

# ONCOLOGY TIMES

Publishing for 28 Years

www.oncology-times.com

Lippincott Williams & Wilkins  
a Wolters Kluwer business

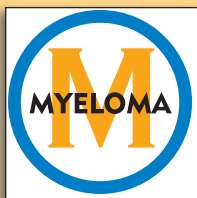
THE NEWS CENTER FOR THE CANCER CARE TEAM



## Crisis in Cancer Research Funding

At AACR Meeting, Many Express Alarm at Budget Cuts, Saying This Is Not Just a Case of 'Been There Before But Bounced Back'

Page 15



**Myeloma: In Surprise Finding, Plasma Exchange Found Not**

**Helpful for Patients with Kidney Failure**

Also: NCCN Tweaks Myeloma Guidelines, Suggesting Watching Smoldering Form

Page 8

## SIMONE'S ONCOPINION: Leadership of the FDA

Page 3



## CMS Demonstration Projects:

Lessons Learned Point Way to Future Directions for High-Quality Cancer Care; and How the 2006 Version Aims to Expedite Data Collection

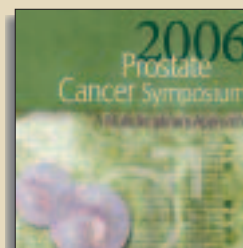
Page 6



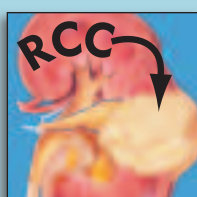
## Highlights from the 2006 Prostate Cancer Symposium:

(1) Treatment by 'High-Volume' Prostate Cancer Surgeons Results in Better Outcomes; (2) The Racial Gap in Prostate Cancer; (3) Virus Linked to Development of Prostate Cancer; (4) Alendronate May Prevent Bone Loss in Patients on Anti-Androgens; (5) Brachytherapy Equal to High-Dose External-Beam RT for Early Disease; (6) Drug Holidays Effective for Some Prostate Cancer Patients; (7) Adjuvant RT May Be More Effective than Salvage for Stage III/IV; (8) and Vitamin D May Lower Risk of Thromboembolic Events

Page 47



- Strategy Found to Overcome Doxorubicin Resistance . . . 24
- Gastric Cancer: Ethnic Disparities in Outcome Confirmed . . . 25
- Advanced Laryngeal Cancer: Single Cycle of Induction Chemo May Select Patients for Laryngectomy . . . 28
- Salinosporamide A, 2nd-Generation Proteasome Inhibitor, May Be Alternative to Bortezomib . . 34
- Rectal Cancer: Adequate Delivery of RT Has Impact on Relapse Rate . . . 35



**Partial Nephrectomy Underused, Study Shows; Also Update on**

**Screening & Treatment for Early Renal Cancer**

Page 40

### DEPARTMENTS

EYE ON WASHINGTON

SHOP TALK

JOURNAL SCAN

TURRISI TAKES ON THE MOVIES

POETRY BY CAREGIVERS

CLASSIFIED

H  
NEWS CENTER  
M  
U  
A  
P  
T  
H  
O  
L  
O  
N  
C  
O  
L  
O  
G  
Y  
S  
I  
N  
P  
H  
A  
R  
M  
A  
C  
Y

## NCCN Director: 2006 Project Aims to Expedite Data Collection

By Ed Susman

**H**OLLYWOOD, FL—As described here at the National Comprehensive Cancer Network's 11th Annual Conference, the new Centers for Medicare and Medicaid Service Oncology Quality Demonstration Program will provide \$23 per patient to doctors who enroll in the programs—less money than the 2005 project—but the form will take barely a minute to complete.

"Most of the oncologists I have talked to are signing on," said the NCCN's National Medical Director, Christopher E. Desch, MD.

### CMS Objectives

CMS had the following objectives in the overall goal of improving the quality of care for cancer patients through more effective payments and evidence-based care, Dr. Desch explained:

- Assess the degree to which patients are treated according to an evidence-based standard of care that leads to better outcomes.

- Have oncology payments increasingly focused on patient-centered care rather than chemotherapy administration.

- Link data collection and payments to examination visit provided by physicians to patients, rather than chemotherapy administration that may occur in the absence of an involved visit between doctor and patient.

- Learn to what extent Medicare beneficiaries are being treated in a manner that yields the best outcomes.

