



FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST – June 18, 2008

MESSAGE FROM FLASCO PRESIDENT: Robert Cassell, MD

Last weekend I had the opportunity to attend the annual meeting of the Florida Society of Gynecologic Oncology (FSGO) at Longboat Key and make a presentation on behalf of FLASCO entitled "Current Issues in Cancer Care in Florida." Several of the FSGO members are FLASCO members, and others expressed an interest in joining FLASCO. I think that this was a positive event for FLASCO, and I hope that it will be a model for us as we try to develop closer ties with other organizations and individuals involved in cancer care.

FLASCO Executive Director on Vacation

Dorothy Green Phillips, FLASCO Executive Director, will be on vacation from June 19 to July 7, 2008. During this time limited assistance will be provided by Jamie VanHooser, the new FLASCO assistant. **The next weekly fax blast will be sent out on July 9.** In the event there is an extremely important issue arising during this period of time, it will be communicated to you by e-mail. –

Contact Information –

A number of important correspondence is being returned to the FLASCO office due to incorrect contact information. Please keep the FLASCO Office advised of any changes to your contact information (mailing address, telephone number, fax number and e-mail address). **If the office does not have your e-mail address, you are missing many important communications.**

PROGRAM COMMITTEE: Rogerio Lilenbaum, MD, Chairman

Mid-Level Statewide Oncology Conference

As part of the 2008 ASCO State Affiliate Grant, a Statewide Oncology Conference for Mid-Levels will be held in Tampa on March 20, 2009. Also, as part of this grant, a survey will be sent to all identified mid-levels working in the oncology field this week. All are encouraged to complete the survey – this is extremely important as it will help us identify how FLASCO can increase benefits to mid-level positions. In addition, if you have not provided contact information for mid-levels in your practices, please provide this info to the FLASCO Executive Director ASAP.

CLINICAL PRACTICE COMMITTEE: Tom Gaddis, MD, Chairman

PQRI Reporting

Bobbi Buell has put out an update on PQRI Reporting for those of you who are participating or plan to participate. The update is included with this fax blast.

CMS Notable Updates:

Please check your e-mail for important information that was e-mailed to FLASCO members last night.

DRUG/INDUSTRY UPDATES:

Bortezomib (Velcade) has been accepted by the American Hospital Formulary Service Drug Information (AHFS-DI) drug compendium as 1) front-line therapy for newly diagnosed multiple myeloma ineligible for stem cell transplant, and 2) induction therapy for newly diagnosed multiple myeloma patients undergoing an autologous stem cell transplant. The oncology determination table is available online. <http://www.ashp.org/ahfs/off-label-uses/Bortezomib.pdf>
AHFS-DI is published by the American Society of Health-System Pharmacists (ASHP).

Azacitidine (Vidaza) has been accepted by the AHFS-DI drug compendium as treatment for: 1) acute myelogenous leukemia with multilineage dysplasia (previously RAEB-t), and 2) untreated acute myelogenous leukemia in elderly patients (older than 60 years) who are not considered eligible to receive conventional induction therapy, as defined by a poor performance status or evidence of a clinically important comorbidity. The oncology determination table is available

online. <http://www.ashp.org/ahfs/off-label-uses/azacitidine.pdf> AHFS-DI is published by the American Society of Health-System Pharmacists (ASHP).

CMS UPDATES:

Latest National Provider Identifier Update - Some physician practices facing NPI deactivation

In an effort to ensure that the data submitted to the National Plan and Provider Enumeration System (NPPES) for organization health care providers is accurate, the Centers for Medicare & Medicaid Services (CMS) initiated an NPPES – Internal Revenue Service (IRS) data match to ensure that the legal business name (LBN) and employer identification number (EIN) in NPPES are consistent with IRS data.

This week, CMS will mail out letters to organization health care providers that have an EIN/LBN combination in NPPES that is different from the information maintained by the IRS. These letters request that the health care providers review and update their LBN and/or EIN in NPPES. **If health care providers cannot furnish data that is consistent with the IRS, their national provider identifier in NPPES will be deactivated.** CMS will continue to match these health care provider data in NPPES against IRS data to ensure the accuracy of NPPES data.

