

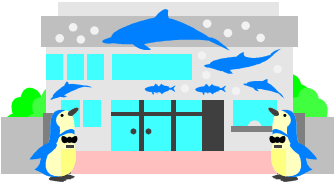
# OSCO NEWS

The Voice of the Practice of Oncology in Oklahoma

Volume 4, Issue 1

## OSCO ANNUAL MEETING

The annual OSCO business meeting and educational symposium was held at the Oklahoma Aquarium in Jenks. The meeting was well attended, with a host of excellent speakers, including: John C. Byrd MD, Patrick J. Flynn MD, Mayo D. Gilson MD, D.Scott McMeekin MD, Seema Singhal MD, and Anthony W. Tolcher MD. Planning for next year's meeting will be underway soon.



At this year's annual meeting the members approved the amendments to our by-

laws allowing corporate memberships, and a provision to expand the board of OSCO to include not only the president, president-elect, secretary/treasurer and CAC representative, but also general members, including one from each major metropolitan area, one from academia, and one from rural Oklahoma.

If you are interested in serving on the board or would like to nominate someone, please contact Dr. Vikki Canfield, president of OSCO ([vikki.canfield@usoncology.com](mailto:vikki.canfield@usoncology.com)).

Last year the board decided to concentrate on three major areas: 1. Educational program for physician members, 2. Institution of a

payor relations committee to work with payors when there are problems with reimbursement — either related to off-label indications for drugs or nonpayment when there is an indication. Vicki Baker MD, graciously volunteered to lead this committee. 3. Expansion of our membership with the addition of corporate members and outreach to potential non-physician oncology care providers.

For 2004 it was decided to add public policy issues — Medicare reform and tort reform to OSCO's activities. Lance Miller MD has agreed to lead those efforts on behalf of our society. Please feel free to contact him with questions or to volunteer your time.

## OSCO HIRES EXECUTIVE DIRECTOR

For many years administrative services for our society have been performed by Tanya Luce, working at the Tulsa County Medical Society offices. While Tanya did a superb job for us, we decided this last year that we could benefit from a half-

time executive director to help with all of the administrative activities of our society.

Mary Jo Wichers has been hired for the position, and although she has only been here a few weeks she is already putting together an

OSCO website and networking with other state society executives.

I am certain she will play a great role in helping us to be a more active society. You can reach her at 918-743-6185.

## CORPORATE MEMBERS

AMGEN

AVENTIS ONCOLOGY

BRISTOL-MYERS SQUIBB ONCOLOGY

GENENTECH

GLAXO SMITHKLINE ONCOLOGY

LILLY ONCOLOGY

NOVARTIS

ORTHO BIOTECH

PFIZER

SANOFI~SYNTHELABO ONCOLOGY

SCHERING-PLOUGH ONCOLOGY

## UPDATE ON ASCO CLINICAL PRACTICE COMMITTEE MEETING & ACCC PRESIDENTS RETREAT

As your society president I attended the ASCO clinical practice committee meeting on February 6, followed by the ACCC president's retreat that afternoon and on February 7. As one can well imagine, a large part of the discussion had to do with the recently passed Medicare legislation and its impact in 2004, 2005 and beyond.

Now that we are a little over a month into 2004, it appears that the impact on most practices for this year will be small. Even though there has been a decrease in drug reimbursement, this has been offset by an increase in pay-

ments for practice expenses and chemotherapy administration. The increased reimbursement for chemotherapy administration is about 32% above the 2003 levels.

Unfortunately, the bill as written provided that the reimbursement for chemotherapy administration would only be 3% above the 2003 levels for 2005, and 0% for 2006. This, coupled with the expected decline in drug reimbursement for 2005 when Medicare goes to an ASP +6%, means that WE WILL DEFINITELY BE IN TROUBLE IN 2005.

The degree of that impact is currently uncertain. ASP has not yet been defined, and it is expected that it won't be defined until some time in April.

ASCO, ACCC, COA and groups like US Oncology are working together to try to get either Congress or CMS to make administrative changes to the law which might help to keep chemotherapy administration at least at the 2004 level until the surveys and other data have been collected to more clearly define practice expenses.

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[www.oscoOK.org](http://www.oscoOK.org)

## THE INTERNET AND ONCOLOGY

### OSCO WEBSITE

Mary Jo Wichers is developing a website for our society with links to other key websites, local news and information. The website address is [www.oscoOK.org](http://www.oscoOK.org). Mary Jo welcomes your suggestions and comments. She can be reached at [maryjo@t-c-m-s.com](mailto:maryjo@t-c-m-s.com).

Our corporate members are listed on the website. To locate Oklahoma representative names and contact information, just click on their logo.

### ASCO.ORG

The ASCO website has all kinds of

information, including CME information, directories, public policy updates, information on billing and coding, etc. If you are a member you probably receive web updates. If you have not done so lately, take some time to explore the website. It is full of useful and interesting information.

You can access it through the links page on the OSCO website.

### PEOPLE LIVING WITH CANCER

PLWC.org is a website sponsored by ASCO with information for patients

about cancers, their treatment, clinical trials, side effects, etc. They also have features such as live chats every two weeks with cancer experts, and links to patient support organizations.

You or your office staff can print information for your patients. ASCO will provide your office with cards and brochures about the website. If you have a chance explore this one too — it's been up and running for almost two years, and is a great site!!