- Understand clinical cancer scenarios where there is not a lot of clinical consensus among physicians on the relevance of specific guidelines.

- Ensure that due emphasis is placed on a multidisciplinary, comprehensive approach to palliation and end-of-life care.

*"Most of the oncologists I have talked to are signing on."*

### Cancers Included

Although the project doesn't include all cancers, the following major cancers are included: Breast cancer, chronic myelogenous leukemia, colon cancer, esophageal cancer, head and neck cancer, multiple myeloma, non-Hodgkin's lymphoma, lung cancer (both non-small-cell and small-cell), and ovarian, pancreatic, prostate, and rectal cancers.

Dr. Desch said that to fully under-



Ed Susman

**Christopher E. Desch, MD, said this year's project will demonstrate whether it is a valid method for data collection. "It's an experiment. Some of this is theory and speculation, but it's what we will have to compare with for next year. Potentially, the project creates a unique tool for national quality improvement."**

stand the 2006 demonstration project, one has to appreciate the 2005 project. "It focused on the chemotherapy encounter that addressed issues of symptoms—pain, nausea, and fatigue," he said. The results of the project have not been released.

Dr. Desch explained that CMS devised the G-code as a mechanism for payments for the various demonstration projects. Those codes allowed for doctors to be paid for collecting data that could then be helpful to CMS.

The 2005 project was criticized, he noted, because some people thought too much money was being allocated for too little work. Because the project focused on the patient and what occurred in patient office visits, the project wasn't open to clinicians, such as radiologists. There was criticism that these and other groups of health care providers were being excluded from the demonstration project.

### Criticism of Chemotherapy Focus

The current project, though, also has its critics. During the recent Society of Interventional Radiology in Toronto, Steve Solomon, MD, an interventional radiologist at Memorial Sloan-Kettering Cancer Center, took issue with the chemotherapy-based focus of the project.

"If CMS really wanted to make a difference and see where the cutting edge of chemotherapy is going and how new procedures can make a difference in patient care, they should be doing a demonstration project on how

patients are benefiting from minimally invasive surgical techniques such as the ones being performed by interventionalists," he said.

### Only Care in Oncologist's Office

Dr. Desch noted that the 2006 project focuses on what the oncologist provides to the patient during the visit—but only when the patient is in the doctor's office, with the doctor—comparing the care rendered to national standards.

The project has resulted in the generation of additional G-Codes, he said—up from 12 last year to the current total of 81. Another difference is that in 2005, the project information was filled out by the patient or the nurse whereas in the 2006 project the coder by default almost has to be the oncologist.

### Voluntary

The program is voluntary, Dr. Desch emphasized. "The demonstration project probably applies to about 80% or more of the oncology business that we do."

The information required is fairly straightforward, he added. "It requires three pieces of data. If you just fill out two boxes you get nothing."

Doctors write down the disease state—for example, there are seven different disease states for prostate cancer—and indicate why the patient is in the office (for example, for staging or for treatment of adverse effects of chemotherapy).

"Finally, the question is whether you are adhering to guidelines," he said. Doctors have a choice of responses, including that they do abide by

*The 2005 project was criticized because some people thought too much money was being allocated for too little work. Also, because the project focused on the patient and what occurred in patient office visits, the project wasn't open to clinicians, such as radiologists.*

guidelines. And if the physician strays from the guidelines, there are acceptable alternative responses:

- That the patient was enrolled in a clinical trial.

- That the doctor disagrees with the particular guideline in respect to treatment of this particular patient.

- That the patient was too ill to conform to guideline treatment.

- That there is no specific guideline to deal with the particular situation.

- Some other reason.



Ed Susman

**Stephen Solomon, MD: "If CMS really wanted to make a difference and see where the cutting edge of chemotherapy is going and how new procedures can make a difference in patient care, they should be doing a demonstration project on how patients are benefiting from minimally invasive surgical techniques such as the ones being performed by interventionalists."**

There's also a question asking doctors to report which guidelines they are using—i.e., those of the NCCN or ASCO.

Overall, Dr. Desch concluded, "the project will demonstrate whether this is a valid data-collection method. It's an experiment. Some of this is theory and speculation, but it's what we will have to compare with for next year. Potentially, the project creates a unique tool for national quality improvement." ■

## VOICE YOUR VIEWS!

We welcome your comments, opinions, and suggestions. E-mail us at [OT@lwwny.com](mailto:OT@lwwny.com)