radiation-induced xerostomia and cisplatin induced nephrotoxicity.

Amifostine is a unique and very useful adjunct in the treatment of head and neck, thoracic and pelvic cancers treated with radiotherapy +/- chemotherapy. There appears to be a dose response, with the recommended dosing being either 500mg/2.5cc saline SQ or ≥300mg/m^2 rapid IV push. These doses of amifostine provide significant protection against radiotherapy and chemoradiotherapy induced xerostomia and mucositis. Amifostine is generally well tolerated with the major side-effects being nausea, vomiting, hypotension and fatigue. All these side effects are generally less severe with the SQ and rapid IV push dosing. The optimal time of treatment with amifostine is 30 to 60 minutes prior to the daily radiotherapy treatments. To date, there have not been any randomized published studies demonstrating tumor protection.

Ensuring Quality Patient Care in Times of Reimbursement Change

BY DENISE PIERCE

Reimbursement includes three components: coverage, coding and payment. All three components must be aligned to ensure appropriate practice reimbursement for drugs and services. Current Medicare coding and payment are already established and managed care payment is set through contracting processes. Therefore, the one area that oncology practices can consistently influence change in is coverage. An oncologist's clinical decisions to treat are negatively affected if drug coverage policies restrict patient access to care through prior authorizations, indications and dosing/frequency limitations. By working directly with medical management decision-makers to shape positive coverage decisions at Medicare Carriers and managed care organizations, oncologists and oncology practice administrators can ensure:

> Consistent coverage that matches medical practice patterns,
> Coverage that aligns to the established coding systems to streamline claims, and
> Ongoing patient access to appropriate care

Simple steps can help build the plan to affect payer clinical decisions on coverage, including:

1. **Identify what issues you want to address**
   > Look at important payers and coverage for high-volume regimens
   > Consider streamlining claims, expanding coverage, etc.
2. **Compile resources such as clinical literature or treatment decision tools**
   > Utilize all available resources such as drug manufacturers
3. **Determine the best method to submit requests to payers**
   > Consider direct meetings, working with a CAC representative or simply email or mail
4. **Follow-up to support payer action**
   > Realize that payers deal with a multitude of requests, so conduct periodic contact to expedite change

Emesis and Cancer Treatment Approach to the Problem

BY JULIE ALLEY, PHARMD

Chemotherapy-induced nausea and vomiting (CINV) continues to plague patients who are receiving treatment for cancer. Over the past 10-15 years, management of CINV has greatly improved as a result of the 5-HT$_3$ receptor antagonists. However, fear of nausea and vomiting continues to worry patients who are receiving chemotherapy. Understanding the pathophysiology of CINV as well as patient specific risk factors for developing CINV can be beneficial to customizing prevention of CINV for individual patients. Lastly, as healthcare providers, we have responsibility to practice cost efficient medicine while maximizing patient outcomes. Therefore, it is important for us to understand all aspects of CINV prevention and management so that we can make the best choices for our patients.

The Role of Biphosphonates: Moving from Palliative Treatment to Adjuvant Therapy

DR. STEFAN GLