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Enhancing communication,
influencing research, and
improving cancer care

How Does Your Practice Measure Up?

From The ASCO Post Feb. 15, 2011

QOPI (The Quality Oncology Practice Initiative) is a free quality and improvement program, developed by ASCO, which allows an oncology practice to compare the performance of its providers in more than 90 areas to the performance in other practices across the country. What Is Measured? QOPI collects data on measures adapted from evidence-based guidelines such as those of the National Initiative on Cancer Care Quality. All practices report on 25 core measures, such as those related to pain assessment and control, smoking cessation, and psychosocial support. In addition, each practice chooses at least two other categories of

data to report. These categories relate to management of disease areas (breast cancer, colorectal cancer, etc.), end-of-life care, or symptoms and toxicity management. Within 30 days of the close of the collection round, each participating practice can view its own confidential performance report online. QOPI reports the practices score for each measure(eg, the percentage of times the practice documented cigarette smoking status by the second office visit) and the national mean, minimum, and maximum scores, including detail on number of charts and practices reporting. Practices can customize reports in a number of ways. For exam-

ple, they can compare their scores to those of practices of a similar type, such as academic center or private/independent practice...

To learn the many benefits of participating in QOPI including practice incentives, American Board of Internal Medicine Awards, Continuing Medical Education, and more please visit *The ASCO Post* website at: ASCOPost.com

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N.O.S. Continuing Education Spotlight

Natalie Mandolfo, MSN, APRN-NP

The evaluations are in and it was confirmed that the San Antonio Breast Cancer Symposium Review on January 15th, 2011 met your expectations and brought you the latest updates and breast cancer information! With over 150 people in attendance and fabulous speakers we are already planning how to “out-do” the event next January. For now however, our sites are set on **June 18th 2011 for the 12th Annual ASCO Review** that will take place at the Omaha Marriott in Regency (with CME provided by Methodist Health System). Our line up of speakers thus far includes: Erik Sherman,

MD (Head & Neck Cancer Update); George Kim, MD (GI Cancer Update); Dan Hayes, MD (Clinical Practice Committee Update); and George Simon (Lung Cancer). The agenda will also include speakers on breast cancer and neuro-oncology. NOS is pleased to continue collaboration with Creighton University School of Medicine in providing CME credits to the membership at quarterly reviews! **Since January 2010, NOS meetings have offered over 18 credits of AMA PRA Category 1 Credits to our members!**



Stefano Tarantolo, M.D.

President



Peter Townley, M.D.

Past President

Dr. Bussan is the Contract Medical Director for WPS Medicare. For Key Elements of the AWV and to read the complete article by Dr. Bussan, visit the Nebraska Oncology Society Website at : www.nebraskaoncology.org



Stacey Knox, M.D.

“...coverage policies often are not based solely on FDA recommendations...”

Annual Wellness Visit

Guest Article from Kenneth L. Bussan, M.D.

The Affordable Care Act (ACA), allows for a preventive physical examination, called the annual wellness visit (AWV), and includes personal prevention plan services (PPPS). The AWV is a new annual Medicare preventive physical examination, available for eligible beneficiaries, and identified by new HCPCS codes G0438 (Annual wellness visit, including PPPS, first visit) and G0439 (Annual wellness visit, including PPPS, subsequent visit).

As a result of the ACA, effective January 1, 2011, the Medicare deductible and coinsurance for the AWV (HCPCS G0438 and G0439) are waived.

For the first AWV provided on or after January 1, 2011, the health professional shall bill HCPCS G0438 (Annual wellness visit, including PPPS, first visit). This is a once per beneficiary per lifetime allowable Medicare benefit.

All subsequent AWVs shall be billed with HCPCS G0439 (Annual Wellness Visit, including PPPS, subsequent visit). In the event that a beneficiary selects a new health professional to complete a subsequent AWV, the new health professional will continue to bill the subsequent AWV with HCPCS G0439. I want to stress to the oncology community that, although your primary care col-

leagues will be performing the AWV, it is an important opportunity to establish a timeline for Medicare beneficiaries to receive all of the available cancer screening benefits Medicare allows such as:

- Colorectal Cancer Screening
- Screening Mammography
- Screening Pap Test and Pelvic Examination
- Prostate Cancer Screening

For complete article by Dr. Bussan, please logon to www.nebraskaoncology.org.

