



# NNECOS News

*an email publication of Northern New England Clinical Oncology Society*

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## **NNECOS 2008 ANNUAL MEETING A SUCCESS**

October 17th and 18th, 140 members of the oncology community in the tri-state region enjoyed an inspiring, educational weekend at the picturesque Mountain View Grand in Whitefield, NH. The elegant Crystal Ballroom hosted the new “NNECOS Networking Lounge” with breathtaking mountain views providing the backdrop for collegial networking and informative educational sessions.

The 2008 annual meeting offered an outstanding array of national presenters complemented by our largest ever collection of excellent local presenters for what was truly an exceptional meeting. Attendees were delighted to partake in presentations from ASCO’s Executive Vice President and Chief Executive Officer, Dr.

Allen Lichter; Dr. Patricia Ganz, Professor of Health Services and Medicine at UCLA School of Public Health; and Barbara Summers, Ph.D., R.N., Vice President and Chief Nursing Officer at the University of Texas MD Anderson Cancer Center, among others.

Other highlights of the weekend included the ever popular Friday evening poster session, the Journey Forward program launch by Dr. Ganz (see below for additional information), the amazing *Oncology on Canvas* artwork on display, and much more! A small scrapbook of images from the weekend follows to provide a glimpse into the wonderful event. Thanks to all who participated. We hope to see you next year!

*“Wonderful meeting- went smoothly, offerings varied, speaker quality consistently high, topics very interesting.”*

### **NNECOS Board of Directors for 2009**

Frederick M. Briccetti, MD  
Marty Byrne, BSN, RN  
Angela Gibbs, RN, MSN, BSc(hons), AD  
Steven Grunberg, MD, President Elect  
Denis B. Hammond, MD, Sec./Treasurer  
Daniel M. Hayes, MD  
Andrew A. Hertler, MD, FACP, President

Steve Larmon, MD  
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Johannes C. Nunnink, MD  
Thomas H. Openshaw, MD  
Christian Thomas, MD  
Elaine Towle, CMPE  
H. James Wallace III, MD

# 2008 Annual Meeting Scrapbook



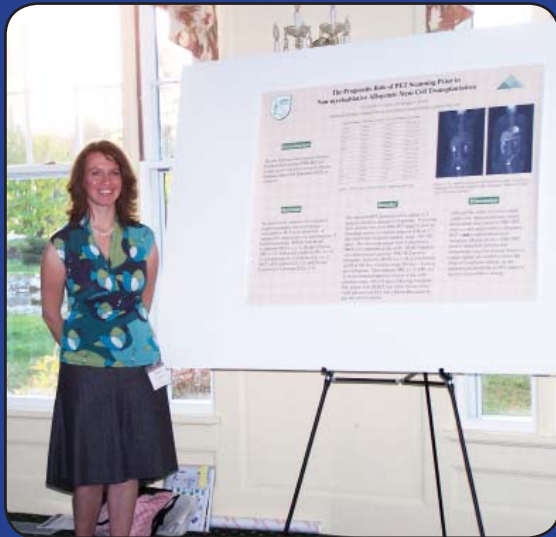
ASCO Executive Vice President Dr. Allen Lichter presents the Saturday morning keynote address.



Newly elected president Dr. Andrew Hertler, special guest Dr. Patricia Ganz, and immediate past president Dr. Ken Meehan.



NNECOS board members Angela Gibbs and Marty Byrne.



Dr. Cocav Engman from DHMC presented a poster on the prognostic role of PET scanning.



Melanie Feinberg from the Maine Cancer Consortium networking during the Friday evening poster session.



Misty Gagne and Jean Miller chat with a colleague.



The NNECOS Networking Lounge was abuzz with conversation throughout the weekend.



Dr. Karyn A. Goodman, radiation oncologist from Memorial Sloan-Kettering Cancer Center speaks as part of the multi-disciplinary colorectal panel.

