



**FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST –May 21, 2009**

**FLASCO WEBSITE: [www.flasco.org](http://www.flasco.org)**

**FLASCO CLINICAL TRIALS NETWORK WEBSITE: [www.fctn.org](http://www.fctn.org)**

**MESSAGE FROM THE PRESIDENT: Gerald Robbins, MD**

FLASCO will be exhibiting at the upcoming 2009 ASCO Annual Meeting – our exhibit will be at the ASCO booth along with other State Societies. If you are attending, please stop by and say hello to Dorothy and Jaime!

**ASH Update** - Dr. Lawrence Solberg and I recently attended the ASH Committee on Practice Meeting and participated in the Capitol Hill Day. Reports from these events are at the end of this fax blast.

**Financial Opportunity:**

The Phipps Group and Merrill Lynch Credit Corporation (Platinum Corporate Members of FLASCO) are pleased to announce a **DRAMATICALLY LOWERED** rate of their 30-year fixed-rate JUMBO MORTGAGE. As of May 14, 2009, Merrill Lynch Credit Corporation's 30-year fixed-rate Jumbo Mortgage (\$417,001 - \$1,000,000) is **5.625/5.736** APR assuming a 1-point origination. **Special consideration will be given to qualified FLASCO applicants.** For additional information please contact: 561-276-1635 Direct - 877-276-1635 Toll Free – fax: 561-922-3275 - E-mail: [jeffrey\\_phippsr@ml.com](mailto:jeffrey_phippsr@ml.com) - <http://fa.ml.com/PhippsGroup/>

**CLINICAL PRACTICE COMMITTEE: Thomas Gaddis, MD, Chairman**

**BCBS Medical Policies (Medical Coverage Guidelines)**

The May 15, 2009, update can be found at: <http://mcgs.bcbsfl.com/> - look at the trend on some of the new Guidelines – not the same as on drug package inserts!

**LEGISLATIVE UPDATE:**

**Important Update on Pass The Buck Campaign:**

Governor Charlie Crist, who formally received the tobacco tax legislation, **SB 1840** by **Sen. Ted Deutch (D-Boca Raton)**, on Friday May 15th, has come out in support of the measure.

The governor said Tuesday he's decided to let the new \$1-a-pack cigarette tax increase become law. On the tobacco tax, Gov. Crist said: "I think the cigarette tax is appropriate and I really view it as a health issue more than I do a tax issue." Paraphrasing Indiana Gov. Mitch Daniels, who was quoting former President Reagan, Crist said: "If you want to kill something, you ought to tax it. It wouldn't be bad to kill smoking."

While it is still unclear whether or not the Governor will sign the bill or let it become law without his signature, the victory for public health is monumental just the same. Consider that this perfectly timed legislation right on the heels of, and in combination with, the recent federal cigarette tax hike of 61.66-cents per pack, will sponsor a tremendous number of birthdays by:

**Saving 143,500 lives**

**Inducing 175,900 adult smokers to quit**

**Preventing 303,300 kids from ever taking up the habit**

The commitment of \$50 million for cancer research, which is part of this overall effort, but included in a separate bill, is expected to become law at the same time, as well.

Congratulations to the Florida Division of the American Cancer Society and to all for a hard-fought victory for the ACS mission!

## **DRUG AND INDUSTRY UPDATES:**

### **MRI-guided laser surgery method**

An MRI-guided laser surgery method, in investigational use at both The Cleveland Clinic and University Hospitals Case Medical Center, holds promise for thousands of brain tumor patients and has earned clearance from the Food and Drug Administration (FDA) for use in neurosurgery. The first applications of the technology are expected to be for the treatment of otherwise **inoperable brain tumors**.

The AutoLITT System uses an MRI-guided laser probe, passed through a small bur hole in the skull, to deliver laser interstitial thermal therapy ("LITT") to heat and coagulate the tumor from the inside. High-intensity laser energy is applied directly to the tumor, rather than passing through normal tissue, while the MRI measures the temperature inside the brain, showing thermal damage as it happens and facilitating precise control of the treatment. Once coagulated, the treated tumor mass is dead.

