



## **FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST – August 6<sup>th</sup>, 2008**

### **MESSAGE FROM FLASCO PRESIDENT: Robert Cassell, MD**

The FLASCO Executive Committee retreat is being held at the Marriott World Center Hotel on August 8 & 9, to develop strategic planning for the next three years for FLASCO – more will be available following this meeting. We're looking forward to seeing all Executive Committee Members at this meeting.

### **CLINICAL PRACTICE COMMITTEE: Tom Gaddis, MD, Chairman**

#### **FDA orders labelling changes for Aranesp, Procrit**

As everyone knows by now – the FDA has ordered labeling changes for ESAs. Included with this fax blast is a summary of all of the info FLASCO has received from various sources on this topic – we will keep you updated as other information becomes available.

### **DRUG/INDUSTRIAL UPDATES:**

#### **Polyphenon**

Polyphenon Pharma (New York, N.Y.) announced that the FDA has granted orphan drug designation to its botanical drug, Polyphenon E®, for the treatment of chronic lymphocytic leukemia (CLL). A Phase II Study is currently underway at the Mayo Clinic in Rochester, Minn., where researchers are studying the effects of an oral daily dose of Polyphenon E in CLL patients. Polyphenon E contains highly characterized catechins that are extracted from green tea leaves through a proprietary process. The primary catechin in Polyphenon E, epigallocatechin gallate (EGCG), has been shown to affect many processes in the body related to abnormal cellular activity that can lead to cancer.

#### **Velcade**

Millennium Pharmaceutical has announced that the FDA has approved Velcade® (bortezomib) for injection for patients with previously untreated multiple myeloma. The current approval was based on an international, multicenter, open-label, active-control trial in previously untreated patients with symptomatic multiple myeloma.

#### **Sprycel™ 100 mg tablet**

The U.S. Food and Drug Administration (FDA) has granted Bristol-Myers Squibb (New York, N.Y.) approval of a Sprycel™ 100 mg tablet. The new tablet supports the recently FDA-approved Sprycel 100 mg starting dose for chronic phase chronic myeloid leukemia treatment. The new tablet was available the first week in July.

### **FCSO UPDATES:**

#### **CR 5971 Clarification – Signature Requirements**

**Effective Date:** N/A - **Implementation Date:** N/A

#### **SUMMARY**

The Centers for Medicare & Medicaid Services (CMS) has taken this step to ensure accurate application of Medicare's program requirements throughout the nation. Key points in this article include:

- the use of stamped signatures is prohibited.
- these requirements are intended to apply all providers/suppliers.
- stamped signatures are not acceptable on any medical record.
- hand written, electronic signatures or facsimiles of original written or electronic signatures are acceptable.

In addition, compliance information for the Medicare Conditions of Participation (CoP) is provided.

Additional information is available on the CMS Web site. Here is the link to the MLN Matters article [SE0829](#)

#### **HHS Takes New Steps to Accelerate Adoption of Electronic Prescribing**

**MEDICARE PAYMENTS FOR SUCCESSFUL ELECTRONIC PRESCRIBERS, REPORTING QUALITY DATA ARE IMPORTANT STEPS TOWARD A VALUE-DRIVEN HEALTH CARE SYSTEM**

Medicare is starting a new program to encourage physicians to adopt e-prescribing systems. Incentive payments will be available beginning in 2009 for physicians who meet the requirements of the program. The initiative is part of the administration's broader efforts to accelerate the adoption of health IT and the establishment of a health care system based on value.

Beginning in 2009, and during the next four years, Medicare will provide incentive payments to eligible professionals who are successful electronic prescribers. Eligible professionals will receive a 2 percent incentive payment in 2009 and 2010; a 1 percent incentive payment in 2011 and 2012; and a one half percent incentive payment in 2013.

Beginning in 2012, eligible professionals who are not successful electronic prescribers will receive a reduction in payment. Eligible professionals may be exempted from the reduction in payment, on a case-by-case basis, if it is determined that compliance with requirement for being a successful prescriber would result in significant hardship

**FDA UPDATES:**

**FDA Clears Test That Helps Identify Type of Cancer in Tumor Sample**

FDA has cleared for marketing a test that can help health care professionals determine what type of cancer cells are present in a malignant tumor. The Pathwork Tissue of Origin test compares the genetic material of a patient's tumor with genetic information on malignant tumor types stored in a database. The test considers 15 common malignant tumor types, including bladder, breast, and colorectal tumors. <http://www.fda.gov/bbs/topics/NEWS/2008/NEW01870.html>

**FDA announces new policies for the management of advisory committees - Source: First Word – August 4<sup>th</sup>, 2008**

The FDA has announced new policies and procedures designed to strengthen the management of its advisory committees. The new measures include final guidance on conflict-of-interest policies and eligibility as well as voting procedures. Under the new guidelines, experts are prohibited from sitting on an advisory committee if they or certain members of their immediate family hold more than a \$50 000 stake in a company whose product is under review. Those with lesser financial involvement need a waiver from the FDA, which will only be granted "to afford the committee essential expertise."