Very informative, great speakers....best NNECOS yet!



Long time NNECOS member Amy Stansfield chats with colleagues.



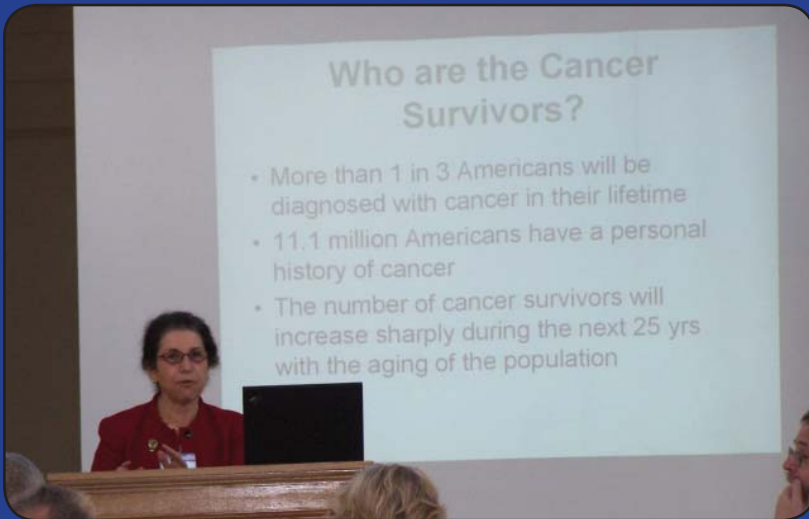
Board member Dr. Fred Briccetti with nominations committee chair Dr. Peter Crow.



George Coutros and Regina Patterson share a laugh by a piece of artwork from the *Oncology on Canvas* display.



Dr. Steven Ades from UVM.



Dr. Patricia Ganz, Professor of Health Services and Medicine at UCLA School of Public Health introduces the *Journey Forward* survivorship initiative during an engaging lunchtime presentation.



Amy Busby, Nicole den Ouden, and ASCO's CME Program Assistant, Katie Yamamoto chat with poster presenter Amy Litterini, PT.

## Special Thanks to Oncology on Canvas



Expressions of a Cancer Journey

Launched in 2004, *Oncology on Canvas* was conceived by Eli Lilly and Company as a way to honor the journey of those whose lives have been affected by cancer. The rich tapestry of emotions conveyed in these pieces of art endures and provides hope and inspiration to others.

# **NNECOS ANNOUNCES 2009 EDUCATIONAL MEETINGS**

## **SPRING MEETING** **MAY 19, 2009**

Join NNECOS for our 6th annual spring practice management meeting at the Grappone Center in Concord, NH on Tuesday May 19, 2009. The planning committee, armed with previous evaluations and an assessment of the current climate in oncology, is putting together another excellent program for 2009. Tentative plans include a morning update on the impact of the awarding of the J-14 MAC contract and intensive, targeted breakout sessions, including a new nursing-focused track. Planners are also pleased to announce that, due to popular demand, both Risè Marie Cleland and Ron DiGiaino have agreed to return to New Hampshire to present the medical and radiation oncology updates for 2009. Additional information will be mailed to members as it becomes available, but **SAVE THE DATE TODAY!**

## **ANNUAL MEETING** **OCTOBER 23-24, 2009**

Another fabulous location has been chosen for the 2009 annual meeting. Join NNECOS at the ocean side Samoset Resort in Rockport, Maine Friday October 23 and Saturday October 24, 2009. Room rates begin at an unbelievable \$125 per night!

Based on attendee feedback, early plans for the 2009 meeting include additional networking and exhibit time, and will kick off with a luncheon at noontime on Friday for those able to arrive earlier in the day. Check back at [www.nnecos.org](http://www.nnecos.org) for additional updates as they become available, but **SAVE THE DATES!**



## **NNECOS BOARD SETS GOALS FOR 2009** **Tri-State Collaboration, Fellows Involvement and** **Communication with Payors Targeted**

At the conclusion of the 2008 Annual Meeting, the NNECOS Board of Directors gathered for its annual in person meeting to debrief and plan for the future. Led by newly elected president Dr. Andrew Hertler, the board discussed the challenges that lie ahead and strategized to bring focus to the society's work and what they hoped to accomplish.