## **COMPENDIA UPDATES:**

### **NCCN Clinical Practice Guidelines in Oncology™ for Central Nervous System (CNS) Cancers.**

(NCCN) announced new updates to the NCCN Clinical Practice Guidelines in Oncology™ for Central Nervous System (CNS) Cancers. These changes reflect leading developments in the treatment of patients with central nervous system cancers and represent the standard of clinical policy in oncology in both community and academic settings.

Primary and metastatic brain tumors are heterogeneous with diverse outcomes and management strategies. Because of this variability, the NCCN Guidelines note that prognostic features and treatment options for brain tumors must be carefully reviewed for each patient.

For patients with glioblastoma multiforme, the most common and most aggressive type of primary brain tumor, the updated NCCN Guidelines now recommend bevacizumab (Avastin®, Genentech/Roche) as a single agent without irinotecan (Camptosar®, Pfizer) for recurrence/salvage therapy. Previously, bevacizumab was only an option when used in combination with irinotecan.

Another noteworthy change in the updated NCCN Guidelines for patients with glioblastoma multiforme is the integration of a patient's Karnofsky Performance Status (KPS) score into the recommendation for adjuvant therapy. A KPS score is a standard way of measuring the ability of patients to perform ordinary tasks; the higher the score, the better the patient is able to carry out daily activities.

The new NCCN Guidelines adjusted the age range for patients with specific low grade gliomas who may consider fractionated external beam radiation therapy or chemotherapy as additional options to observation following maximal safe resection to 40 years and over. Previously, patients 45 and older were considered candidates for these adjuvant treatment options. For those under the age of 40, the NCCN Guidelines continue to recommend that patients remain under observation without any adjuvant therapy.

## **FCSO UPDATES:**

### **2009 Radiopharmaceutical Pricing**

**Modified:** 5/13/2009 **Business:** Part B **Location:** FL, PR, USVI

This article contains radiopharmaceutical payment allowance limits. A valid invoice is required for radiopharmaceuticals that have no established pricing and/or no specific HCPCS code. [http://medicare.fcso.com/Fee\\_news/143890.asp](http://medicare.fcso.com/Fee_news/143890.asp)

## **CMS UPDATES:**

### **CT Colongraphy (CTC)**

The Centers for Medicare and Medicaid Services (CMS) says current evidence is inadequate to conclude that CT colonography (CTC) is an appropriate colorectal cancer screening test, and the test will remain "**noncovered**" by Medicare and Medicaid.

## **MLM UPDATES:**

**New:**

MM6480 – July 2009 Integrated Outpatient Code Editor (I/OCE) Specifications Version 10.2

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6480.pdf>

MM6481 – **Changes to the Laboratory National Coverage Determination (NCD) Edit Software for July 2009**

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6481.pdf>

MM6440 – **Additional Data Collection on Hospice Claims**

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6440.pdf>

MM6471 – **July 2009 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to**

**Prior Quarterly Pricing Files** - <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6471.pdf>

#### **Revised:**

SE0832 – **The ICD-10 Clinical Modification/Procedure Coding System (CM/PCS)—The Next Generation of Coding** - <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0832.pdf>

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### **EDUCATIONAL OPPORTUNITIES**

#### **Bristol Myers Squibb – Development in Chronic Leukemia – on demand conference**

This 24 hour a day on-demand conference features Michael J. Mauro, MD. To participate, please type in the following URL address: <http://developmentsincml.com> – please complete the registration page and when prompted, please enter the following password: **ondemand**.

**Roche** would like to extend the offer for FLASCO members to participate in an educational webcast series, updating you on current issues affecting the management of Colorectal Cancer (CRC). There is free CME course for physicians.

Information on the Webcasts as follows:

Educational Intervention 1

Webcast 1: Individualized Therapy for Colorectal Cancer: Ready for Prime Time?

Available NOW!!

Educational Interventions 2 and 3

Webcast 2: A pre-ASCO Webcast -*Available May 2009*

Webcast 3: A post-ASCO Webcast continuation - *Available July 2009*

Educational Intervention 4

Webcast 4: Performance Measures: Trying It All Together - *Available October 2009*

Educational Intervention 5 & 6

Webcasts: Reach the Experts Teleconference (An individualized question/answer session between learners and the experts)

Educational Intervention 7

Webcast: Publication and dissemination of an extensive, learner-stratified, Commitment-to-Change measured outcomes report.

