

ClinicalOncology

The Independent Newsmagazine for Oncologists

news

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FDA NEWS

- 4 Nilotinib capsules approved for Ph+ CML. Topotecan approved for relapsed SCLC.

SOLID TUMORS

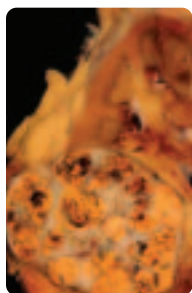
- 6 Neoadjuvant trastuzumab has antitumor effect, with modest cardiac risk.
- 7 Breast conservation therapy considered underutilized.
- 10 No breast conservation benefit from neoadjuvant chemotherapy?
- 11 Early breast cancers are not created equal.
- 15 In resectable gastric cancer, neoadjuvant chemotherapy is preferable.
- 16 In patients with prostate cancer, statins appear to reduce relapse rate.
- 19 Biologics may hinder liver repair less than thought.

EDUCATIONAL REVIEW



The Medical Treatment of Metastatic Breast Cancer

After page 10.



Renal Cell Carcinoma: Diagnosis and Treatment

After page 18.

Irrespective of Patient Age ...

Radiation Seed Implants Benefit All Prostate Ca Pts

LOS ANGELES—Radiation seed implants are just as effective at curing prostate cancer in younger men as they are in older men.

This treatment should be offered to patients with localized prostate cancer regardless of their age, according to a study released at the annual meeting of the American Society for Therapeutic Radiology and Oncology.

“Age should not be a deterrent when considering seed implantation as a primary treatment option for younger patients who have prostate cancer,” said Alice Ho, MD, lead author of the study and a radiation oncologist at the Memorial Sloan-Kettering Cancer

see **SEED IMPLANTS**, page 16 ▶

In NSCLC ...

Pemetrexed-Cisplatin “Gold Standard” in Squamous Cell Ca

SEOUL, SOUTH KOREA—Adding pemetrexed to platinum for second-line treatment of advanced non-small cell lung cancer (NSCLC) provided the same efficacy as gemcitabine-platinum but with less toxicity, according to investigators involved in two multi-center trials.

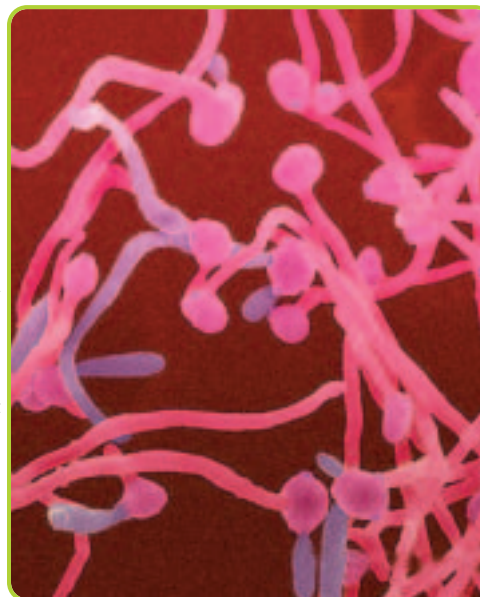
Identical Overall Survival

In the larger of the two studies, pemetrexed plus cisplatin and gemcitabine-cisplatin resulted in an identical overall survival (OS) of 10.3 months, Giorgio V. Scagliotti, MD, reported at the World Conference on Lung Cancer.

see **PEMETREXED**, page 22 ▶

Prompt *Candida* Diagnosis Could Help Save Lives

Every Hour of Additional Incubation Time Increases Mortality Risk by 2.4%



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Candida albicans—yeast and hyphae stages.

CHICAGO—Significant improvements in the speed at which *Candida* bloodstream infections are diagnosed must be made, in order to reduce the danger to patients posed by candidemia.

This was one of the results of a new study presented at the 2007 annual meeting of the Interscience Conference on Antimicrobial Agents and Chemotherapy. Researchers at Memorial Sloan-Kettering Cancer Center (MSKCC), New York City, have identified a 2.4% increase in hospital mortality for every hour needed for blood culture incubation.

New Perspective

“The novelty of this study is that we measured three different time events. That has never been done before,” said

see **CANDIDA**, page 30 ▶

POLICY & MANAGEMENT

Your Success Requires A Targeted Strategy

Now is an opportune time to review and update your business plan. This doesn't require a labor-intensive bureaucratic effort, but you will need to take the time to develop some written plans and goals.

On Nov. 1, the Centers for Medicare and Medicaid Services (CMS) released the 2008 Physician Fee Schedule final rule, which proposes to reduce physician payment by 10.1%. Although it is unlike-

ly that this reduction will hold, it is critical to plan for shrinking payments. Providers will continue to face decreases in payment by Medicare and commercial payers. It is therefore unwise to count on congressional or commercial insurance bailouts if you want to plan for your business success. Instead, you must review your business plan carefully to ensure your successful future.

see **PLANNING** page 28 ▶

McMahonMedicalBooks.com

Physician Wealth Management
For more information on this innovative approach,
see page 24.



The Book Page

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Clinical Oncology News

PLANNING

PLANNING

continued from page 1 ▼

Time To Wise Up!

If you are nearing retirement and you are not anticipating a buyout of your practice, you might be able to work through the next few years without changing your lifestyle. Otherwise, it's time to wise up!

First, determine your business goals:

- What income do you want/need?
- How many hours do you want to work?
- How many more years do you want to practice?
- Where do you want to practice?
- How much debt do you or your practice have to pay off?
- How much investment in your practice will you need between now and your retirement?

Once you know your goals, you can develop a plan for reaching them. You may find that some or all of your partners have different goals and needs. It is important that you take the time to discuss your collective goals with your partners before you chart your course.

There is no crystal ball. Although it is difficult to predict with 100% certainty how the medical payment system will

change, you can anticipate many of the expected trends based on historical changes.

For example, you can expect that:

- There will be an increased number of mid-level practitioners.
- Physician incomes will stabilize or shrink.
- Electronic medical and health records will be mandated.
- Quality reports will make practice outcomes available and comparable.
- Patients and insurers will shop for providers armed with available quality and outcomes data.
- Medicine will be more global.

Proact, Don't React

Now is the time to ensure that your practice is efficient and effective. Do you know how many staff members you need to operate your practice? Do you have adequate volumes to maintain your staff and to be profitable? There are many quality resources—lectures, courses and literature—that focus on running an efficient office practice. Take the time to study these.

Some questions that might be raised in perusing these resources could include:

- Do you use mid-level practitioners?
- Are they available to extend your ability to see patients in your community?

If you don't educate yourself, ask questions and consider the dynamics in your marketplace, you are running a sprint in hiking boots

- Can you recruit other physicians to your practice?
 - Have you reduced call requirements?
- The bottom line is that you must investigate ways to improve your practice, increase patient volumes and broaden services, while managing costs.

Between now and January, it is important to estimate the financial impact of the 2008 regulations on your current practice. Use this information to determine if there are services you should discontinue. The new payments for imaging and ambulatory surgery may be important for decision making in 2008 and for future investment.

Ask your practice manager to review the insurance companies that are most important for your practice. Request a report on expected changes for 2008. Across the country, many insurers are reducing oncology payments for drugs and drug administration. Some are only allowing patient imaging at preferred providers, in order to reduce costs. Even

if they allow you to provide imaging for your patients, the new rates may be too low for you to make it worthwhile at your current volume. Do your homework and find out now, before the changes take effect!

Prepare To Change

Are you a preferred provider? Have you determined which insurers you want to keep? Do you have a plan for winning new business?

If you haven't already done so, you need to plan to invest in electronic systems that expedite your work and maximize productivity of your staff. Your systems need to include the ability to provide outcomes data that you can use to manage your practice and your business goals.

Determine the measures that you will monitor to establish that you are a quality provider. How will you report these measures? By monitoring quality measures, you can gain a better understanding



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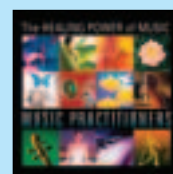
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Yes, please e-mail me updates about McMahon Jazz Medicine!

Yes, please send me your club booklet on these artists!



"If There's a Sky Above" (Harry Allen, tenor saxophone) • "You Don't Know How Much You Can Suffer" (Lambert Abeyatunge, MD, saxophone, clarinet) • "The Lingering Kiss" (Bobby Baker, MD, flute) • "Estou Buscando" (Betsy Braud, RN, flutes, saxophones, piano) • "Gabrielle's Theme" (Adam Dachman, DO, piano) • "Checkin' On My Records (Everybody's Had a Look)" (Sam Bierstock, MD, vocals, harmonica) • "Moonlight Sonata" (Wolfgang Ellenberger, MD, piano) • "Who's That Knockin'" (Admir Hadzic, MD, bass guitar, harmonica) • "Keli Atoh" (Ruben Hoch, MD, drums) • "Twilight" (Henry Lee, MD, soprano saxophone) • "Waterfall" (Maria Olivares, PharmD, guitar) • "Manha de Carnival" (Ron Odrich, DDS, clarinet) • "All Blues" (Patrick Plunkett, MD, tenor saxophone) • "A Little Bit of Swing" (Paul Todd, vocals)

What do music and medicine have in common? To be good at either, you have to be an improviser. Both disciplines place improvisational skill on a pedestal, acknowledging that thinking on one's feet is a vital element of how one practices the art of medicine and music.

