

Newsletter of the Massachusetts Society of Clinical ONCOLOGISTS

AFFILIATE OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY



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NEWSLETTER OF THE MASSACHUSETTS
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President's Message

BY THERESE MULVEY, M.D.

It has now been three months since the passage of the Medicare Prescription Drug Bill. The Massachusetts Society of Clinical Oncologists (MSCO), in conjunction with the American Society of Clinical Oncology (ASCO), has been working diligently to ensure that the members of the oncology community in Massachusetts are kept informed during this transition period. Members of the MSCO board have met with the local insurance carriers to discuss how these Medicare changes will affect the local carriers. To date, Blue Cross Blue Shield will not be making any changes and will continue to monitor the situation. They have been working closely with us to keep the lines of communication open. The dialogue has been fruitful. Harvard Pilgrim will be changing their reimbursement for their Medicare managed care plan, First Seniority, in line with the Medicare changes. No changes will be made in drug reimbursement or administration fees for their other products.

MSCO board members are meeting with the local legislative community. Jeffrey Wisch, M.D., from Wellesley, organized a visit with Rep. Barney Frank. Rep. Frank was most instructive as to how to manage the proposed ASCO bill to freeze payments at the 2004 level. We will continue to be in contact with our legislators as the ASCO initiative proceeds. We are also in contact with other state societies on a regular basis through

the ASCO Clinical Practice Committee. This dialogue has been helpful when dealing with problems that other states may have faced previously. For all of us, time is too precious to reinvent solutions to common problems.

We are quite interested in learning of any concerns that our members may have regarding access to care for their patients with Medicare, as well as any reimbursement issues you are finding difficult after passage of this bill. Problems with your local HMOs are always of interest. We are fortunate to be able to meet with many medical directors of the plans on a regular basis. A more detailed description of what MSCO's board members have been involved with over the past year appears on page 3 of this newsletter.

Other issues, such as the recent Harvard Pilgrim Health Care (HPHC)/national Imaging Associates (NIA) radiology preapproval codes, are being aggressively pursued via direct communication with the insurer, as well as through the Interspecialty Committee at the Massachusetts Medical Society through your representative from MSCO. Some progress has been made. Beginning April 15, 2004, physicians must notify HPHC's vendor, NIA, about certain medical imaging procedures prior to conducting the procedure. However, HPHC has notified the Massachusetts Medical Society that although the notification program will begin as scheduled on April 15, it will extend the start date

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Recent FDA Approvals

BY MARK HUBERMAN, M.D.

The Massachusetts Society of Clinical Oncologists would like to inform you of recent Food and Drug Administration (FDA) approvals of two new medications for the treatment of metastatic colorectal cancer.

First, cetuximab (Erbix, Imclone/Bristol-Myers Squibb), a chimeric monoclonal antibody targeting human epidermal growth factor receptor (EGFR), is indicated in combination with irinotecan for the treatment of EGFR-expressing, metastatic colorectal carcinoma in patients who are refractory to irinotecan-based chemotherapy. Erbitux may

be administered as a single agent in this same patient population to patients who cannot tolerate irinotecan-based chemotherapy. Erbitux is administered as an initial 400 mg/m² 2-hour intravenous infusion followed by weekly maintenance 1-hour infusions of 250 mg/m².

Second, bevacizumab (Avastin, Genentech), a humanized monoclonal antibody targeting human vascular endothelial growth factor, is indicated in combination with intravenous 5-fluorouracil-based chemotherapy for first-line treatment of patients with metastatic colorectal cancer. Initial dose is given at 5 mg/kg over 90 minutes by intravenous

infusion. Subsequent infusions are given at the same dose over 60 minutes, and then over 30 minutes, if tolerated, every 14 days until disease progression.

*President's Message,
continued from page 1*

for denying claims to July 1, 2004. We will continue to work closely with ASCO and our representatives and senators, as well as with the Massachusetts Medical Society, through this difficult transition period. Please feel free to contact any members of the MSCO board with your concerns.

THANK YOU TO OUR SUPPORTERS!

MSCO would like to thank the following organizations for their support through unrestricted educational grants and for attending our Annual Meeting on November 4, 2003.

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MSCO Board Activities

The following is a brief summary of some of the MSCO Board's activities over the past year.

