



Minnesota Society of Clinical Oncology (MSCO)

www.msco-minnesota.com

August 21, 2009

President's Message

It's hard to believe that summer is coming to an end and that the MSCO Membership Conference is right around the corner. This fall we will be convening at our customary Conference location—the Marriott Minneapolis City Center, on Thursday, October 22.

As is our tradition, we have planned an excellent program that will include dinner and feature two outstanding speakers. The first speaker is Lee Newcomer, MD, of United Healthcare, who will speak on the subject of "Reimbursement for Cancer Care: A Commercial Payer Perspective." The second speaker is Daniel J. Weisdorf, MD, from the University of Minnesota, whose presentation is entitled, "Oncology, Hematology, and Bone Marrow Transplants." Both presentations involve topics of great interest to the oncology community, and I know you won't want to miss them.

The fall Membership Conference is the second one MSCO has sponsored this year. The first one took place on March 12 and was very well attended by the membership. It also included two fantastic speakers on cutting-edge issues: Michelle Weiss of Weiss Oncology Consulting who spoke on "Consultation vs. New Patient Visit: Are You Billing Correctly?" and Dr. Timothy Sielaff of the Virginia Piper Cancer Institute who spoke to us on

"Surgical Management of Liver Metastases." Thanks to those of you who attended this Conference, and I hope you will join us again in October.

At its meeting in March, the Board of Directors voted to make a donation to Minnesota's Angel Foundation. The amount of \$10,000.00 was contributed on behalf of the membership. You will be hearing from the Board this fall asking for ideas of other worthy causes in Minnesota that support or benefit cancer patients and/or their families. I hope you will share your ideas with us.

On a final note, next month you will receive a ballot to elect new members of the Board of Directors. Please mark the ballot and return it by the designated deadline.

I hope you've had a great summer. Mark your calendars now for the fall Membership Conference—I look forward to seeing you in Minneapolis on October 22.

Sincerely,
Amy Spomer, MD



A Hot, Busy Summer is Predicted for Healthcare

The summer of 2009 is turning out to be one of the busiest for healthcare-related issues that we have seen in a long time. Everything from healthcare reform to regulatory updates to changes in commercial reimbursement is on the radar screen. The following is a short list of some of the hot issues ACCC is working on this summer:

Healthcare Reform

Congress has adjourned for its August recess, but is still actively working on a number of versions of a healthcare reform bill that it hopes to pass by the end of the year. This is a short timeframe in which to work, and despite the setbacks earlier over the high cost of the reform plans and the specifics surrounding the public plan, Congress is still attempting to abide by

this framework. The reform efforts are expected to cover more of the uninsured and underinsured in the US, while at the same time trimming other areas of Medicare in the hope of saving some money.

Other Healthcare-Related Bills

There are a number of other healthcare- and oncology-related bills that are taking a back burner to healthcare reform right now. The Kennedy Cancer Care ALERT Act is one such bill, which will not be addressed until healthcare reform is finished. Efforts are being made to include other bills, such as S. 1221 and H.R. 1392, that would remove the prompt pay discount from the Average Sales Price in the larger healthcare reform bill, since no stand alone, smaller issue health bill is likely to pass this year outside of the more encompassing healthcare reform bill. We hope that an SGR fix also is included in healthcare reform, but if not, a separate SGR bill will likely happen by the end of the year.

Regulatory Updates

CMS recently released rules for hospital outpatient departments and the physician fee schedule. ACCC has summarized the rules and these are available to all ACCC members and OSSN State Societies on the ACCC website. Drug and administration reimbursement, evaluation and management reimbursement, and imaging rates are all determined by these rules. The drug and drug administration rates in the Hospital Outpatient Department are proposed to remain about the same, while drug administration may see major cuts in the physician office setting. Medical Oncologists are facing a 6 percent reduction next year and Radiation Oncologists may face a 19 percent cut. ACCC is working with the State Societies and other advocacy groups to halt these cuts.

