

ClinicalOncology

Advances in Cancer Care

news

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FDA NEWS

- 4 Molecular-based lab test detects metastatic breast cancer. Drug approved for multiple myeloma.

HEMATOLOGIC DISEASE

- 6 Nilotinib found active and safe in chronic phase CML.

SOLID TUMORS

- 10 CRYSTAL trial establishes a role for cetuximab in colon cancer.
- 12 Chemo may decrease quality of life in pancreatic cancer patients.
- 18 Pemetrexed-platinum doublet shows merit in NSCLC.

CLINICAL TRIALS

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SUPPORTIVE CARE

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- 32 Exercise reduces nausea and fatigue in cancer patients.

EDUCATIONAL REVIEW



Current Management of Gastrointestinal Stromal Tumor.

By Margaret von Mehren, MD
After page 18.

Addition of Sorafenib May Improve Survival In Melanoma Patients

CHICAGO—Progression-free survival rates and time to progression were both improved when sorafenib was added to dacarbazine as first-line therapy for advanced melanoma in a Phase II trial.

PFS Challenged

In advanced melanoma, any evidence of activity is welcome. However, some oncologists challenge the use of progression-free survival (PFS) as a meaningful end point because, they contend, no evidence has been found to date that PFS is of interest in terms of benefit to patients. PFS was also used as the primary end

see **SORAFENIB**, page 19 ▶

The First in a Six-Part Series End-of-Life Care: Examining Ethics

You and your oncology colleagues have likely heard statements like these from your patients and their families:

1. "You can't tell my father he's dying!"
2. "She's a fighter, do everything. She wouldn't care about suffering."
3. "But he didn't know what a living will meant when he signed it."
4. "Hospice sounds good, but I'm not giving up. You had better still do CPR."
5. "I've had enough, please put me to sleep."
6. "Can't you get me that experimental therapy I saw on the Web?"

Variations on these and other troubling statements are familiar to oncologists

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Oxaliplatin Increases Overall Survival in Stage III Colon Ca

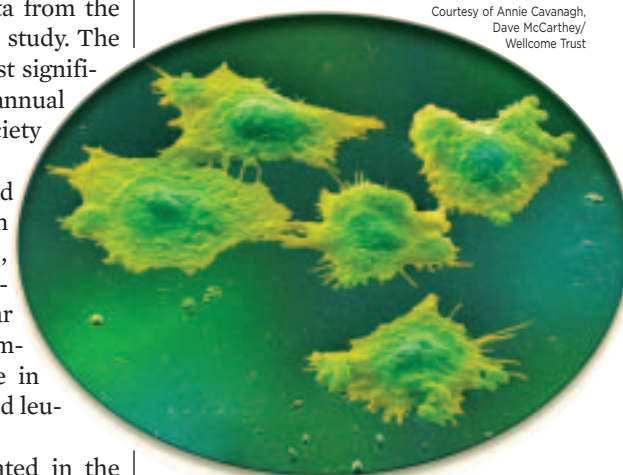
CHICAGO—Oxaliplatin improved overall survival for patients with stage III colon cancer by nearly 5% ($P=0.029$), according to six-year follow-up data from the large, multinational MOSAIC study. The findings were among the most significant presented at the 2007 annual meeting of the American Society of Clinical Oncology.

Stage III patients treated with FOLFOX4 (oxaliplatin [Eloxatin, Sanofi Aventis], 5-fluorouracil [5-FU] and leucovorin) had a 73% six-year overall survival (OS) rate, compared with a 68.6% OS rate in patients treated with 5-FU and leucovorin (LV5FU2) alone.

Of the 2,246 patients treated in the MOSAIC (The Oxaliplatin, Fluorouracil, and Leucovorin as Adjuvant Treatment for Colon Cancer) study, all were chemotherapy-naïve and had completely resected colon cancer. MOSAIC's initial

results for disease-free survival (DFS) were presented at the 2003 annual ASCO meeting and published in *The*

Courtesy of Annie Cavanagh, Dave McCarthy/Wellcome Trust



Human colon cancer cells in culture.

New England Journal of Medicine in 2004 (2004;350[23]:2343-2351. PMID:

see **OXALIPLATIN**, page 11 ▶

POLICY & MANAGEMENT

Private Insurer Issues and Trends: Planning for Your Success

Many business articles focus on Medicare—its rules, regulations and expected trends. Commercial or private insurers often march to the beat of a different drummer. They comprise roughly one-third of payers and are a prominent and significant force to consider in planning for your

business success.

The profitability of many practices is based on how successfully contracts with private insurers are negotiated and how well the practice manages patient care. It is critical to understand insurer issues and trends and take these into

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NEW PRODUCT

FDA Approves
Wyeth's Torisel,
see page 17.



Part 2 of our Annual
Three-Part ASCO
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PRIVATE INSURERS

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consideration when you plan for the future.

Cost Containment

The watch words are *cost containment*. Programs are called a variety of names, but they are all targeted at reducing costs and improving the management of patient care. Pay for performance, disease management, case management and patient-centered care are all about managing costs and healthcare expenditures. A variety of tactics are used to minimize expenses, including the denial or limitation of payments for new technologies and off-label uses of drugs. Another example is the requirement for pre-authorization or special documentation for laboratory and/or diagnostic imaging.