Overview of Avastin Controversy in MBC by Stacey Knox, M.D.

The FDA has recommended removing the approval of Avastin® (bevacizumab) for the treatment of metastatic breast cancer. This follows the FDA Oncology Drug Advisory Committee (ODAC) recommendation for withdrawal of market approval based on the opinion that benefit for progression does not outweigh the additional toxicity.

Five clinical trials of chemotherapy +/- bevacizumab are complete. Of these, one showed no difference in progression-free survival (PFS) and four showed statistically significant improvement in PFS. ECOG 2100 (paclitaxel ± bevacizumab) showed major improvement in PFS and this data was recognized by the FDA as an indication of disease responsiveness leading to initial approval.

The FDA acknowledges bevacizumab may still be prescribed for treatment of metastatic breast cancer even if approval is withdrawn. If this happens, the FDA will increase the risk of insurance denials, making bevacizumab unaffordable for most patients.

Many payors routinely cover off-label use of drugs in cancer care, especially if the drug's use is supported by NCCN Guidelines. Thus, coverage policies often are not based solely on FDA recommendations. *Bloomberg News* reports that United Healthcare, Well-Point, Aetna, and Humana rely on the NCCN Guidelines and NCCN Compendium as a basis for coverage. The NCCN Compendium is widely considered to be the most up-to-date, comprehensive, and authoritative.

Recently in the ASCO Post, senior vice president for oncology, Dr. Lee Newcomer, affirmed that United Healthcare bases coverage decisions on the NCCN recommendations. “This takes the decision-making to the academic experts who we feel are best qualified to make the call, and second, the process is transparent... So for us, the NCCN would also need to withdraw its recommendation.... If the NCCN still believes we should cover bevacizumab, we will.”

FDA spokesperson Erica Jefferson, quoted in the *Bloomberg News* article, states that the FDA views the NCCN Guidelines Panel as a “well-respected group of oncologists” whose recommendations sometimes differ from the [FDA’s] decision on approval. “With any cancer therapy, oncologists should use their medical judgment when deciding what treatment might be best for their patients when FDA-approved options have been exhausted.”

If the FDA removes approval for the use of bevacizumab in metastatic breast cancer we may still be able to rely on NCCN recommendations and compendia for insurance coverage. This situation will have to be monitored closely though as payors vary in their reliance upon the NCCN compendium.

ASCO Supports Legislation Addressing Oncology Drug Shortages

Adopted from ASCO.org

ASCO is pleased with the introduction of the Preserving Access to Life-Saving Medications Act, federal legislation that would take an important first step in addressing the complex issue of drug shortages caused by regulatory and manufacturing issues. The Senate Bill, which was introduced by Sens. Amy Klobuchar (D-Minn.) and Robert Casey (D-Pa), contains some of the recommendations from the November 2010 Drug Shortages Summit convened by ASCO.

Responding to a growing number of drug shortages--many of which are reaching crisis proportions-- ASCO, the American Society

of Anesthesiologists (ASA), the American Society of Health-System Pharmacists (ASHP), and the Institute for Safe Medication Practices (ISMP) convened a November 2010 Summit to explore solutions that would prevent patient harm and minimize disruptions in care caused by drug shortages.

The proposed legislation includes provisions that would advance a number of the solutions outlined in the report. They include expanding FDA authority to require manufacturer notification of shortages and market withdrawals, and enhancing communication among health

care providers and stakeholders in the pharmaceutical supply chain about the nature and expected duration of shortages. "ASCO is pleased that Senators Klobuchar and Casey have introduced legislation that will require manufacturers to give the FDA and healthcare providers more advanced notice of shortages so we can better anticipate and manage them. ASCO will continue to work with policy-makers and advocates to ensure our patients have access to vital cancer therapies," said Dr. Michael Link, President-Elect of ASCO. Visit www.ashp.org/drugshortages for a complete list of medications affected.



ASCO in ACTION

Visit www.asco.org for timely information on research policy, clinical affairs, governmental relations and quality of care issues that effect your practice, cancer care and cancer research.