All agreed that a continued focus on tri-state collaboration was key, including completion of the access to care project, moving forward with the clinical trials research study in 2009, and possible future

collaboration in compiling/maintaining an inventory of oncology services available in the region. A renewed effort to engage fellows in the society was emphasized. The board also agreed to support future state oncology dinner meetings (modeled after the September 2008 Maine meeting) as warranted. Finally, the board expressed a desire to host a board/payor roundtable in conjunction with the spring practice management meeting, as a forum to establish a collegial dialogue to address issues affecting oncology care across the region.

## **NNECOS SUBMITS 2009 ASCO GRANT** **Clinical Trials Barrier Study**

Earlier this month, under the leadership of Dr. Douglas Weckstein and newly elected board member Dr. Christian Thomas, NNECOS submitted a 2009 grant request to ASCO to help fund the tri-state Clinical Trials Barrier Study. At the 2008 annual meeting, Dr. Weckstein presented a



poster to attendees detailing this important project, to which the board voted to allocate \$11,700 of society research project funds this past September. With the additional funding sought from ASCO, the team hopes to broaden the reach of the study to provide additional data.

## **ACCESS TO CARE UPDATE** **Project on Track for Spring Completion**



Team members are diligently working on the data collection portion of the project, with the identification of cases to be followed back near completion and preliminary frequencies run. The project dinner at the Cancer Registrar Association of New England (CRANE) meeting in October was well-attended, and served to inform and inspire key registry personnel about this exciting project.

Key milestones ahead include the receipt of follow-back information from ACoS and community hospitals in mid January, the compilation of the first tri-state draft report in early February, and the preparation of the final report in mid March.

A special thanks to all of our partners and collaborators on this project, without whom it would not be possible!

## **JOURNEY FORWARD**

At our annual meeting in October, Dr. Patricia Ganz presented the Journey Forward program which promotes the use of Survivorship Care Plans to improve continuity and coordination of care for cancer survivors. The UCLA Cancer Survivorship Center, the National Coalition for Cancer Survivorship, WellPoint and Genentech, have joined forces to launch this initiative in response to recommendations made by the Institutes of Medicine's 2005 report on cancer survivorship, "From Cancer Patient to Cancer Survivors: Lost in Transition."

Journey Forward will rely on uniquely designed print and electronic resource tools to communicate key messages and support the process of requesting and obtaining a Survivorship Care Plan. We encourage you to review these Journey Forward materials that were distributed at the October meeting.

Following Dr. Ganz's presentation, many of you completed an evaluation during the conference. From the evaluation, we learned:

- Survivorship Care Plans are important to improving the coordination of care of Survivors;
- You intend to begin using them to communicate and coordinate care with patients and all treating practitioners; and
- Training, support, and education are critical to the success of Survivorship Care Plans.

Attendees will receive a short follow-up e-mail survey in January 2009 asking about the Journey Forward materials. Your feedback will be invaluable in shaping improvements in this initiative.

For more information, please contact Jennifer Hausman at [jennifer.hausman@wellpoint.com](mailto:jennifer.hausman@wellpoint.com).

## **JOIN ASCO'S NEW EHR SOCIAL NETWORKING SITE**

The recent growth of online social networks has been remarkable, with sites such as MySpace, Linked-In and Facebook receiving millions, and even tens of millions of members. A variety of other networking sites have been developed as well, serving specific user communities. Along these lines, ASCO has developed a new Electronic Health Record (EHR) social networking site that enables oncologists

and their practice staff to easily connect, collaborate, and find information on EHRs and health information technology.



