

Understanding the Impact of the Medicare Changes for 2005

RICKY NEWTON, CPA

As of January 1, 2005, every oncology practice will experience a significant decrease in reimbursement from Medicare for the administration of chemotherapy. This decrease is a result of the new payment for drugs at ASP +6% versus 85% of AWP from 2004. There were also many new temporary chemotherapy administration codes "G codes" that were added in 2005. As shown by an example provided in the presentation, treating a patient with FEC 100 for one day followed by Neulasta on day 2, the new chemotherapy administration codes resulted in a net difference in gross revenue of \$26.45. The net profit on the drugs for that treatment resulted in a difference of a negative \$547. This meant that treating a patient with FEC 100 for that one day would result in a net cash flow decrease from 2004 of approximately \$520.55. Several other treatment plans for breast cancer were analyzed to show how much of a negative impact that the changes had on our practices from 2004 to 2005. Adding other ancillary services, making sure that you are billing out every service that you can bill out and following up on collections of aged insurance receivables were a few action points in trying to survive in 2005.



Adjuvant Therapy for Early-Stage Breast Cancer

DR. FRANCISCO ESTEVA, MD, PHD

Breast cancer is the most common malignancy afflicting women in the US. Adjuvant systemic therapy has been shown to improve disease-free survival (DFS) and overall-survival (OS) rates in women with early-stage breast cancer. The aromatase inhibitors anastrozole, letrozole and

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exemestane are effective alternatives to tamoxifen in postmenopausal women with hormone receptor-positive tumors. When chemotherapy is indicated, anthracycline- and taxane-based regimens are considered the most effective. However, the optimal way to administer these chemotherapies remains controversial. Dr. Esteva discuss the role of preoperative chemotherapy and the role of sequential versus combination chemotherapy in early-stage breast cancer, with an emphasis on recent data presented at the 2004 San Antonio Breast Cancer Symposium.



Pharmacoeconomics of Antiemetics in the New Practice Environment

DR. ED RUBENSTEIN, MD

A strategy for enhancing the value of CINV prevention in 2005 using Aloxi® (palonosetron HCL) injection was presented by Ed Rubenstein, who spent 18 years on the faculty of MDACC where he directed their outpatient chemotherapy clinics and emergency center. Now a Senior Vice President with MGI PHARMA, INC., his knowledge of antiemetic research and supportive care in patients with cancer is well known.

Value in health care has been defined as a function of quality and cost. Quality of medical care can be measured in population-based outcomes research, and can be increased by improving measurable efficacy endpoints or patient functioning or by improving patient access to care. The other way to measure value is on the cost side (direct costs and/or indirect costs).

Compared with therapeutically equivalent 1st-generation 5-HT₃ antiemetic agents, improvement in quality of care using palonosetron for control of chemotherapy-induced nausea and vomiting (CINV) was illustrated with clinical trial efficacy data. For nausea and vomiting caused by the most common moderately emetogenic types of chemotherapy, significantly higher rates of complete response (defined as absence of emesis and no use of rescue medication), fewer emetic episodes, and less moderate to severe nausea – translating to less impact on daily functioning due to CINV – were shown with single dose IV palonosetron 0.25 mg. Extreme CINV events, which are likely to result in costly unscheduled clinic visits, are several times more likely when antiemetic prophylaxis fails in the days after initial chemotherapy. In comparison to the other 5-HT₃ agents, the use of palonosetron for control of CINV reduced the rate of costly extreme events by 48%, providing value to caregivers, patients and payors.



A New Era of Therapy: Radiation Therapy +/- Chemotherapy with Concurrent Cytoprotection

DR. JAY L. FRIEDLAND, MS, MD

In the treatment of head and neck cancers the usual goal of Cytoprotection is the reduction of acute mucositis and chronic xerostomia. Amifostine is presently the only product listed in the U.S. Pharmacopeia for reducing mucositis related to radiation therapy or chemoradiotherapy. Amifostine is FDA approved to reduce the risks of