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**ASCO Meeting and Clinical Practice Committee Summary**

_By Albert Guy Wendt, MD_

*President, The Arizona Clinical Oncology Society_

_Dear Colleagues:_

_Due to a schedule conflict, I was unable to attend the most recent CPC meeting at ASCO. Dr. Albert Wendt, President of The Arizona Clinical Oncology Society, was kind enough to grant IMOS permission to reprint his summary from that meeting for our members. We thank Dr. Wendt for his willingness to share this comprehensive article._

_Alexander Hantel, MD_

*President, Illinois Medical Oncology Society_

While at ASCO in Orlando, Florida, I represented The Arizona Clinical Oncology Society at the ASCO clinical practice committee on May 16, 2005.

Ralph M. Hall, Congressman from Texas has proposed H. Res. 261 to “ENSURE QUALITY OF CARE FOR CANCER PATIENTS”. This is to urge CMS to extend The Cancer Demonstration Project (G codes for nausea and vomiting, pain and fatigue) through 2006. It is imperative that you contact your state representative to let them know why they should support the bill. The more they hear from us, the more likely they are to support this measure. Extending the demonstration project in some form could help offset further losses we are likely to see in 2006 related to ASP, etc.

By the time you have received this newsletter, you will likely have received the launch issue of the _Journal of Oncology Practice_. This ASCO publication should help us all remain informed of the critical changes occurring in the management of our oncology practices.

CMS and Congress are working to link “quality of cancer care” and reimbursement in some capacity. This is coming in the next two to three years. Currently, the parameters to evaluate “quality of care” are amorphous and yet to be defined. There is some hint, however, that electronic medical records may be one such criteria to be considered.

Currently, the PET demonstration project appears to be in danger of never coming to fruition. There are ongoing efforts, however, to develop a user friendly and appropriate database to allow patients who do not qualify for Medicare coverage of PET scans to get these scans. The purpose of the database and demonstration project is to collect data that may help expend the indications for PET scanning on oncology patients. Once the database is developed, it will remain to be seen if the project will start.

By May 23, 2007, all medical providers will be required to use a National Provider Individual Number (NPIN) with the submission of all claims. This new number will replace your current UPIN and all other identifiers. Application for this number became available on May 23, 2005. You can apply on line at the CMS Provider Enrollment page of the CMS website: http://www.cms.hhs.gov/providers/enrollment/
IMOS MEMBERSHIP

There are 159 members in IMOS: 94 physician members, 50 associate members, 10 ancillary affiliate members and 3 emeritus members.

UPCOMING EVENTS

Fall Membership Meeting
November 9, 2005
Rosemont

2005 SPONSORS

The Society gratefully acknowledges the following companies who have contributed to the advancement of our Society. We would like to recognize and thank them for their help and support.

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REIMBURSEMENT QUESTIONS

Go to www.imos-illinois.com for answers to all your reimbursement and coding questions.

Since electronic medical records (EMR) may eventually be required, ASCO and the Clinical Practice Committee will be working with CMS to develop formats that will be pertinent to the practice of oncology. This should be important both from the standpoint of collecting the most appropriate data for our individual patient records and allowing access to useful information for clinical trials, etc.

Later this year, all oncologists will have to choose to continue to purchase part B drugs and seek reimbursement at ASP +6% or participate through a system of competitive bidding known as the Competitive Access Program (CAP). You will have the option to choose each year from October 1 to November 15, and once you have chosen that option, you are obligated to that choice for one year. This is an important decision every oncology practice will have to carefully consider to meet the needs of their individual practice. If you attended our TACOS spring membership meeting, you heard comments by Eric Berger on the pitfalls of CAP participation. It should be noted that drugs supplied through CAP will be used in the formula to calculate ASP+6%.

Surveys will soon be conducted by the RUC committee to determine the “physician work” component of RBRVS for existing codes and to consider new codes (i.e., chemotherapy management codes). This process occurs every five years. Hopefully this will result in increased value in our services.

ASCO will conduct its first annual Legislative Conference in Washington, DC on July 26th and 27th. Attendees will learn about and participate in the legislative process. The topics of discussion will focus on: QUALITY, MMA and CANCER RESEARCH. In addition, ASCO will arrange congressional appointments for all registered attendees. The registration deadline is June 17, 2005 and the registration fee is $100.

