



# 2005 Medicare Cuts Threaten Future of Community Oncology

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On July 27, 2004, the Centers for Medicare and Medicaid Services released its proposed 2005 payment schedule for physicians' services on drugs for the year 2005. This CMS proposal implemented provisions of the Medicare Modernization Act of 2003. There are many features and changes in this proposal which will cut at least \$500 million in total reimbursement from cancer care resources.

The data, as released, provides significant reductions in the Medicare payments for drugs and also cuts payment rates for drug administration and other associated related services. These Medicare cuts for 2005, if enacted, will significantly threaten the

viability of many community oncology practices and could very well cripple the ability of oncologists to provide quality cancer care, including the appropriate patient support services in community based offices.

These cuts, if enacted, would most likely result in significant staff reductions, the curtailing of ancillary services as well as reducing the amount of clinical research protocols, which are currently already underfunded. Faced with inadequate reimbursement in the physician office, our patients, especially those with more complex and costly conditions could be required to seek treatment in the hospital outpatient

departments, some of which may not have the capacity to absorb the high volume of new patients which would result if these cuts take place.

Oncology Associates supports ASCO's plan to maintain 2004 net reimbursement rates for cancer treatment during 2005 and 2006 while three government mandated studies on the effect of the Medicare Modernization Act of 2003 on cancer are completed. Oncology Associates will continue to educate and inform our members about the implications of reimbursement charges on practices so that the essential care of our patients will hopefully not be compromised. **OA**

have been similar in nature and severity to those reported with other platinum-containing compounds, i.e. rash, urticaria, erythema, pruritus, and rarely bronchospasm and hypotension. Anaphylactic reactions have been reported as part of postmarketing surveillance (see **WARNINGS**). These reactions have been successfully managed with standard epinephrine, corticosteroid, and antihistamine therapy.

#### Injection Site Reactions

Injection site reactions, including redness, swelling, and pain, have been reported during postmarketing surveillance. Necrosis associated with extravasation has also been reported.

#### Other Events

Pain and asthenia were the most frequently reported miscellaneous adverse effects; their relationship to the tumor and to anemia was likely. Alopecia was reported (3%). Cardiovascular, respiratory, genitourinary, and mucosal side effects have occurred in 6% or less of the patients. Cardiovascular events (cardiac failure, embolism, cerebrovascular accidents) were fatal in less than 1% of the patients and did not appear to be related to chemotherapy. Cancer-associated hemolytic uremic syndrome has been reported rarely. Malaise, anorexia, and hypertension have been reported as part of postmarketing surveillance.

#### DOSAGE AND ADMINISTRATION

##### Patients with Impaired Kidney Function

Patients with creatinine clearance values below 60 mL/min are at increased risk of severe bone marrow suppression. In renally-impaired patients who received single-agent carboplatin therapy, the incidence of severe leukopenia, neutropenia, or thrombocytopenia has been about 25% when the dosage modifications in the table below have been used.

Baseline Creatinine Clearance	Recommended Dose on Day 1
41 - 59 mL/min	250 mg/m <sup>2</sup>
16 - 40 mL/min	200 mg/m <sup>2</sup>

The data available for patients with severely impaired kidney function (creatinine clearance below 15 mL/min) are too limited to permit a recommendation for treatment. These dosing recommendations apply to the initial course of treatment. Subsequent dosages should be adjusted according to the patient's tolerance based on the degree of bone marrow suppression.

#### Geriatric Dosing

Because renal function is often decreased in elderly patients, formula dosing of carboplatin based on estimates of GFR should be used in elderly patients to provide predictable plasma carboplatin AUCs and thereby minimize the risk of toxicity.

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### www.vidaza.com

Vidaza is now approved for all myelodysplastic syndromes (MDS) subtypes. Visit the new Vidaza web site for clinical information, frequently asked questions and reimbursement.

### www.komen.org

Visit The Susan G. Komen Breast Cancer Foundation homepage and find out how you can participate in your local "Race for the Cure."

### www.laf.org

The Lance Armstrong Foundation provides the practical information and tools people living with cancer need to live strong. Visit the web site to learn more and order your LIVESTRONG wristband to support cancer patients like Harrison Strickler, featured in this issue's Inspiration article (p.16).

Useful Sources of Information for Reimbursement of OA Contracted Products:

[www.asco.org/medicare](http://www.asco.org/medicare)

[www.cms.gov](http://www.cms.gov)

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

[www.nocr.com](http://www.nocr.com)

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