You can also access it through the links page on the OSCO website.

## G. LANCE MILLER MD, NEW COMMUNITY ONCOLOGY ALLIANCE BOARD MEMBER

Dr. Miller has been selected to become a member of the board of directors of the Community Oncology Alliance. A leader in the Tulsa medical community for nearly 35 years, helping to pioneer specialty care for cancer patients while providing administrative and professional leadership through his faculty, hospital, and medical society appointments, Dr. Miller received his specialty training in hematology and

oncology from the University of Arkansas. He currently serves as medical director for Oklahoma Oncology.

The Community Oncology Alliance (COA) is a serious, proactive grassroots alliance of community cancer practices across the country formed to advocate for and to achieve balanced Medicare reimbursement reform. The nature of "balanced reform" is accurate, fair, and complete reimbursement for chemother-

apy and other cancer care drugs, including the costs of procuring, storing, and preparing those potentially toxic medications, and for all of the medical services (often referred to as "practice expenses") that are essential to delivering modern-day cancer care.

Founded in early 2003, COA energizes community oncology so commu-

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## UPDATE CONTINUED

We heard from Elizabeth Richter at CMS who seemed focused on interpreting and following the “rules” and did not seem to care whether they were fair.

We heard from Alan Eisenberg, a health and economics policy advisor to Congressman Greenwood, who questioned why we were worried about the impact of the law when we had not yet seen its full impact and we were OK right now.

I think the general sentiment is “lets see how broken the system gets before

we try to fix it.” I came away feeling somewhat discouraged and angered by what I heard. I think we as an oncology community are going to have no choice but to continue to spend our time and money trying to make things change.

I have great respect for our lobbyists who deal with the attitudes and politics in our nation’s capitol on a daily basis. They are definitely going to need our support in the months ahead.

—Vikki Canfield

Contact information for each of our corporate members is on our website.

## LANCE MILLER CONTINUED

nity oncology clinics all across the country engage their members of Congress to educate them about the realities of cancer care. The Community Oncology Alliance is able to bring valuable information to Congress and is instrumental in the fight to *Save Cancer Care*.

The fight still goes on to *Save Cancer Care*. There are Medicare reimbursement changes scheduled to take effect in 2005 that would reduce Medicare reimbursement funding for community oncology by an estimated \$1

billion in 2005 alone. These changes are exacerbated by the fact that private insurers are embarking upon their own aggressive reimbursement changes without understanding the consequences of their actions on the community-based cancer care provided to their members.

Dr. Miller is looking forward to his serving on this board as a vital way to work to save community oncology care as we know it today. This process is extremely important if patients are to continue to receive quality cancer care

and for the continuation of the specialty of oncology and hematology.

“I would like to encourage everyone to get involved in this fight to save cancer care and contact their members of Congress. Express your concerns about the changes in reimbursement to Medicare patients and the rationing of care that is taking place today in every oncology practice in the country,” Dr. Miller said.

If you are interested in joining the Community Oncology Alliance, please contact Dr. Miller at 918-744-3146

### *The Top 10 Reasons for Oncology-Specific Denied Medicare Claims*

*Those and other issues will be covered in an upcoming CME program in Tulsa and OKC by Kim Gassie from the LA Medicare Office*



### ASCO'S POSITION

- Who are my legislators?
- What is OSCO's position on the Medicare changes?

**[www.oscoOK.org](http://www.oscoOK.org)**

has your answers

www.osco.org

Email: [osco@t-c-m-s.com](mailto:osco@t-c-m-s.com)

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Oklahoma Society of Clinical Oncology

The Voice of the Practice  
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## FDA APPROVES ALIMTA-CISPLATIN COMBO FOR MESOTHELIOMA

Alimta® was approved by the FDA on February 5<sup>th</sup> for use with cisplatin, for the treatment of malignant pleural mesothelioma, in patients who are not candidates for surgery.

Estimates are between 10,000 and 15,000 people worldwide are diagnosed annually with malignant pleural mesothelioma. Most people do not learn they have malignant pleural mesothelioma until the disease has progressed to an advanced stage when treatment with surgery or radiation is not an option.

The Alimta/cisplatin regimen was compared to cisplatin alone in a trial of 448 patients from 19 countries - the largest trial to date among patients with malignant pleural mesothelioma.

Results showed overall survival was increased 30 percent (12.1 months for Alimta/cisplatin versus 9.3 months for cisplatin alone), and that 50.3 percent of patients treated with Alimta/cisplatin were alive a year later compared to 38.0 percent treated with cisplatin alone.

The hematologic and non-hematologic side effects associated with Alimta are neutropenia, thrombocytopenia, anemia, nausea, vomiting, fatigue, diarrhea, skin rash and pain. To reduce the severity of treatment-related toxicities, all patients on Alimta must receive daily doses of folic acid and intramuscular injections of vitamin B12.

As with many chemotherapies, the dose-limiting toxicity of Alimta is usually myelosuppression. Specific dose-modification may be required for patients who experience grade 3 or 4 toxicities. Patients with kidney impairment should not receive Alimta therapy. Patients should also inform their doctors if they are taking NSAIDs like ibuprofen. It is recommended that frequent blood tests be performed on all patients receiving Alimta.

For full prescribing information, visit [www.Alimta.com](http://www.Alimta.com).

This newsletter is sponsored by Lilly Oncology