Furthermore, the agency stated that committee members will now vote on issues simultaneously during meetings rather than sequentially, in order to avoid members being influenced by preceding votes. In draft guidance, the regulator proposed considering three factors to determine whether to voluntarily refer a matter to an advisory committee. The preliminary guidelines also suggest that "for all first-of-a-kind or first-in-class products for human use, FDA either refer the product to an advisory committee or provide in the action letter for that product a summary of the reasons why it did not refer the product to an advisory committee before approval."

The FDA said the new guidance aims to make the "process for seeking advice from independent experts as open, public and transparent as possible." The agency originally proposed changes to the management of its advisory committees in 2007.

**EDUCATIONAL OPPORTUNITIES:**

**THE EFFICIENT ONCOLOGY PRACTICE WEBCAST**

US Oncology has invited FLASCO members to participate in their Oncology Practice Education Series Webcast on Thursday, August 21<sup>st</sup>, 2008 at 3:00pm (Eastern Standard Time), called "The Efficient Oncology Practice." For more information or to register for this event, please go to <http://www.opspharmacist.com/opes>.

**GERIATRIC ONCOLOGY CONSORTIUM**

FLASCO Member, Dr. Lodovico Balducci, invites you to participate in the "Advancing Cancer Care in the Elderly" (ACCE) Conference that will be held at One Ocean Resort Hotel in Atlantic Beach, FL on September 11-13, 2008. Dr. Balducci states that considering the importance of the issue in our State this conference could not be more "a propos." In addition, this could be a unique opportunity to network with other individuals involved in the Geriatric Oncology Consortium and in clinical trials in older cancer patients. Please note that there will also be a program for nurses that may be of value to members of your staff. For additional info please visit: [www.thegoc.org](http://www.thegoc.org)

## **FOURTH ANNUAL ONCOLOGY CONGRESS:**

FLASCO is one of the co-sponsors of the Fourth Annual Oncology Congress which will be held September 25-28, 2008, at the Hilton San Francisco. If you are interested in receiving a copy of the Final Program Information please contact the FLASCO Executive Director and she will be glad to send you a copy.

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

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

### **PLATINUM**

Astra Zeneca  
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US Oncology  
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OSI Pharmaceuticals  
Millennium Pharmaceuticals, Inc.

### **BRONZE**

Boehringer Ingelheim  
Pharmaceuticals, Inc.  
Alexion  
Genzyme

## **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

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## **OTHER EVENTS:**

September 11-13, 2008 – One Ocean Resort, Atlantic Beach, FL – ACCE Advancing Cancer Care in the Elderly Conf

September 12-13, 2008 - The Palmer House Hilton – Chicago - 2008 ASH State-of-the-Art Symposium (SAS)

September 17-20, 2008 – ACCC 25<sup>th</sup> 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

## ESA UPDATES

### ESA Labeling Changes...Lots of Unknowns (Source: Bobbi Buell)

As anticipated, the Food and Drug Administration (FDA) has finally issued changes to ESA labeling. These changes are a direct result of the March, 2008 meeting of the Oncologic Drugs Advisory Committee (ODAC) and heated negotiations between FDA and the manufacturers (Amgen and Johnson & Johnson). They could not fully resolve labeling differences and, as a result, the FDA invoked its authority to make the final decision about future labeling for ESAs.

The major changes to the labeling are:

ESAs are not indicated for patients receiving chemotherapy when the "anticipated outcome is cure". What this means is unclear. There is no obvious way that insurers can ascertain this from claims data. Thus, in terms of label compliance, how you will represent this in billing is anybody's guess.

ESA therapy should not be initiated when hemoglobin levels are  $\geq 10$  g/dL. This is consistent with many guidelines, including Medicare's NCD.

References in the labeling to an upper limit of 12 g/dL have been removed. The FDA does not believe that this upper limit is supported by evidence.

The FDA did not follow the ODAC recommendations to limit ESA in head and neck and metastatic breast cancers.

Amgen, as the originating company of both ESAs and, thus, responsible for the ESA label, has either 5 days to appeal the FDA changes or 15 days to submit the revised label incorporating the changes to FDA. Because this process has gone on for months, it is unlikely that the changes will be appealed and that the labeling changes will become effective, once the appeal period expires or the final label is approved.

Additionally, the manufacturers must submit a draft Risk Evaluation and Mitigation Strategy (REMS) to the FDA by August 20, 2008. REMS might include a Medication Guide outlining the risks and benefits of use, a patient-friendly package insert, a communication plan evidencing that factors to assure safe use have been relayed effectively to the patient, and a verification system assuring provider compliance, along with a timetable for assessment of the REMS. If you have given thalidomide or lenalidomide, then you have an idea how these programs work.