ASCO Statement: Toward Individualized Care For Patients With Advanced Cancer

In January the American Society of Clinical Oncology released a new policy and patient guide regarding treatment of patients with advanced cancer. For the full article please go to www.nebraskaoncology.org and go to "Newsletter" link for access to the entire article printed in the Journal of Clinical Oncology. Below are the Key Elements of Individualized Care For Patients With Advanced Cancer that are reviewed in the article:

1. Patients should be well informed about their prognosis and treatment options, ensuring that they have opportunities to make their preferences and concerns regarding treatment and supportive care known.
2. Anticancer therapy should be discussed and offered when

evidence supports a reasonable chance of providing meaningful clinical benefit.

3. Options to prioritize and enhance patients' quality of life should be discussed at the time advanced cancer is diagnosed and throughout the course of illness along with development of a treatment plan that includes goals of therapy.
4. Conversations about anticancer interventions should include information on likelihood of response, the nature of response, and the adverse effects and risks of any therapy. Direct costs to the patient in terms of time, toxicity, loss of alternatives, or financial impacts that can be anticipated should also be discussed to allow patients to make informed choices.
5. Whenever possible, patients with advanced cancer should be given the opportunity to participate in clinical trials or other forms of research that

may improve their outcomes or improve the care of future patients.

6. When disease-directed options are exhausted, patients should be encouraged to transition to symptom-directed palliative care alone with the goal of minimizing physical and emotional suffering and ensuring that patients with advanced cancer are given the opportunity to die with dignity and peace of mind.

Source: 10.1200/JCO.2010.33.1744

Did you know that ASCO has a free comprehensive educational booklet for patients with advanced cancer? For more information and copies of the booklet, please visit Cancer.Net.

SPREAD THE WORD

The Cancer.Net iPhone app is now available! Patients and their families can have valuable resources from Cancer.Net at their fingertips, no matter where they are.

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Enhancing communication,
influencing research, and
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N.O.S is a non-profit organization that has been in existence since 1992. We invite you to become involved!

The Nebraska Oncology Society's mission is to facilitate and promote interaction among the oncology community to enhance patient care through oncology research, education and health care legislation.

The Society is organized for the purpose of: Enhancing communication among clinical oncologists at the state, regional and national levels; To provide grassroots support for legislative initiatives that implement ASCO policy that will lead to improvements in cancer research and cancer care; To address more effectively practice, research, and other policy issues that may influence clinical research and the quality of care for people with cancer; To minimize fragmented efforts or inconsistent approaches on matters of common concern; and To create efficiencies and conserve resources by eliminating duplicative or unnecessary efforts.

**For the latest information, check
out our new website at**

www.nebraskaoncology.org

Tid Bits:

Have You Heard About "Focus Under Forty?"

ASCO has partnered with **LIVESTRONG** to bring free educational offerings available online to ASCO members. Currently there are two interactive modules available: [Focus Under Forty: Cancer Care](#) (CME credit – max of 1.5 AMA Category 1 Credits™) that includes videos of real cancer patients talking about their experiences, slide presentations by expert faculty, along with their audio commentary and links to helpful references and resources. The second module available is [Focus Under Forty: Supportive Care](#) which introduces key issues relating to supportive care needs of these patients. To

find these modules and many other valuable educational opportunities please go to <http://university.asco.org/education>

Spotlight on Membership :

Individual NOS membership is complementary to all medical oncologists, radiation oncologists, gynecologic oncologists, surgical oncologists, nurse practitioners and physician's assistants, and clinical research, billing, and administrative staff. To join the NOS please go to the Nebraska Oncology Society website (www.nebraskaoncology.org) and complete the online form or contact Natalie Mandolfo at nmandolfo@nebraskacancer.com

Corporate Corner: A special thank you to all of the corporate members who support the activities of the society!

Abraxis, Bioscience, Biogen Idec, Cephalon, Eisai Inc, Millennium, Sanofi-Aventis, Pfizer, Prometheus Laboratories, & Eli Lilly — please visit the NOS website for links to our corporate member sites!

Upcoming Events:

April 28—NOS Meeting, Sushi Blue, Guest Speaker David Jablonz, M.D., UCSF

May 10 - 2010 Healthcare Reform: What It Means To Oncology Clients

June 18, 2011— ASCO Review, Regency Marriott in Omaha. **FREE CME!!**

NOS Membership:

