generally prove highly beneficial to the participants. Labor Department rules and guidelines are also examined to determine if the plan is in compliance with federal regulations.

If FLASCO members would like this STRESS TEST, pro bono, please contact us.

For additional information you may contact: 561-276-1635 Direct - 877-276-1635 Toll Free – fax: 561-922-3275 - E-mail: jeffrey_phippsr@ml.com - <http://fa.ml.com/PhippsGroup/>

CORPORATE MEMBERSHIP/SPONSORSHIP: (January 1 – December 31, 2009)

FLASCO Members extend a big thanks to all of our 2009 Corporate Members/Sponsors (Companies listed below have either paid 2009 dues or have submitted letters of intent)

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FLASCO 2009 MEETINGS:

October 3, 2009 – FLASCO Business of Oncology Summit - Tampa

November 6-7, 2009 – FLASCO Fall Meeting – Tampa Airport Marriott Hotel

March 5-6, 2010 – Location TBD

FLASCO Contact Information: Dorothy Green Phillips, Executive Director -3709W. Jetton Ave., Tampa, Florida 33629 - Tel: 800.444.1410, Ext. 4410 - Cell Phone: 813.294.2620 - Fax: 813.349-4410 or 813.349.4472
 Email: Dorothy.Green@cancer.org