This wonderful compilation showcases the great musical skills of those in medicine: practitioners who, in addition to devoting their life to the healing power of medicine, have also devoted themselves to the great art of creating music.

McMahon Group, which produces 16 medical publications for medical

professionals, also has one of the most successful new record labels, McMahon Jazz Medicine, and a new Web site, www.McMahonJazzMedicine.com, where these great artists are showcased. This new Web site logged more than 138,000 visitors in 2006—in only its second year.

Go to the Web site and read more about each of the artists, listen to their music and purchase their CDs online or by phone.

It is widely understood that music has healing powers. Listen to the great music on this compilation CD to be inspired by these great artists and heal what ails you.

ATTENTION MEDICAL PROFESSIONALS! If you are a musician or other artist and would like to be highlighted on this Web Site, contact rmcmahon@mcmahonmed.com

of what is working well and what you need to modify in your practice.

A major barrier to the success of many oncology practices is the belief among practitioners that businesses do not have to continue to grow and develop. Don't think that the shortage of oncologists and the increasing age of the U.S. population makes your business secure. Not only is the regulatory arena squeezing your pockets, the situation within your local community can significantly affect your bottom line.



2008 Physician Fee Schedule Final Rule (CMS-1385-FC) Highlights

On November 1, the Centers for Medicare and Medicaid Services released the 2008 Physician Fee Schedule final rule, which becomes effective January 1, 2008. Following is a list of the major changes of significance to physician providers:

- The conversion factor of \$34.0682 was reduced by 10.1% from the 2007 level.*
- The budget neutrality adjuster for work relative value units (RVUs) was reduced to 0.8806.
- Physicians can opt out of the competitive acquisition program within the first 60 days, or in exigent circumstances.
- A shortened review process for off-label drug use will be implemented in 2008.
- Pre-administration for I.V. immunoglobulins administered in physicians' offices will be paid, based on 2007 practice expense RVUs.
- Anemia quality indicator reporting requirements for Medicare Part B will be implemented for patients receiving antiemetic drugs.
- The Physician Quality Reporting Initiative from 2007 is extended for 2008.
- \$1.35 billion is available in the Physician Assistance and Quality Initiative Fund for physician payments and quality initiatives in calendar year 2008.

* Continue to watch for trends over the next few months regarding the conversion factor.

Look for more detail and information regarding the Physician Fee Schedule final rule in the January 2008 issue of Clinical Oncology News.

To review the final rule visit www.cms.hhs.gov/PhysicianFeeSched/downloads/CMS-1385-FC.pdf

How is patient insurance coverage changing in your community? Are new options being purchased by the major employers in your area? Consider the local landscape as you plan a strategy for your success.

Questions To Consider

Once you have your practice operations review complete, then you can look at your strategic and long-range plans. Do you have a good relationship with the hospitals in your area? What do you need to do to improve those relationships and to take advantage of available hospital resources? For example, is your hospital willing to assist providers with the purchase and implementation of electronic medical records systems? What does your practice need to do to approach a local hospital to take advantage of their ability to assist you in acquiring e-systems?

What is the quality of your relationships with your referring physicians? Are your referral sources in jeopardy of losing their patients now or in the future? Is your community growing, shrinking or static? What is the condition of the economy in your area? Are wages keeping pace with inflation? Are you in a community faced with business closures and job eliminations, reduced benefits, lowered incomes and the like? Do you talk with other providers in your community about the changes that might occur?

Who is your competition? What changes and investments will you need to consider to be profitable? Should you consider aligning with another provider? These are just a few of the many questions you need to revisit to successfully plan for your future.

Once you have taken the time to gain a better understanding of your market, then you can build a strategic business plan to respond to your challenges. If you don't educate yourself, ask questions and consider the dynamics in your marketplace, you are running a sprint in hiking boots. In order to be able to get what you want, you can't afford to be a "me too" businessperson. You'll have to know what drives your business and march to your own drummer; be efficient and effective within your practice; and outsmart the competition through insight and leadership.

Look for more detail and information regarding the Physician Fee Schedule final rule in the January 2008 issue of *Clinical Oncology News*.

To review the final rule, visit <http://www.cms.hhs.gov/PhysicianFeeSched/downloads/cms-1385-FC.pdf>.

—Mary Lou Bowers, MBA

Ms. Bowers represents the Pritchard Group, LLC, and is a member of the advisory board for Clinical Oncology News. For more information, visit: www.thepritchardgroup.net.

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