**To register for these webcasts or to view the presentation, please go to [www.meddigest.com/CRC](http://www.meddigest.com/CRC)**

#### **US Oncology Live Webcast: “Cancer in the Elderly”**

US Oncology is hosting a live, CME accredited, webcast session on June 18, 2009, from 12:15pm to 1:00pm EST, on the following topic: “From life expectancy to chance of surviving in elderly patients: the concept of frailty.” This session will be hosted by expert Jean-Pierre Droz of Centre Leon-Berard, Lyon France.

**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)

**PLATINUM**

AMGEN  
Bayer/Onyx  
Cephalon Oncology  
Eli Lilly  
Oncology Supply/ION  
Sanofi-Aventis  
Celgene  
Eisai, Inc.  
Ortho Biotech  
Genentech  
GlaxoSmithKline  
The Phipps Wealth  
Management Group  
Novartis  
Astra Zeneca  
Pfizer

**GOLD**

Abraxis Oncology  
Bristol Myers Squibb  
Genomic Health  
Wyeth  
Roche  
Millennium

**SILVER**

OSI Pharmaceuticals  
US Oncology

**BRONZE**

Genzyme

**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** – FLASCO Spring Meeting and Annual Session – Tampa Airport Marriott Hotel

**OTHER MEETINGS/WEBCASTS**

**May 30<sup>th</sup>, 2009:** SAVE THE DATE: “*Should Oncologists Shift Incentives from Drug Margins to Quality?*” – this innovative Physician Exchange Forum will be hosted by US Oncology in association with the Proceedings of the ASCO Annual Meeting in Orlando. The program will be held at 6:30 pm ET at the Westin Imagine Hotel near the Orange County Convention Center in Orlando. For more information contact Jim Gruber at [jim.gruber@usoncology.com](mailto:jim.gruber@usoncology.com) or call 770.356.1029.

**September 22-25, 2009** - ACCC's 26th National Oncology Economics Conference - - Hyatt Regency Minneapolis on Nicollet Mall, 1300 Nicollet Mall, Minneapolis, MN 55403 - 612.370.1234

**March 17-20, 2010** - ACCC's 36th Annual National Meeting - -Baltimore Marriott Waterfront  
700 Aliceanna Street, Baltimore, MD 21202 - 410.385.3000

**EVENTS IN CONJUNCTION WITH ASCO ANNUAL MEETING:****Sanofi-Aventis Promotional Speaker Events at ASCO**

In conjunction with the ASCO Meeting in Orlando, Sanofi-Aventis is sponsoring 4 Promotional Speaker Programs. Each dinner will be led by a Key Opinion Leader and focus on different tumor types.

Here are the dinner, topic and Speaker specifics for all 4 dinners:

**Friday, May 29, 2009, 8:00pm: Colon/Gastric**

SPEAKERS: Dr. Rocha Lima (Univ. of Miami), Dr. Ajani (MD Anderson)

**Saturday, May 30, 2009, 6:00pm – 7:30pm: Women in Oncology/ESBC**

SPEAKER: Dr. Kim Blackwell (Duke)

**Saturday, May 30, 2009, 8:00pm: Breast, Cardio-toxicity, TCH**

SPEAKERS: Dr. Ewer (MD Anderson), Dr. Pegram (UM)

**Sunday, May 31, 2009, 7:30pm: Academic Lung**

SPEAKER: Dr. Santos (University of Miami)

**All dinners will be held at: Tommy Bahamas Pointe Orlando - 9101 International Drive, Suite 1200  
Orlando, FL**

**To register for any of the above programs, please call 866-381-5174 from 8:00am – 6:00pm CST.**

**GlaxoSmithKline Promotional Speaker Events at ASCO**

In conjunction with the ASCO meeting in Orlando, GlaxoSmithKline is sponsoring 6 Promotional Speaker Programs. All of the six programs take place at the **Loews Portofino Bay Hotel**. Physicians can RSVP by either calling their local GSK oncology representative or by calling 866-308-0223 (preferred).