Private Payer Challenges

Members are reporting an increase in the number of reimbursement challenges they are facing with private payers. The trend seems to be an increase in the number of prior authorizations required for both medical and radiation oncology. In addition, payers seem to be reducing reimbursement in other areas. Please email me at mfarber@accc-cancer.org about any issues you are having with private payers.

Matthew Farber, MA
Manager, Provider Economics and Public Policy,
ACCC

Interaction with Industry: Different Focus, Increased Value

Although the healthcare landscape is in the midst of change, corporate alliances between the oncology state societies, pharmaceutical companies, and other support organizations continue to be valuable and mutually beneficial for everyone. The new PhRMA guidelines and current economic conditions have all contributed to investigating new areas of support,



reevaluating approaches to funders, and using different techniques to navigate grant preparation and submission, where the process seems to be evolving.

TOPS continues to revise the way of rethinking about its programs and collaboration with industry partners. We are now renaming the exhibit hall and calling it the Resource Center with the aim that it will become more about education and information and less about the "selling" of products.

As a medical association, we need to remind everyone that the interaction with manufacturers provides insight, education about their current products, their pipeline, and their patient assistance programs. Our supporters, in turn, have the opportunity to tell their story and hopefully help us solve quandaries and provide the best possible cancer options for patients. See you in the Resource Center!

Linda Jackier Schugar
Manager, Corporate Relations
lschugar@acc-cancer.org

Drugs in the News from MSCO's Corporate Partners*

Novartis (East Hanover, N.J.) announced that the Food and Drug Administration (FDA) has approved **Afinitor® (everolimus)** tablets for patients with advanced renal cell carcinoma (RCC) after failure of treatment with Sutent® (sunitinib) or Nexavar® (sorafenib). The drug is intended for those patients with advanced RCC who have already tried another kinase inhibitor, Sutent or Nexavar. For more information, go to: <http://www.afnitor.com/index.jsp?site=PC013498&source=01030&irmasrc=ONCWB0046>. (*Oncology Issues*, May/June 2009)

Eli Lilly and Company (Indianapolis, Ind.) announced that the company received a fourth approval from the U.S. FDA for **Alimta® (pemetrexed for injection)**. The latest approval is for Alimta as a maintenance therapy for locally advanced or metastatic non-small cell lung cancer (NSCLC), specifically for patients with a nonsquamous histology whose disease has not progressed after four cycles of platinum-based first-line chemotherapy. Alimta is not indicated for treatment of patients with squamous cell NSCLC. For more information, go to: <http://www.alimta.com/pat/index.jsp>.

Genentech Inc. announced that the U.S. FDA has approved **Avastin® (bevacizumab)** plus interferon- α for people with metastatic renal cell carcinoma. The approval is based on data from a global, randomized, double-blind, placebo-controlled Phase III study (AVOREN) of 649 patients with previously untreated metastatic renal cell carcinoma. The study showed patients who received Avastin plus interferon- α had a 67 percent increase in progression-free survival (PFS) compared with patients receiving interferon- α plus placebo. For more information, go to: <http://www.gene.com/genel/news/press-releases/display.do?method=detail&id=12307>.

New label information on the cancer treatment **Erbix® (cetuximab)** will state there is no evidence the drug works on a minority of colon cancer patients with a specific genetic mutation. Eli Lilly and Company and Bristol-Myers Squibb Company

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Mark Wilkowske, MD, Park Nicollet Clinic

announced that the addition to the drug's label will state that studies have not shown that Erbitux helps patients whose tumors have a mutated gene, or biomarker, called KRAS. Amgen Inc. announced a similar label change for its cancer drug Vectibix® (panitumumab). For more information, go to: http://www.acc-cancer.org/mediaroom/media_newsfeed.asp#labelchange.

*MSCO Corporate Partners (as of 6/30/09)

Gold

Abraxis BioScience

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Thank you for the value you add to MSCO!

MSCO Upcoming 2009 Events

Fall Membership Conference:
Thursday, October 22,
Marriott Minneapolis Civic Center

For more information about
Minnesota Society of Clinical Oncology (MSCO)
go to: www.msc-minnesota.com
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