

ClinicalOncology

Advances in Cancer Care

news

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Targeted Agents Move To Front Line in Therapy For Kidney Cancer

ATLANTA—Researchers are calling 2006 a banner year in the fight against kidney cancer. Investigators announced the results of Phase III trials of sunitinib and temsirolimus in which the drugs demonstrated significant benefit over standard therapy—with interferon-alpha (IFN- α)—for first-line treatment of metastatic renal cell carcinoma (mRCC). The results were presented at the 2006 annual meeting of the American Society of Clinical Oncology (ASCO).

“Today, targeted therapy enters the front line for the treatment of renal cancer,” said Michael Atkins, MD. Dr. Atkins served as a discussant for the two studies presented at ASCO. He is director of the Renal Cancer Program at the Dana Farber/Harvard Cancer Center in Boston.

see *RCC*, page 8 ►

Preop Radiotherapy Found Clearly Beneficial For All Rectal Cancer Pts

SEATTLE—A large international study that has been called one of the most important trials conducted in patients with rectal cancer undergoing colorectal surgery has come down firmly in favor of preoperative radiotherapy rather than postoperative chemoradiotherapy.

Even patients with small tumors, who are typically not considered candidates for neoadjuvant therapies, benefit from preoperative treatment, data show.

A prospective, randomized study involving nearly 1,400 rectal cancer patients at 80 hospitals worldwide found that they had significantly fewer recurrences and longer disease-free survival when they underwent radiotherapy before surgery rather than after.

“This study demonstrates that meticulous

see *RECTAL CANCER*, page 10 ►

Evidence Accumulates for Benefit Of Modafinil in Cancer Treatment

Studies Show Drug Can Reduce Patients' Fatigue and Depression, Improve Cognitive Function



ATLANTA/TORONTO—Accumulating evidence indicates that the use of modafinil is safe and beneficial in cancer patients. A number of studies presented recently suggest that this unusual drug can help reverse unwanted side effects of treatment.

In a study presented at the 2006 annual meeting of the American Society of Clinical Oncology (ASCO), researchers reported that modafinil can improve neurocognitive function, reduce fatigue levels and relieve depression symptoms in adults with brain tumors. This study was conducted by researchers from the Jonsson Comprehensive Cancer Center at the University of California in Los Angeles (UCLA).

In a study presented at the 2006 annual meeting of the Multinational Association of Supportive Care in Cancer (MASCC), investigators at the University of Rochester Medical Center in New York concluded that

see *MODAFINIL*, page 17 ►

Newer Information Technologies Can Benefit Your Hospital, Practice

In recent years, hospitals and physician practices have been investing in infrastructure and technology. This development has been encouraged by the Agency for Healthcare Research and Quality, which in 2004 awarded \$139 million in contracts and grants to promote the use of health information technology. Programs have been designed to improve administrative efficiency, reduce paperwork and support access to affordable healthcare. Is your practice keeping pace?

Preparing for the future requires considering what is already available in your organization and evaluating alternatives and e-solutions that can be customized to meet your changing needs. Hospitals have implemented electronic automated processes to improve the efficiency of such processes as billing, order entry and inventory management, with an initial focus on inpatient processes. Physician practices have

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NEW PRODUCT



For more information on **Cesamet (nabilone)** from **Valeant** see page 19.

SPECIAL REPORT



A Second Look: Update on Safe Handling of Hazardous Drugs
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TECHNOLOGY

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invested in software solutions for scheduling, billing, insurance verification and practice management to improve operations.

Plug-and-Play Solutions

The newer e-solutions shift focus from operations and automation of processes to areas such as clinical documentation, prescription generation and decision support. Hospitals and practitioners who were early technology adopters and have invested in infrastructure seek ways to maximize their initial investments.

One initiative undertaken in recent years by technology developers has been the creation of what are called *plug-and-play* protocols for interdevice communications. The protocols, when effective, are widely accepted within a given industry and enable devices and software produced by different manufacturers to communicate and work with one another. The plug-and-play initiative enables physician practices, and hospitals, to purchase new, state-of-the-art hardware and software, and plug-and-play (interface) them directly with existing hardware and software already on site.