Here are the topic and speaker specifics for all 6 events:

**Friday, May 29, 2009 – 7:00 PM**

Speaker/Topic: Dr. Mark Pegram (University of Miami) – HER2+ Metastatic Breast Cancer

Speaker/Topic: Dr. Ralph Boccia (Georgetown University) – Chronic ITP

Speaker/Topic: Dr. Samer Al-Homsi (Boston University) – Venous Thromboembolic

**Saturday, May 30, 2009 - 7:00 pm**

Speaker/Topic: Dr. Mark Socinski (University of north Carolina)- Relapsed Small Cell lung Cancer

Speaker/Topic; Dr. Stefan Gluck (University of Miami) –HER2+ Metastatic Breast Cancer

**Sunday, May 31, 2009 – 7:00 pm**

Dr. Mansoor Saleh (University of Alabama at Birmingham) – Chronic ITP

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**Report from ASH Committee on Practice**

- 1) Healthcare Reform
  - a) Reviewed aspects of the American Recovery Reinvestment Act of 2009 that applied to medicine including funds from bailout set aside for Information Technology, Comparative Effectiveness Research, continuation of COBRA coverage, several health programs
  - b) Reviewed aspects of Obama 2010 Budget this was also a part of the talking points for hill visits (see below)
  - c) CDC
    - i) Ash active in developing relationship with CDC to prioritize attention to bleeding disorders in public health. A conference to held in Atlanta next year; a blood coalition to be created with medical, public, patient groups to be represented; and a new working group by CDC and NHLBI to develop healthy people 2020 objectives regarding blood disorders.
- 2) ASH Exec Committee
  - a) PIMS: Subcommittee formed to work on new PIMS (currently available are MM, MDS, ITP).
  - b) Hematology workforce: issues related to maintenance of clinical competency, addressing issues such as clinical practice of hematology, practice management issues, etc. More programs to be developed for the practicing hematologist.
  - c) Development of a plan for coagulation problems; including public policy and awareness, quality aspects (note ASH has a tri-fold summary of Von Willabrand disease dx and rx) and maintenance of competency.
  - d) Comparative effectiveness research (CER): list of potential items for CER research to be developed.
  - e) All of above indicate that ASH has taken a proactive developmental approach to the economic challenges that we are all facing.
- 3) Communication

- a) Discussed various new methods and venues for communication among members and physicians. Newer internet based venues discussed such as twitter, blogging, ertc.
- 4) Quality of Care
  - a) A new tri-fold regarding HIT will be developed.
  - b) ITP guidelines to be updated (committee selection underway)
  - c) ESA guidelines in development with ASCO
  - d) DVT, Coag work-ups, JAK2 testing in PV, TSH testing post Hodgkins treatment all submitted for PQRI but none selected except dvt measures asked to be re-submitted for next year.
  - e) Mini reviews of evidence based medicine to included in annual ASH education booklet
- 5) Reimbursement
  - a) CAC meeting to be held July at ASCO headquarters. Local CMS Medical Directors invited.
  - b) PQRI reporting issues discussed including difficulty in payment. ASH had Webinar regarding these issues and how to avoid pitfalls. ASH suggested that data be available to validate measures. Specific suggestions were requested to overcome hurdles and improve participation.
  - c) Iv Iron and ESA administration still an issue. ASH is pursuing a resolution and letter written. Other ASH interventions in LCD's were discussed including coverage for iv forms of anti-emetics.
  - d) Practice expense RVU's were listed by AMA but detailed report to be released in June. Re rates per hour for oncology decreased by 4.7% but clerical and office expenses increased slightly. CMS to release results in July but may or may change for 2010. Predict some increased in E/M services.
- 6) Maintenance of certification
  - a) ASH has taken a strong stance on this issue and ASH President Dr. Nancy Berliner has written a letter to the ABIM regarding their lack of data on efficacy and burden of expense on practitioners.
- 7) Day On the Hill
  - a) Met with multiple representatives of both parties, both houses. Ginny Brown-Waite like most republicans very interested in this issue and asked specifically about concerns regarding rationing. Major message from the GOP is that they want choice, competition and access in any plan. Dems were primarily holding back and waiting for the legislation to be written by the Obama team before commenting. There was strong support to get the Kennedy Bill passed soon.