Physician practices should take immediate action to address any mismatch. Where practices do not respond to the request, the agency intends to deactivate those National Provider Identifiers (NPIs). If additional information is needed to comply with the request, practices should respond within 15 days to notify CMS of their progress towards remedying the mismatch.

To ensure that your organization's LBN in the NPPES matches the one on file with the IRS, **review** your organization's information. Physician practices can also contact the NPI Enumerator at 800.465.3203.

If you do not know the exact LBN that the IRS has on file, you can generally find out by checking IRS paperwork, such as, a CP-575, a quarterly tax-payment coupon or other IRS correspondence that contains this data. You can also request a verification letter (IRS 147C) from the IRS that identifies the LBN associated with your group's employer identification number.

NEED MORE INFORMATION?

Still not sure what an NPI is and how you can get it, share it and use it? More information and education on the NPI may be found through the CMS NPI page www.cms.hhs.gov/NationalProvIdentStand on the CMS Web site. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or can call the NPI enumerator to request a paper application at 1-800-465-3203. Having trouble viewing any of the URLs in this message? If so, try to cut and paste any URL in this message into your Web browser to view the intended information.

Note: All current and past CMS NPI communications are available by clicking "CMS Communications" in the left column of the www.cms.hhs.gov/NationalProvIdentStand CMS Web page.

http://www.floridamedicare.com/Reference/Help_and_Resources/NPI/128760.asp

HHS UPDATES:

HHS selects 12 communities for electronic health record demo

The Department of Health and Human Services (HHS) named 12 communities to participate in a national Medicare demonstration project that provides incentive payments to primary care physicians for using certified electronic health records (EHRs) to improve the quality of patient care. CMS will implement the project in two phases. Work with partners in Phase I communities will begin in the coming months and will include developing site-specific recruitment strategies. Recruitment of physician practices will start in the fall. These activities will begin in Phase II communities in 2009.

The communities are: Alabama; Delaware; **Jacksonville, Fla.;** Georgia; Maine; Louisiana (Phase I); Maryland/Washington, D.C. (Phase I); Oklahoma; Pittsburgh (Phase I); South Dakota (Phase I); Virginia; and Madison, Wis.

Access more [information](#) on the project, including the application form.

http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008_Electronic_Health_Records_Demonstration.pdf

Read the HHS EHR Demo [Fact Sheet](#). <http://www.hhs.gov/news/facts/20080131c.html>

AVAILABLE CLINICAL TRIALS:

UFPTI 0609-PC01: A Study Using Photon/Proton Beam Radiation Therapy and Chemotherapy for Unresectable Carcinoma of the Pancreas

Detailed Description:

Chemotherapy Capecitabine (Xeloda ®) 1,000 mg PO BID (approx. Q12 hrs) 5 days/week (M-F) starting day 1 of RT until end of RT, on radiation days only.*

Regional RT Gross tumor and regional lymph nodes at risk 45 Gy in 25 fractions at 1.8 Gy per fraction over 5 weeks.

Concomitant Boost Primary mass and gross disease 22.5 CGE in 15 p.m. fractions during the last 3 weeks of regional RT.

Consolidation Chemotherapy Gemcitabine (Gemzar ®) 1,000mg/m² IV over 30 min on days 1, 8, and 15 of each 28 day cycle for 4 total cycles (12 total doses)*. Starting 4 weeks after the completion of RT/Xeloda.

required PPI and Imodium per section 6.4.1

Photons via IMRT 45 Gy @ 1.8 Gy per a.m. fraction

Proton Boost 22.5 CGE @ 1.5 CGE per p.m. fraction during weeks 3-5 of RT At least 6 hrs after a.m. fraction

Contact Info: University of Florida **Proton** Therapy Institute
Jacksonville, Florida, United States, 32206
Contact: Amanda D Prince, RN 904-588-1298 aprince@floridaproton.org
Contact: Cindy L Carroll (904) 588-1288 ccarroll@floridaproton.org
Principal Investigator: Felicia E Snead, MD

LUNG CANCER GRANT OPPORTUNITY

The National Lung Cancer Partnership announces the opening of the application period for two award programs:

National Lung Cancer Partnership/ LUNGevity Foundation Research Grants for the promotion of understanding lung cancer risk, biology, and response to treatment. This grant program, administered by the National Lung Cancer Partnership and co-funded with the LUNGevity Foundation, is designed to provide seed money for promising novel research in lung cancer for faculty members at any point in their careers, performing research at any institution world-wide.