February 2003

Therese Mulvey, Walt Kagan, John Erban, Michael Goldstein, Jeffrey Wisch, and Charles Rosenbaum met with Harvard Pilgrim Health Care (HPHC) to discuss the reimbursement analysis, newly implemented CuraScript and Nova Factor policy, multiple LCU issues, and the burden of multiple co-payments on chemotherapy patients.

Sidney Kadish attended the ACCC President's Retreat.

Michael Goldstein was designated Chair of the ASCO Clinical Practice Committee's Workforce Study.

March 2003

Dr. Mulvey spoke with Paul Jeffrey, Director of Pharmacies for the DMA, regarding the difficulty patients were having refilling a new or increase prescription for narcotics within a 30-day period. Mr. Jeffrey provided an 800 number (1-800-745-7318) for physicians to call if they continue to have problems.

Dr. Mulvey attended the first meeting of the MMS Task Force on Pharmaceutical Gifts and Sponsorships. The Task Force met to determine the appropriateness of a resolution drafted by medical students seeking to eliminate any relationship between physicians and pharmaceutical representatives and to restrict the amount of "handouts" representatives can distribute.

April 2003

Dr. Mulvey attended a planning meeting for the Best of ASCO meeting, scheduled for September 2003 in Boston.

May 2003

Dr. Kagan attended ASCO's State/Regional Affiliate Meeting on

May 20 to meet with the Massachusetts legislators to lobby for passage of the Norwood Bill (HR 1622). Dr. Kagan met with Rep. Delahunt, Rep. Lynch's chief of staff, Sen. Kennedy's cancer advisor, and Sen. Kerry's chief of staff in an effort to gain their support of the bill.

Drs. Goldstein and Mulvey attended ASCO's Clinical Practice Committee meeting in Washington, D.C., where discussions focused on HR Bill 1622.

June 2003

A letter from MSCO was sent to the insurance commissioner regarding HPHC's policy on CuraScript and Nova Factor.

July 2003

Drs. Mulvey and Goldstein participated in ASCO's Advocacy Day and met with members of Congress.

August 2003

Drs. Mulvey, Kagan, Wisch, Goldstein, Rosenbaum, and Mark Huberman met to discuss the future direction of MSCO and its administrative needs.

September 2003

Drs. Mulvey, Kagan, Wisch, Goldstein, and Rosenbaum met with ASCO representatives to discuss a pilot program with MSCO for administrative services.

The Best of ASCO meeting was held in Boston at the Westin Hotel on September 6 and 7. MSCO hosted a luncheon in conjunction with the Rhode Island Chapter on September 7.

January 2004

The Board met with Jan Cook, M.D., medical director for Blue Cross Blue Shield, to discuss possible changes in reimbursement after the passage of the Medicare Reform Bill. The Board also discussed the issue of pharmacies not

filling prescriptions for pain medication if the prescription is increased during a 30-day period.

February 2004

The Board met with Joseph Bailes, M.D., to discuss ASCO's legislative strategy now that the Medicare Bill has become law.

Drs. Goldstein and Mulvey attended ASCO's CPC meeting in Washington, D.C., to discuss strategies for possible amendments to the Medicare law.

Drs. Mulvey, Goldstein, and Wisch met with Rep. Barney Frank to discuss the Medicare Law and seek his advice on the appropriate next steps.

In addition to the above-mentioned meetings, the Executive Board met monthly to discuss issues affecting oncologists across the state. Dr. Rosenbaum regularly attended the Carrier Advisory Committee meetings to keep the organization and its members current with NHIC policies. Dr. Huberman stayed abreast of new FDA approvals and brought the approvals to the attention of the insurers in the state. Dr. Kadish attended the Massachusetts Medical Society's Interspecialty Committee meetings. Drs. Mulvey, Kagan, and Goldstein traveled to ASCO's offices several times over the past several months and responded to many "Calls to Action" in an effort to ensure oncologists were fairly represented in the Medicare Reform Bill. Letters to the editor and editorials have been written and distributed to newspapers, and Dr. Mulvey has received many requests for interviews from several newspapers. Now that the Medicare Bill has become law, MSCO will continue its efforts for future amendments to the law.

MSCO Board Activities
Thanks to Our Sponsors
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Save the Date

MSCO's 2004 Annual Meeting

Westin Hotel, Waltham, MA

Thursday, November 4, 2004

“Targeted Therapies”