Welcome New Members

Barbara A.Barhamand, R.N. MS, ADCN
Hematology Oncology Consultants Ltd
Naperville

Sue Coffee
Central IL Hematology Oncology Center
Springfield

Lyn M. Dana Howard
Oncology Hematology Associates of Northern IL, Ltd.
Gurnee

Adrienne Farrelly
O’Reilly Medical Consultants, SC
Palos Heights

Cathy A.Griffin, R.N.
Hematology-Oncology Associates of IL, LLC
Chicago

Donna M.Krueger, R.N.
Glen Morton Medical Center
Morton Grove

Karen A. McGary, R.N., BSN
Associates in Medical Oncology, S.C.
Oak Lawn

Peter Muhlbach
North Shore Oncology-Hematology Associates, Ltd.
Libertyville

Arpana Oza
Yagnesh V. Oza, MDSC
Mount Vernon

Kimberly A. Rohan, M.S., R.N.
Edward Cancer Center
Naperville

Sandy L. Sroubek, R.N.
St. Francis Hospital
Evanston

Rick L.Welty, B.S.
Medical and Surgical Specialists, LLC
Galesburg

Cheryl Ann Wesolowski
La Grange Oncology Associates, S.C.
La Grange

Michele K. White
Hinsdale Hematology/Oncology Associates, Inc.
Hinsdale
ACCC’s 22nd National Oncology Economics Conference: Partnering to Shape the Future of Cancer Care
September 13-16, 2005

Learn how to increase practice and program efficiency, boost patient and staff satisfaction, and survive recent legislative and regulatory reimbursement changes, including ASP and the Competitive Acquisition Program.

And there’s more…Partnering is also key to success, especially in times of reimbursement restraints. Joint ventures between private oncology practices and hospital-based cancer programs are becoming increasingly popular. But be careful: One size does not fit all. Learn about partnership options and pitfalls.

Plus, you’ll have the opportunity to network with other practices and hospitals across the country via roundtable sessions and networking receptions, and visit exhibitors with the latest technologies and treatments.

ACCC’s annual economics meeting is the only national educational conference to meet the needs of providers in both private oncology practices and hospital cancer programs. So join us September 13-16 at the Doubletree Hotel & Executive Meeting Center Portland – Lloyd Center in Portland, Oregon.

Log on to www.accc-cancer.org for updates and to register online or call 301.984.9496. And don’t forget—your state society is a member of ACCC, so you qualify for the membership discount!
Resources to Use when Your Patients Cannot Afford to Pay for Prescription Drugs
By Marci Cali, Managing Director, State Society Services Consulting

A growing number of patients with whom we come in contact are working at jobs without healthcare benefits and/or are unable to purchase health insurance because the commodity far exceeds the family’s budget. In some circumstances, families with limited income that exceeds the qualifying level for government assistance, find themselves up against daunting odds when illness strikes and healthcare services and medications are unaffordable.

Doctors, nurses, pharmacists and other healthcare professionals lead the charge when it comes to finding programs that will cover medications. Generally, the physician is responsible for providing the prescription information, signing the application form and getting the application to the program sponsor. There are also patient advocacy organizations and community organizations that will help patients enroll and renew enrollment in public (state) or private prescription assistance programs. Certain applications can be completed online while others need to be sent through the mail.

Prescription Assistance Programs are not widely publicized but medical office administrators generally know that many major drug companies sponsor programs that provide assistance to patients who cannot otherwise afford medications. In addition to the pharmaceutical sponsors, there are consumer organizations and foundations that are equally as charitable and even less well known.

Each drug company and other sponsoring organizations establish their own program eligibility and enrollment process; and criteria may vary by drug within each program. Additionally, the type of assistance varies from program to program. For example, programs may supply medications for free, provide prescription drugs at a reduced cost, offer discounts on certain drugs only, or provide financial assistance to help pay insurance premiums, co-payments on doctor visits, and/or pharmacy co-payments. Patients may also qualify and receive assistance from one or more programs.