Two grants are available:

- One is specifically for research in the area of sex differences in lung cancer.
- One is for research pertaining to any facet of lung cancer.

Research Grants will be awarded for one or two years, for up to \$50,000 per year (\$100,000 maximum over 2 years).

National Lung Cancer Partnership Career Development Award for junior clinical and basic investigators involved in lung cancer etiology, prevention, and treatment at any U.S. or Canadian research institution. The National Lung Cancer Partnership's goal is to create a critical mass of lung cancer researchers to ensure that basic and behavioral research discoveries are effectively translated into patient therapies to reduce lung cancer incidence, morbidity and mortality. Applicants will be judged on the merits of their research proposal, career development plan, and research environment, among other factors. Applicants must be post-doctoral fellows, or within the first five years of a faculty appointment. Career Development Awards will be awarded for one or two years, for up to \$50,000 per year (\$100,000 maximum over 2 years).

For application eligibility and instructions for these Grant & Award competitions, please visit the National Lung Cancer Partnership website at www.NationalLungCancerPartnership.org. Application deadline is **September 2, 2008**.

EDUCATIONAL OPPORTUNITIES:

JOIN A LIVE, INTERACTIVE WEBCAST: - Nexavar in the Treatment of Patients with Unresectable Hepatocellular Carcinoma (HCC)

Bayer HealthCare Pharmaceuticals Inc. and Onyx Pharmaceuticals Inc. welcome your participation in a live, online event. This is a unique, interactive opportunity to learn more about exciting developments in the treatment of patients with unresectable HCC. This educational opportunity is available commencing June 17, 2008 – through August 13, 2008.

EDUCATIONAL OBJECTIVES

- Learn about the incidence, prevalence, and risk factors for HCC
- Discuss the Sorafenib HCC Assessment Randomized Protocol (SHARP) study design
- Review the final SHARP study data for Nexavar—the first and only systemic treatment approved for patients with unresectable HCC

To register for this promotional event, contact your Bayer or Onyx Oncology Specialist or log on to <http://www.pharmethod.com/bayeronyx/register> and follow the instructions on the link. Please feel free to direct any questions to the Bayer/Onyx PharmaCAST Program Manager at **1-866-606-0768**.

ImClone Systems Incorporated

Web based reimbursement updates available.

1. "2008 Washington Update" authored by Dr. Joseph Bailes, M.D.
2. "2008 Reimbursement and Coding Changes" authored by Bobbi Buell

If you are interested in having an ImClone representative visit your office and present one or both of these programs, please contact Bob Bexley at Bob.Bexley@imclone.com or call 770-331-4453.

DISCLAIMER: FLASCO has not reviewed these programs and “any views presented are not the views of FLASCO”

CORPORATE MEMBERSHIP/SPONSORSHIP: (January 1 – December 31, 2008)

FLASCO Members extends a big thanks to all of our 2008 Corporate Members/Sponsors

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FLASCO EVENTS:

August 8-9, 2008 – FLASCO Executive Committee Retreat – Marriott World Center Hotel - Orlando

November 7-8, 2008 – FLASCO Fall Meeting – Tampa Airport Marriott Hotel

January 17-18, 2009 – Clinical Breakthroughs & Challenges in Hematologic Malignancies – Grand Floridian Resort – Lake Buena Vista

February 6 & 7, 2009 – Highlights of ASH - Miami

February 27 & 28, 2009 – FLASCO Spring Meeting – Marriott Sawgrass – Jacksonville

