

# ClinicalOncology

Advances in Cancer Care

news

CLINICALONCOLOGY.COM • MARCH 2008 • Vol. 3, No. 3

## SUPPORTIVE CARE

- 4** New studies trigger additional warnings on anemia drugs.

## HEMATOLOGIC DISEASE

- 6** Long-term survival in patients with AML is rare unless a complete response is achieved during therapy.
- 8** Study questions whether highly aggressive therapies used for MCL are improving outcomes.

## POLICY & MANAGEMENT

- 10** More than 75% of a qualified retirement plan can be eaten up by a lesser-known tax.

## SOLID TUMORS

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## CLINICAL TRIALS

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## EDUCATIONAL REVIEW

Management of Breast Cancer: Advanced Disease and Novel Agents

After page 12.



ClinicalOncology news

**WIN \$500!**

See Details on Back of Educational Review following page 12.

## Blood Test for Colon Cancer on The Horizon

ORLANDO, FLA.—Investigators at Johns Hopkins Hospital have identified a set of nuclear matrix proteins both specific and sensitive for colorectal cancer. They hope the research will translate into a serum blood test for colorectal cancer within the next several years.

The most recently identified protein, colon cancer-specific antigen-2 (CCSA-2), was discussed at the 2008 annual Gastrointestinal Cancers Symposium by Eddy S. Leman, PhD, instructor in the Department of Urology at Johns Hopkins Hospital, Baltimore. CCSA-2 is a highly specific and sensitive marker for colorectal cancer, said Dr. Leman. CCSA-2 not only detects the presence of

see **MATRIX**, page 14 ▶

*In Children With Ph+ ALL ...*

## Imatinib Therapy Found Similar to Transplant

ATLANTA—At two years, intensive imatinib plus high-dose chemotherapy has achieved a rate of event-free survival (EFS) in children with Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL) that is comparable to that observed after allogeneic bone marrow transplant (BMT).

This study, presented by the Children's Oncology Group (COG) at the annual meeting of the American Society of Hematology (abstract 4), suggests that children who do not have an appropriate transplant donor have the same opportunity to avoid early relapse as those who do, if they undergo therapy with imatinib (Gleevec, Novartis).

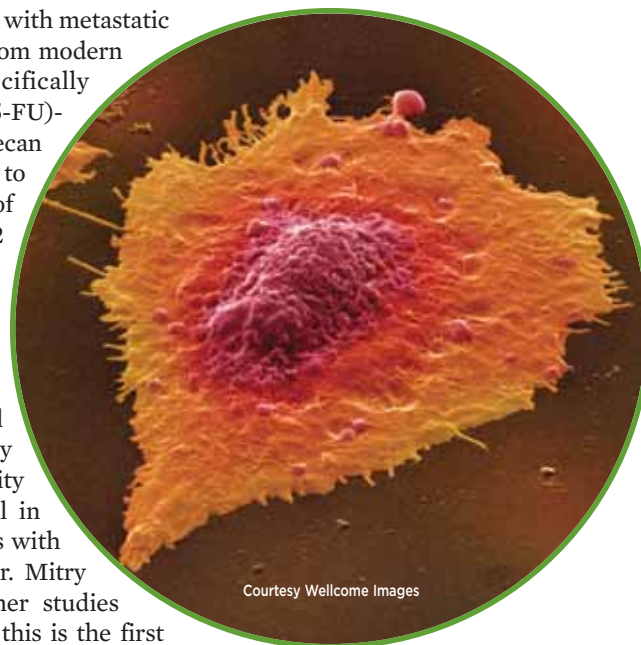
see **IMATINIB**, page 5 ▶

## Chemotherapy Benefits Elderly Patients With Colon Cancer

*Study Is First To Shine Light on Patients Older Than 75*

ORLANDO, FLA.—Elderly patients with metastatic colorectal cancer can benefit from modern chemotherapy regimens, specifically leucovorin/5-fluorouracil (LV/5-FU)-based chemotherapy plus irinotecan (Camptosar, Pfizer), according to an interim descriptive analysis of the Phase III, FFCD 2001-02 randomized controlled trial.

This finding was reported by Emmanuel Mitry, MD, PhD, CHU Ambroise Pare, Boulogne, France (abstract 281), at the 2008 annual Gastrointestinal Cancers Symposium. The study also demonstrated the feasibility of conducting a Phase III trial in patients over the age of 75 years with metastatic colorectal cancer. Dr. Mitry pointed out that although other studies have included elderly patients, this is the first



Courtesy Wellcome Images

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## POLICY & MANAGEMENT

## Improving Discussions With Patients About Health Care Costs

*Creating Transparency for Patients*

Given the current economic indicators and projected grim economic forecasts, the financial burden of providing health care to U.S. citizens continues to weigh heavily on our nation. Now more than ever, it is important that clinicians openly discuss treatment options with patients in a way that

helps them to understand the various clinical alternatives as well as the financial consequences of their choices.

The goal is to create a transparent health care market. This approach arms individuals with valuable facts, minimizes medical illiteracy and promotes informed choice and decision making.

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McMahonMedicalBooks.com

*Bethesda Handbook of Clinical Oncology*

Jame Abraham; Carmen Allegra; James Gulley  
For more information, see page 21.



Emend for injection from Merck approved.

See page 4.



## DISCUSSIONS

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### Effective Communication

One of the biggest challenges for physicians today, particularly oncologists, is to be transparent, as well as effective communicators. Patients can compare value and costs for other purchases they make, and they expect similar frank discussions with their providers about quality outcomes and costs associated with their care. How do you explain options to help patients in their decision making in a way that they understand? How do you encourage patients to participate in making choices regarding treatment? What information do you provide and how transparent are your discussions?

In addition to economic concerns and issues, medical illiteracy is a significant factor that comes into play. Information exchange is critical for optimal decision making and value-driven health care choices. How do you help patients understand what options exist for cancer treatment, including palliative choices? And then, how do you clearly and fairly explain the financial consequences of your recommendations, the cost to the patient for selecting specific treatments?

### Gap in Coverage

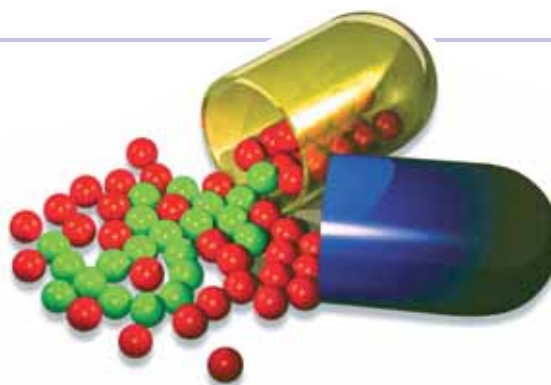
Current economics has a significant impact on physician behaviors and the bottom line for

*According to a study published in Medical Affairs, 2005, when cancer was cited as the medical diagnosis, the mean out-of-pocket expense was \$35,878.*

their practices, as well as access to care for patients. Increasingly, practitioners struggle with costs to provide care to the underinsured, as well as to the uninsured. Access and resources for underinsured patients with cancer are especially limited. A recent study surveying office-based physicians nationally found that 43% of physicians did not accept "no charge" or charity patients, 29.3% did not accept patients covered by Medicaid, 20.3% did not accept new Medicare patients and only 7% did not accept self-paying patients, although 94.2% of the primary care physicians responding indicated that they were accepting new patients (*MMWR* 2007;56:230).

A solution to address the gap in health care coverage for these individuals is not currently available. Support programs offered through foundations, nonprofit and charity hospitals and government programs fall short in providing adequate coverage for expenses associated with equipment, drugs and necessary supplies to provide quality treatment to these patients.

Individuals often decide to deny a diagnosis or delay treatment because of the financial burden that accepting care would create on themselves or their family. Sometimes, no effective means of communication can change this economic reality.



*How does a health care consumer quantify or evaluate a two-month extension of life versus six months of quality life?*

### Informed Consent

One of the most important measures resulting from quality assurance and value-driven health care activities is the implementation of informed care consent. Patients with cancer have to make a choice about treatment by selecting from various options that have a wide range of potential outcomes. Oncology clinical data are confusing enough for patients and families to grasp. Then add on top of that a patient's need to understand the significance of quality of life, life extension and/or survivorship, as well as the possibility of qualifying for clinical research as a treatment option. The end result is likely information overload.

How does a health care consumer quantify or evaluate a two-month extension of life versus six months of quality life? How do you provide information to patients in an exacting way when it is difficult to quantify the answers? If a specific study supports life extension, does that mean every patient should get that treatment?

Hope is a vague word that has much to do with outcomes. How do you give patients reality without taking away hope? How do you ensure transparency in your discussions as you make your recommendations without leading patients toward specific choices?