### **Committee on Practice Spring Meeting and Capitol Hill Day**

The Committee on Practice Spring Meeting and Capitol Hill day were on May 4<sup>th</sup> and 5<sup>th</sup>, 2009, in Washington, D.C. The committee first received a detailed update on the status of health care reform initiatives including potential new approaches to physician payment such as the patient-centered medical home, episode-based payments, and accountable care organizations. Among challenges to physicians from the evolving proposals are infrastructure costs for private practitioners, bundling of hospital/ outpatient physician payments, inadequacy of payment for cognitive specialists, and the insufficiency of measures of quality and outcomes that accurately reflect the performance of individual physicians in outpatient settings. Health-related provisions of the \$789 billion American Recovery & Investment Act including \$21 billion dollars for health-related information technology (HIT) and \$1.1 billion for Comparative Effectiveness Research (CER) were reviewed. Physicians and hospitals that engage in meaningful use of HIT may be eligible for Medicare or Medicaid incentives in 2011 and if not subject to penalties by 2014. A Federal Coordinating Council for Comparative Effectiveness Research has been established that will be reporting some topics for CER no later than June 30, 2009. President Obama's \$3.6 trillion dollar fiscal year 2010 budget proposal also was summarized including the proposed \$630 billion dollar healthcare reserve fund to be collected over ten years from new revenues and savings. The budget proposal did request \$329.6 billion to address the scheduled Medicare physician payment cuts of 40% over the next seven years and asked for change of the sustainable growth rate (SGR) model.

The committee then met with 14 Senators and 9 representatives in the US Congress to present the perspective of practicing hematologists in this national discourse. The committee first met with Laura Bunters of Senator Kay Bailey Hutchinson's (R-TX) office and then with Lauren Gilchrist of Senator Edward Kennedy's (D-MA) office to discuss and to support S.717 " 21<sup>st</sup> Century Cancer ALERT (Access to Life-saving Early detection, Research, and Treatment ) Act. This bill was introduced on March 26<sup>th</sup> 2009 and has now been referred to the Committee on Health, Education, Labor and Pensions. There is still ongoing debate about the clinical trials component of this bill. The committee strongly advocated that access to clinical trials for all patients is part of the fabric of excellent clinical care.

In visits with representatives- the committee encouraged them to co-sponsor HR 1230 the Bone Marrow Failure Disease Research and Treatment act, which was introduced to this congress by Representative Doris Matsui (D-CA) on February 26, 2009. This legislation directs the Health and Human Services Department to establish a national bone marrow failure registry. It supports pilot studies by the Agency for Toxic Substances and Disease Registry to better identify environmental factors causing bone marrow failure. Other measures aim to enhance access to treatment and clinical trials for disadvantaged patients and to authorize the Agency for Healthcare Research and Quality to improve diagnostic practices and quality of care for patients with acquired bone marrow failure conditions.

The central message the ASH Practice Committee communicated to all Senators and Representatives was that any revisions of payment and policy should ultimately help and not impede patients who need care directly from hematologists. The committee emphasized that patients inherit or acquire blood disorders that may be uncommon singularly but when considered collectively represent a major disease burden to our society - a burden only evaluated and managed by hematologists. Examples mentioned included, in addition to hematologic malignancies, complex illnesses with thrombocytopenia, neutropenia, anemia, hemostatic disorders, hypereosinophilia, amyloidosis, porphyria, myelodysplastic syndromes, myeloproliferative malignancies, hemochromatosis, marrow failure, and hemoglobinopathies such as sickle-cell disease.

The committee also emphasized that while enhancing primary care by increasing payment for evaluation and management (E&M) by primary care physicians is a positive policy goal such an increase should be extended also to the E&M services performed by hematologists and not be at the expense of hematology subspecialty care. Hematologists provide significant primary care for a wide-range of patients with chronic blood disorders, such as myelodysplastic syndromes, low-grade lymphoproliferative disorders, and sickle cell disease.

The Committee on Practice will remain engaged with the ongoing flood of possible change and looks forward to updating our members on the status of how these changes may affect hematologists at our 2009 Practice Forum in New Orleans entitled "New American Health Care Policy and the Practice of Hematology