NNECOS members are invited join ASCO's new EHR social networking site at <http://ehr.ascoexchange.org>. You will have an opportunity to view and participate in discussion forums, start blogs, and engage in EHR vendor user groups.

Widgets and RSS feeds can be incorporated into your own personal page on the site and you can invite fellow colleagues to join the site as well.

The role of social networks in medicine is just beginning to be understood. In an era of rapid medical change, the need to develop richer and more varied sources of information and the value of far-reaching, online social trust networks



will become increasingly apparent for the medical field. Oncologists can be at the forefront of this communication-rich platform and use it to increase understanding and awareness of EHRs and health information technology.

Please sign up today at <http://ehr.ascoexchange.org> to join this important ASCO network and feel free to forward this invitation to practice staff or other colleagues who might find the site useful.

## **ASCO FEATURES FDA APPROVALS AND ACTIONS ON WEBSITE** **Updated safety info, new prescribing info, and other alerts** **pertaining to therapies for cancer patients now available**

*From the American Society of Clinical Oncology*

In cooperation with the Food and Drug Administration (FDA), and as a service to our members, ASCO periodically distributes, via e-mail, notification of recent FDA approvals and other important FDA actions pertaining to therapies for cancer patients. This helps FDA to inform oncologists and professionals in oncology-related fields of recent approvals and other important FDA actions in a timely manner. The posting will also include a link to the product label, which will provide the relevant clinical information on the



indication, contraindications, dosing, and safety. This information can also be found on the ASCO website

at <http://www.asco.org/ASCO/Practice+Resources/Practice+Management/FDA+Drug+Alerts>

*In sending this information, ASCO does not endorse any product or therapy and does not take any position on the safety or efficacy of the product or therapy described.*

## **THE LEUKEMIA & LYMPHOMA SOCIETY PRESENTS ASH 2008 HIGHLIGHTS** **Newton, MA ~ January 24, 2009**

Join some of the nation's leading oncologists as they review the clinical and research advances presented at the 50th Annual Meeting of the American Society of Hematology (ASH) earlier this month in San Francisco, CA. ASH 2008 Highlights will feature researchers funded by the Massachusetts Chapter of The Leukemia & Lymphoma Society and is co-sponsored by Dana-Farber/Brigham and Women's Cancer Center.

For more information contact:

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## **2009 MEDICARE PHYSICIAN FEE SCHEDULE REGULATIONS**

The Centers for Medicare & Medicaid Services (CMS) has issued its final Medicare physician fee schedule regulations for 2009.

The regulation announces that the Medicare physician

conversion factor for 2009 will be \$36.0666, which represents a decrease from the 2008 conversion factor (\$38.0870). Congress took two actions in the Medicare Improvement for Patients and Providers Act (MIPPA) earlier this year which affected the conversion factor:

1. MIPPA provides for a 1.1% update (applied to the 2008 conversion factor) in 2009.
2. MIPPA requires that budget neutrality for the physician fee schedule be achieved through adjustments to the physician conversion factor, instead of negative adjustments across relative value units (RVUs) for individual services.

As a result of the last 5-Year Review of physician work, RVUs for certain codes increased. Mandated budget neutrality requirements provide that increased payments for some codes due to relative value changes must be offset by reductions in the values of other codes. Previously CMS achieved this offset by adjusting the RVUs. Now, Congress has mandated that the adjustment be made to the conversion factor instead. While the 1.1% update was made and is

reflected in the conversion factor, the impact of the budget neutrality adjustment is greater and therefore results in an overall reduction.

The final rule includes a number of provisions in other areas including imaging, e-prescribing, anti-markup, self-referral, and PQRI. We will be reviewing the entire regulation carefully and sending out a comprehensive summary of changes that will affect oncologists, and their estimated impact.