### Spiraling Health Care Costs

As oncologists look to the future, they will increasingly need to address the issues discussed in this article, because health care costs will con-

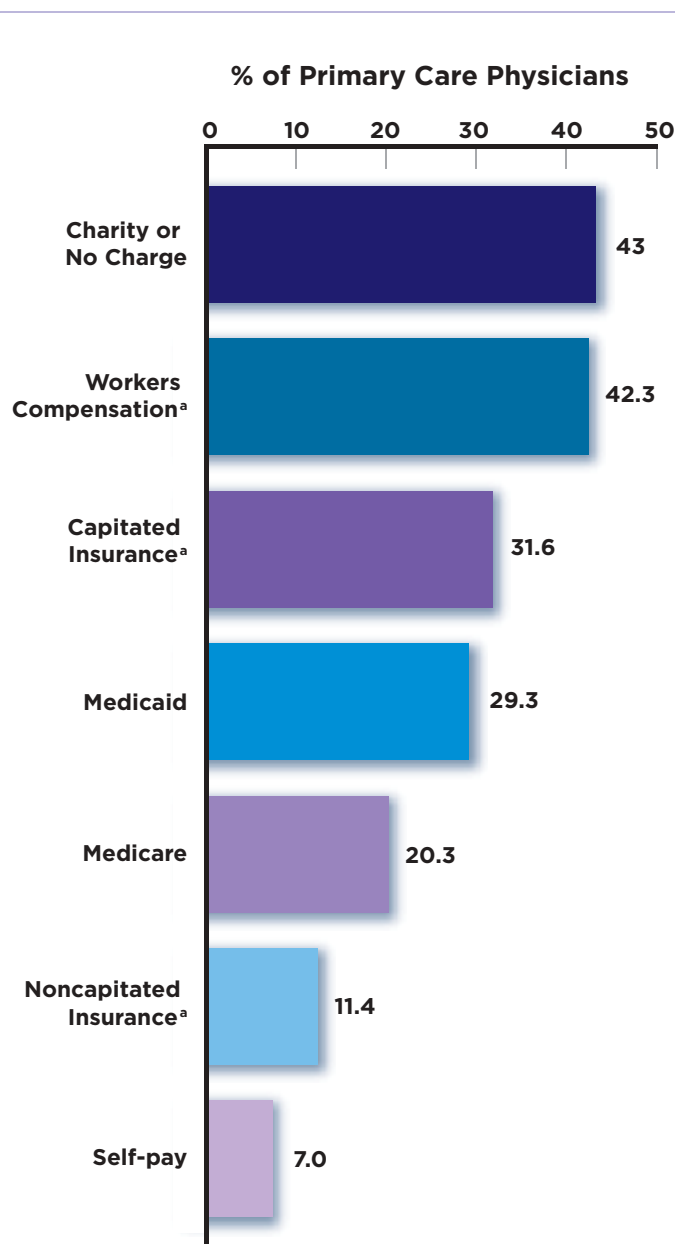
*Individuals often decide to deny a diagnosis or delay treatment because of the financial burden that accepting care would create on themselves or their family.*

tinue to rise. In relation to other costs, health care costs have risen exponentially. In the past seven years, inflation has risen 21%, workers' earnings 24% and health insurance premiums 98%, according to data from the Kaiser Family Foundation and the Health Research and Educational Trust. These data were presented to the U.S. Congress Ways and Means Committee in January 2007.

In the United States, roughly half of the people declaring bankruptcy cite medical costs as a major factor in their decision to throw in the towel. Patients with cancer must deal with the rising cost of health insurance and cancer therapies, as well as the high costs associated with the length of cancer therapies. According to a February 2005 Health Affairs Web-exclusive study, when cancer was cited as the medical diagnosis, the mean out-of-pocket expense was \$35,878.

If one certainty exists, it is that all U.S. citizens will benefit from a reduction in health care costs. Oncologists can contribute to this equation by openly discussing treatment options and costs with their patients.

Mary Lou Bowers, MBA, and Rhonda M. Gold, RN, MSN are members of the advisory board for **Clinical Oncology News** and represent *The Pritchard Group, LLC* ([www.thepritchardgroup.net](http://www.thepritchardgroup.net)).



<sup>a</sup> capitated and noncapitated private insurance  
Courtesy of *MMWR* 2007;56:230.

**Figure.** Primary care physicians not accepting new patients by expected payment source, United States 2003-2004.