The following is a list of several resources that are available to consumers and medical professionals. Many of these resources have links to other programs and information that can assist with obtaining prescription. Some of the websites have message boards for visitors to offer support and share with others their own personal experiences.
**Drugs in the News**

**Approved Drugs**

- The U.S. Food and Drug Administration (FDA) has granted full approval to Doxil® *(doxorubicin HCl liposome injection)* for the treatment of patients with ovarian cancer whose disease has progressed or recurred after platinum-based chemotherapy. Doxil, marketed in the United States by Tibotec Therapeutics, Division of Ortho Biotech Products, L.P., originally received accelerated approval for refractory ovarian cancer in June 1999.

- Targent Inc. (Princeton, N.J.) announced that the FDA has authorized the transfer of two orphan drug designations to its lead oncology candidate, **Isovorin** (L-leucovorin) for use in the treatment of colon cancer with 5-Fluorouracil and for use in conjunction with methotrexate for osteosarcoma.

- Genta, Inc., (Berkeley Heights, N.J.) announced that **LR3001**, an antisense compound directed against a gene known as c-myb, has received orphan drug designation from the FDA for the treatment of chronic myelocytic leukemia.

- Viventia Biotech’s (Toronto, Canada) **Proxinium** has been granted orphan drug designation by the FDA for the treatment of advanced, recurrent head and neck cancer. Proxinium is a targeted therapeutic consisting of a proprietary antibody fragment conjugated with a cancer-killing payload. It targets a cell surface protein found on most head and neck cancers and has been designed to deliver a therapeutically potent anticancer payload directly to tumors, avoiding healthy, normal tissue.

- Rexahn Coporation’s (Rockville, Md.) lead product, **RX-0201**, has been granted orphan drug designation by the FDA in the treatment of people with ovarian cancer, renal cell carcinoma, glioblastoma, stomach cancer, and pancreatic cancer. RX-0201 is a first-in-class signal inhibitor that directly represses the production of Akt, a protein kinase that plays a key role in cancer progression.

- Schering-Plough Corp. (Kenilworth, N.J.) announced the FDA has granted Temodar® *(temozolomide)* Capsules approval for use in combination with radiotherapy for the treatment of adult patients with newly diagnosed glioblastoma multiforme (GBM), a form of malignant brain cancer. Concurrently, Temodar also received full approval for the treatment of adult patients with refractory anaplastic astrocytoma (AA), another form of brain tumor. Temodar received accelerated approval for AA in 1999 and is currently marketed for this indication in the United States.

- FDA grants orphan drug designation to Sonus Pharmaceuticals’ (Bothell, Wash.) **Tocosol® Paclitaxel** for the treatment of non-superficial urothelial cancer. In 2003 the drug was awarded fast track designation for the treatment of metastatic or locally advanced, inoperable transitional cell carcinoma of the urothelium. Tocosol Paclitaxel is a novel formulation of paclitaxel, a widely prescribed anti-cancer drug for the treatment of solid tumors.

- Millenium Pharmaceuticals, Inc. (Cambridge, Mass.) announced that the FDA has approved the company’s supplemental new drug application (sNDA) for **Velcade® (bortezomib) for Injection.** This approval expands the label to include the treatment of patients with multiple myeloma (MM) who have received at least one prior therapy. Velcade is the only drug therapy that has demonstrated a significant survival advantage as compared to a standard therapy in relapsed MM. Velcade is now fully approved for relapsed MM.

- The FDA has approved GlaxoSmithKline’s (Research Triangle Park, N.C.) supplemental new drug application (sNDA) for **Zofran® Injection** (ondansetron hydrochloride) to prevent nausea and vomiting associated with chemotherapy in children as young as six months of age. Zofran was previously indicated for the prevention of chemotherapy-induced vomiting in children two years of age and older.

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**Just for Administrators**

On Sept. 13, 2005, ACCC will host a special pre-conference session just for new cancer program administrators. The one-day meeting will precede ACCC’s 22nd National Oncology Economics Conference, Partnering to Shape the Future of Cancer Care, to be held Sept. 13—16, 2005, in Portland, Oregon.

Program details and registration form are available now at [www.acc-cancer.org/meetings](http://www.acc-cancer.org/meetings).
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