CMS also released the Medicare 2009 Hospital Outpatient Prospective Payment final rule. The rule finalizes CMS' proposal to reduce drug payments in the outpatient department to ASP+4%. Check the ASCO website ([www.asco.org](http://www.asco.org)) for more information about both the physician fee schedule and the HOPP rule.

## **NORTHEASTERN GENITOURINARY ONCOLOGY SYMPOSIUM** **Burlington, Vermont. April 17 and 18, 2009**

The Vermont Cancer Center at the University of Vermont and Fletcher Allen in partnership with McGill University Health Centre and the Norris Cotton Cancer Center at Dartmouth Hitchcock Medical Center will be presenting the Northeastern Genitourinary Oncology Symposium (previously the Regional Urologic Cancer Update Symposium), on April 17 and 18.

In this multidisciplinary collaborative effort, genitourinary cancer experts from these three institutions will present cutting-edge information and address controversies in the appropriate evaluation and treatment of individuals with undiagnosed renal

masses, kidney, bladder, prostate and testis cancers. Dr. James A. Eastham from Memorial Sloan Kettering Medical Center will deliver the keynote address the evening of April 17, and will discuss the role of radical prostatectomy in clinically localized, high-risk prostate cancer.



This conference is designed to meet the needs of practicing urologists, medical and radiation oncologists, and other health care professionals with an interest in these disease sites. More information about the symposium and registration can be found at <http://cme.uvm.edu>.

## **DRUG SHORTAGES FOR CISPLATIN AND LEUCOVORIN**

The Food & Drug Administration (FDA) and the American Society for Health-System Pharmacists (ASHP) have recently reported a shortage of cisplatin 1 mg/mL injections. The shortage has been reported by the three manufacturers; Bedford, Teva, and APP. APP currently has some availability, and Teva is on backorder with an expected release date sometime in January 2009. At this time Bedford is backordered and no release date is being provided.

The shortage of Leucovorin remains and no additional information on the manufacturing delays or release dates have been provided by Bedford or Teva.

More detailed information on these shortages can be found at the FDA website at <http://www.fda.gov/cder/drug/shortages/default.htm#Current> and the ASHP website at <http://www.ashp.org/DrugShortages/Current/>.



## **UNITEDHEALTHCARE ANNOUNCES HERCEPTIN POLICY CHANGE** **Effective for claims submitted after 1/1/09**

*Lee N. Newcomber, MD, of UnitedHealthcare Oncology recently announced a policy change for Herceptin--the problem of patients being treated without over-expression of the HER2 gene is resolved. The official announcement follows:*

UnitedHealthcare is removing the requirement to submit a pathology report to obtain coverage for trastuzumab. This change will be effective for claims submitted after 1/1/2009.

Herceptin claims that were submitted in 2008 that are pending payment will require the submission of the pathology report showing over expression of the HER2 gene. The pathology reports should be faxed to 915-231-1970 and you should use the dedicated fax cover sheet.

Herceptin claims submitted after 1/1/2009 will continue to be subjected to two reimbursement policies that may impact the reimbursement. The National Comprehensive Cancer Network (NCCN) policy and the Maximum Dosage Edit policy both review Herceptin claims. Both of these policies are posted on the unitedhealthcareonline web site.

UnitedHealthcare launched the Herceptin policy in early 2006 based on an audit showing that 12 percent of the patients being treated with trastuzumab did not have over-expression of the HER2 gene. Our last audit in September 2008, demonstrated that less than 1 percent of the submissions failed to show over- expression.

Our medical policy hasn't changed – treatment of patients with under-expression is still inappropriate. We believe the recent audit demonstrates that this quality parameter is being followed and no longer requires the quality check.

There are other critical issues with HER2 gene expression testing. Studies show that concordance between local laboratories and a central laboratory with quality controls can be poor.[1][1] The College of American Pathology has established accreditation for HER2 gene testing, but participation in the accreditation process is voluntary. UnitedHealthcare contracts with two national laboratories, Genezyme and Lab Corporation that meet the ASCO / CAP guideline recommendations and proficiency testing for HER2. We encourage the use of laboratories that meet these standards. If you don't know the accreditation status of your current lab for HER2, we would encourage retesting, or a second opinion, from either of these laboratories for your UnitedHealthcare patients.