March 20, 2009 – Statewide PA & NP Conference, Moffitt Cancer Center - Tampa

FLASCO Contact Information: Dorothy Green Phillips, Executive Director -3709W. Jetton Ave., Tampa, Florida 33629 - Tel: 800.444.1410, Ext. 4410 - Cell Phone: 813.294.2620 - Fax: 813.349-4410 or 813.349.4472
Email: Dorothy.Green@cancer.org

OTHER EVENTS:

September 17-20, 2008 – ACCC 25th National Oncology Economic Conference – San Francisco, California

September 19-20, 2008 - Annual ASCO/ASH/SGO Meeting of the Hematology/Oncology CAC Network

September 25-28, 2008 - Oncology Congress - the Hilton San Francisco

October 19-22, 2008 – MGMA 2008 Annual Conference – San Diego

December 6-9, 2008 – ASH Annual meeting – San Francisco

February 26-28, 2009 – ASCO - GU Symposium, Orlando World Center Marriott

March 22-24.2009 - 2009 AOHA Assembly Conference – Los Angeles, California

PQRI REPORTING: (Source: Bobbi Buell)

Please read this carefully, **if you planned on reporting PQRI measures starting July 1, 2008**. Medicare published Transmittal #355, Change Request 6104, dated June 13, 2008. **This clarifies that you may only report from July 1-December 31 using one of the NEW PQRI submission methodologies**. Since these are not Oncology-specific, **it may not be possible for many of you to start July 1, 2008**. **Read the fine print here and decide what you want to do**.

When CMS first published this information, they stated that they were opening up the reporting periods, but further clarification from CMS in Washington demonstrates that they were not being that generous.

PQRI CLARIFICATION:

On April 17, 2008, CMS posted a news article with the headline "Physician Quality Reporting Initiative (PQRI): Important New Program Changes Make It Easier than Ever to Participate!". As usual, CMS was not making anything easier. This news article stated that there was an alternative reporting period and announced new mechanisms for reporting. Many folks read this and believed that there were both: new reporting mechanisms and the ability to start reporting July 1. That was incorrect. **You must use one of these new mechanisms to qualify for the new reporting period. Otherwise, unless you are using a the new claims groups or a registry, the reporting period started January 1.**

To clarify this point, CMS released a new transmittal (Transmittal #355, CR 6104, dated June 13, 2008) stating the PQRI reporting requirements starting July 1, 2008 and becoming effective July 7, 2008. It clearly states the difference between what you can report starting January 1 and what you can report starting July 1, 2008. This was also clarified in the CMS conference call May 29, 2008.

There are two new ways to report starting July 1, 2008. They are:

- **Through a Medicare-certified registry (interesting that registries will not be named until 8/31/2008) OR**
- **Through claims reporting groups. There are only groups for diabetes mellitus, End Stage Renal Disease, Chronic Kidney Disease, or Preventive Care (includes many different measures). *If you are in a multi-specialty practice, you might look at these options on the CMS website.***

The only other way you can start reporting now is to choose measures (and there are 60--but I have provided the Hem-Onc below--but there may be many others that you choose to use) that only require PQRI measures once per reporting period (for this year, that is 1/1/08-12/31/08). So, what you need to do is to search by diagnosis plus included procedure codes and make sure that **you can still make at least 3 at 80% of your volume** by reporting from now until the end of the year. Here are the once per year measures in Hem-Onc with abbreviated descriptors. Please read the coding guidelines in detail before you start reporting them:

- Measure #67-MDS Baseline Cytogenetic Testing
- Measure #68-MDS Erythropoetin Documentation of Iron Stores
- Measure #69-Multiple Myeloma Biphosphonate Therapy
- Measure #70-CLL Baseline Flow Cytometry
- Measure #71-Breast Cancer Stages on Tamoxifen/AIs
- Measure #72-Colon Cancer Stage III Chemotherapy
- Measure #73-Chemotherapy Plan Documented Before Chemotherapy (limited by type of cancer)
- Measure #74-Radiation Oncology in Breast-Conserving Surgery
- Measure #101-Prostate Cancer Evaluation