Who's on First?

Beyond the requirements of insurers, cost containment happens on two additional levels; both the employer and the employee play key roles. Employers are finding it difficult, if not impossible, to shoulder the growing costs resulting from healthcare inflation and the increased use of new procedures and technology. To counteract these trends, employers are forced to increase employees' share of premiums and reduce their beneficiaries' benefits.

Employees are often in the driver's seat when it comes to choosing a health insurance plan. Many companies allow their employees to choose from among multiple plans and structures, and individuals often make this choice when they are healthy. A majority of individuals choose a plan that maximizes their weekly take-home pay, with the understanding that they will have higher copays and higher deductibles. Some will select preferred provider networks (PPNs) to reduce today's out-of-pocket costs and ensure a fatter paycheck.

Building Relationships With PPNs And Benefit Managers

If you thought health maintenance organizations (HMOs) were a thing of the past, think again! Today, employees are often opting to limit their provider choices simply to save money. Trends in cost containment require that savvy providers tend to their relationships with insurers. Work toward establishing preferred provider status with insurers that benefit the bottom line of your practice, and continue to promote a positive association with the private insurers that have been supportive of your practice.

Before establishing preferred provider relationships, evaluate which payers are critical for your financial success. Consider the benefits of joining a provider network. Next, determine what is involved in becoming a preferred provider. It does not simply boil down to a cost or price arrangement. Be prepared to show how your practice provides care that is cost-conscious and that you achieve appropriate outcomes for the care that you provide.

Approach your best payers or reconnect with existing payers, and establish relationships that will ensure that you are working toward becoming a preferred provider or maintaining the status of a preferred provider. Open discussion is key. Consider speaking with the benefit managers of large, self-

Insurers continue to look for ways to slow the rise in medical costs. Today, more insurance plans include programs based on case management and pay-for-performance strategies.



insured companies in your community and local surrounding area. Some self-insured companies are limiting their healthcare costs by restricting payment for drugs, eliminating off-label uses and limiting payment for new technology.

Often, benefit managers do not fully appreciate the implications of the coverage plan created by their third-party administrator. It is important that you help them understand the nuances of the plan benefits and the practices of the insurer concerning payment for off-label uses of drugs and new technologies. In this way, you can help benefit managers ensure that employees obtain the care they need if they are faced with a diagnosis of cancer. It is critical that providers offer explanations that managers understand, to counter the misinformation that an insurance company salesperson may have given them.

Patient-Centered Case Management

Insurers continue to look for ways to slow the rise in medical costs. Today, more insurance plans include programs based on case management and pay-for-performance strategies. Although case management did not affect cancer care significantly in the past, it is likely to be a considerable force in the future. Insurers find value in limiting choices to reduce costs, and patients are increasingly more interested and willing

to select cost-saving options.

Recently, California insurers rolled out new programs geared toward controlling and managing the high cost of end-of-life care. Patient-centered case management programs are designed to improve the quality of healthcare and reduce the medical expenses of patients with complex or clinically advanced illnesses.

A recent study in the *American Journal of Managed Care* (2007;13:84-92, PMID: 17286528) focused on Blue Shield of California HMO members. It examined the effect of patient-centered management on individuals with advanced illnesses, including late-stage cancers. Results indicated a 38% reduction in the number of hospitalizations and a 36% reduction in hospital days, in addition to a 62% increase in hospice use, for patients included in the study group. The report indicated a 26% savings in costs without a shortening of life and attributed the savings to a reduction in hospitalizations and emergency department visits and an increased use of hospice and home care.

According to the study, patient-centered management goes beyond traditional case management in controlling costs. Highly trained nurses provide extensive patient education and coordination of care, in addition to treatment of pain and end-of-life management. The key to cost savings is helping patients select services and consider different treatment options to avoid unnecessary hospitalizations and emergency department visits. The goal is to change patient behaviors to reduce unnecessary healthcare expenses.

Patient-centered case management programs are targeted toward reducing end-of-life costs. They include many palliative options, which the cancer community applauds. They also include patient advocacy and education provided directly by the insurance company. Insurers are taking a greater role in explaining options and related costs to beneficiaries, to enable them to make better-informed critical treatment decisions. It is essential that physicians understand these trends and become active in educating patients and benefit managers about the changes taking place that affect coverage for oncology care.

Planning Successfully for Your Future

There has been talk that cancer coverage should be considered supplemental. It is not unimaginable that employers and beneficiaries will have to embrace dramatic and often personally costly transformations in the payer arena, to ensure ongoing access to quality healthcare. Bottom line—this will impact your business.

Providers need to establish relationships with private insurers that enable them to provide quality care in their communities and receive appropriate reimbursement. Every community has unique insurer issues. Providers must make a concerted effort to understand what is happening in their communities, paying close attention to the trends and issues in the private insurance arena. The time to formulate your business plans for success is now.

—Mary Lou Bowers, MBA, and Rhonda M. Gold, RN, MSN

Ms. Bowers and Ms. Gold, members of the Clinical Oncology News advisory board, represent The Pritchard