### **YOUR FEEDBACK IS IMPORTANT TO US**

We are interested in your feedback and suggestions. Please send your comments and suggestions for future issues to [nnecos@comcast.net](mailto:nnecos@comcast.net).

Feel free to forward this issue of NNECOS News to your colleagues who may not be current members of Northern New England Clinical Oncology Society. If you would prefer not to receive future e-mail correspondence from NNECOS, please reply to this message and type "remove" in the subject line.



“News from our Supporters” will be included in NNECOS News on a space available basis, with preference being given to supporters who have not shared news in the previous two issues. Send your submissions to [nneCOS@comcast.net](mailto:nneCOS@comcast.net).

## MERCK

### **NEW HCPCS code for EMEND for Injection Effective January 1, 2009**

- EMEND for Injection CPTb/HCPCS Code and Description (effective January 1, 2009)
  - J1453 — Injection, fosaprepitant, 1 mg
  - 96375 — Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary procedure)
- EMEND CPT/HCPCS Code and Description
  - J8501 — Aprepitant, oral, per 5 mg

## ELI LILLY

### **New Indication for ALIMTA**

FDA Grants Lilly’s ALIMTA(R) (Pemetrexed for Injection) Third U.S. Approval

- First-Line Chemotherapy Regimen Showed Clinically Relevant Survival Differences in Specific Histology Types of Advanced Non-Small Cell Lung Cancer
- FDA approves use of ALIMTA(R) (pemetrexed for injection), in combination with cisplatin, in the first-line treatment of locally-advanced and metastatic non-small cell lung cancer (NSCLC), for patients with nonsquamous histology. (*ALIMTA is not indicated for treatment of patients with squamous cell non-small cell lung cancer.*)

Prior approvals:

- In combination with cisplatin as a treatment for patients with malignant pleural mesothelioma, whose disease is unresectable or who are otherwise not candidates for curative surgery
- As a single agent for the second-line treatment of patients with locally-advanced or metastatic NSCLC after prior chemotherapy treatment.

## GSK

### **FDA Grants Accelerated Approval for Eltrombopag Tablets**

On November 20, 2008, the U.S. Food and Drug Administration (FDA) granted accelerated approval for eltrombopag tablets (Promacta®, GlaxoSmithKline Inc.) for the treatment of thrombocytopenia in patients with chronic immune (idiopathic) thrombocytopenic purpura (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. Eltrombopag is an orally-administered thrombopoietin receptor agonist that stimulates bone marrow megakaryocytes to produce platelets. Data supporting this indication were derived from a controlled clinical study of patients treated over a six week period and a single arm extension study treating patients for multiple months. Continuing and recently completed studies will assess the long term safety and clinical benefit of eltrombopag.

## GENZYME

### **FDA Approves Plerixafor (in combination with G-CSF) to mobilize hematopoietic stem cells in patients with non-Hodgkin’s lymphoma (NHL) and multiple myeloma (MM)**

On December 15, 2008, the U. S. Food and Drug Administration approved plerixafor, solution for subcutaneous injection, (Mozobil™, Genzyme Corp.) for use in combination with granulocyte-colony stimulating factor (G-CSF) to mobilize hematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplantation in patients with non-Hodgkin’s lymphoma (NHL) and multiple myeloma (MM). Full prescribing information, including clinical trial information, safety, dosing, drug-drug interactions and contraindications is available at <http://www.fda.gov/cder/foi/label/2008/0223111bl.pdf>.

**NNECOS wishes to thank all of our Supporters for their contributions in support of the mission of the society, to ensure the availability of and access to high quality oncology care in our region.**