An e-solution that fits one physician or hospital may not work for another. Your information technology (IT) strategy needs to include the integration of existing systems with new technology and software applications. For example, in physicians' offices with existing practice management systems, a key component for a workable e-solution is the exchange of information between existing systems and clinical systems. Sadly, there is a dearth of plug-and-play devices available on the market. Consumers should demand interoperability among various devices and software types.

Making Technology Work for You

A first step to implementing technology in your workplace is to take an inventory of the existing technology, people served and current workflow processes within your organization or practice. Identify the technology currently in place as well as the processes that require automation. Which applications are working well and which ones need to be updated, overhauled or simply abandoned for newer, more efficient ones?



'There must be a strong financial return on investment to allow the practice and hospital to enjoy the rewards of technology initiatives. These financial and user goals should be established up front and be made the central theme in directing technology decisions.'

—Todd Johnson

Whether you are part of a large university hospital or you are a solo practitioner, a critical step in preparing for the future is to identify key stakeholders' needs. Don't make the mistake of stopping short with administrator- and IT department-driven requirements—solicit feedback and involvement from those working in the trenches. Key to the successful implementation of new technology is support and buy-in by the people who are going to use it.

Develop a list of "must have" and "nice to have" solutions. How would you like to change your current workflow and further improve efficiencies? What is working well and should be preserved? Learn users' preferences: Do you want to go completely paperless? What type of connections do you want to have? How do you want to input data? What reports would be beneficial? These examples are intended to help you establish your long-term and short-term goals.

A next step is to research available plug-and-play technology and identify e-solutions in the development pipeline that can be tailored specifically to meet your organization's and physicians' requirements and needs. For example, there are clinical documentation e-solutions that can incorporate your current forms, automatically transcribe your lab data and test results, and maintain past pertinent patient history and medications in one readily accessible, point-of-care document. Such devices as tablet PCs and PDAs enable clinicians to input handwritten, typed or spoken data. Real-time e-solutions virtually mimic current paper-and-pencil documentation processes.

To research technologic solutions, we suggest that you talk to your colleagues, search the Internet, inquire with professional societies, and contact consultants who understand oncology and medical practice.

Savvy technology companies catering to the health-care market understand that your current applications need to interface with their new e-solutions with minimal disruptions in operations and services during implementation. Todd Johnson, President of Salar Inc., Baltimore, develops IT solutions for physicians and medical institutions to make them more productive. Salar helps to automate onerous, redundant, error-prone processes. Mr. Johnson suggests that "the real focus of technology solutions that drive clinical automation must [be] on how to deliver value to the end users. If technology isn't fast, user-friendly and intuitive, it won't become a real 'solution' for the team. Additionally, there must be a strong financial return on investment to allow the practice and hospital to enjoy the rewards of technology initiatives. These financial and user goals should be established up front and be made the central theme in directing technology decisions."

Safe Harbors: Support for Technology

The Health and Human Services Office of the Inspector General and Centers for Medicare & Medicaid Services (CMS) have released final rules that provide for an exception to the physician self-referral ("Stark") law and a safe harbor from the anti-kickback law for the donation of electronic health records information and related technology. The Health Information Technology Promotion Act of 2006 establishes "safe harbors" permitting hospitals, medical groups, Medicare Advantage plans and prescription drug plans to donate health information technology to physicians. This is a major step in enabling providers to implement streamlined documentation through the use of e-technology.

Mark B. McClellan, MD, Administrator of CMS, said "the new regulations would have a gradual impact, yet a material and important impact, on the adoption of healthcare information technology. Interoperability of systems is critical."

Planning for Success

E-solutions offer great advantages in streamlining documentation and improving efficiencies and operations. Researching and identifying your technology needs, selecting vendors and developing an implementation plan are critical steps. The Certification Commission for Healthcare Information Technology is developing standards for ambulatory health record products. In July of this year the commission released a list of certified products. The commission is undertaking similar efforts with regard to the inpatient and outpatient settings. Visit www.cchit.org regularly as a resource for information on companies and products receiving certification.

User buy-in and participation will support the successful implementation and use of new technologies. It is critical to include these people in the decision-making processes to ensure the early adoption of useful clinical tools that support accurate and critical healthcare data collection.

—Barbara Constable, RN, MBA
and Rhonda Gold, RN, MSN

Ms. Constable and Ms. Gold are Directors at The Pritchard Group in Rockville, Md. For more information visit www.thepritchardgroup.net.