At this time, payer policies, including Medicare, are not yet known. Stay tuned for further developments...

Additional information can be obtained by going to the FDA web site at <http://www.fda.gov/cder/drug/infopage/RHE/default.htm>. Here you can see the FDA letters, corrections to the package inserts for both drugs, and other information.

### ESA UPDATE (Source ASH)

On July 30, 2008, the Food and Drug Administration (FDA) ordered changes in the label for erythropoietin-stimulating agents (ESAs). These changes respond to recommendations made by the FDA's Oncologic Drugs Advisory Committee (ODAC) on March 13 of this year. They represent the first time the FDA has used its recently-granted authority to order changes in drug labels, rather than to negotiate with pharmaceutical companies over proposed alterations.

The label updates to the three ESAs currently on the market (Aranesp, Procrit and Epogen) alter the previous labeling in two critical ways:

First, the FDA said the drugs should not be used with patients who are expected to be cured of cancer. Amgen, the principal manufacturer of these agents, had pressed for language that would allow for the use of ESAs in cancer patients who are expected to be cured, but who cannot receive blood transfusions.

Second, the changes advise that ESA therapy should not begin when a patient's hemoglobin levels exceed or equal 10 g/dL. These restrictions were added due to concerns about possible shortened survival, increased disease progression, or thrombotic events in some patients.

The label changes are consistent with the Centers for Medicare and Medicaid Services' (CMS) national coverage decision (NCD) of July 30, 2007, which denies reimbursement for the use of ESAs at hemoglobin levels greater than 10 g/dL. CMS has indicated that there are no plans at this time to reopen the NCD. The revised label does not address use of ESAs in patients with myelodysplasia. ASH has had much success working with local carrier to ensure that insurers allow coverage for MDS patients.

The new label changes will mostly impact adjuvant therapy for breast and colon cancer. For hematology, the impact will be felt in the treatment for Hodgkin's disease, intermediate grade lymphoma, and mantle cell lymphoma where physicians have curative intent. In these cases, we can expect to see a possible increase in transfusions.

A copy of the "ASH-ASCO 2007 Clinical Practice Guideline Update on the Use of Epoetin and Darbepoetin" is available in ASH's scientific journal, Blood.

### **COA UPDATE**

As we announced yesterday, the Food and Drug Administration (FDA) has ordered changes to ESA labeling. These changes came about as a result of the March recommendations of the Oncologic Drugs Advisory Committee (ODAC) and after months of negotiations between the manufacturers (Amgen and J&J) and the FDA. Because the FDA and the manufacturers could not completely agree on labeling changes, the FDA invoked its new authority to order changes to the labeling. This is significant because it is the first time that the FDA is exercising this authority.

First, the major changes to the labeling are as follows:

ESAs are not indicated for *patients receiving chemotherapy when the anticipated outcome is cure*.

ESA therapy should not be initiated when hemoglobin levels are  $\geq 10$  g/dL.

References in the labeling to an upper limit of 12 g/dL have been removed.

Referencing the last two bullets, the FDA asserts that the manufacturers have not provided evidence from studies demonstrating that the benefits outweigh the risks of initiating ESA therapy at a hemoglobin level  $\geq 10$  g/dL and maintaining a level above that needed to avoid transfusions.

The FDA did not follow the ODAC recommendations to limit ESA in head/neck and breast cancers.

We understand that these changes are confusing and present many questions related to how to practically treat patients. The Community Oncology Alliance (COA) will be providing additional insight and commentary.

Second, what now happens is that Amgen, as the owner of the ESA label, has either 5 days to appeal the FDA changes or 15 days to submit the revised label incorporating the changes to FDA. It is likely that the changes will not be appealed and that the labeling changes will become effective shortly.

Third, the manufacturers must submit a draft *Risk Evaluation and Mitigation Strategy* (REMS) to the FDA by August 20, 2008. A REMS can include a Medication Guide outlining the risks and benefits of use, an easy to read and understand patient package insert, a communication plan evidencing that the elements to assure safe use have been relayed effectively to the patient, and an implementation or verification system assuring provider compliance, along with a timetable for assessment of the REMS.

COA recently held a webcast with over 600 participants to discuss the background behind the anticipated labeling changes and the REMS. Additionally, COA will review and report on the creation and/or modification of

national and local coverage determinations by the Centers for Medicare & Medicaid Services (CMS) and private payers, as they are posted. Our intent is to help practices understand these changes and any new requirements.

Additional information can be obtained by going to the FDA web site at <http://www.fda.gov/cder/drug/infopage/RHE/default.htm> and viewing the materials referenced at the bottom of the FDA release.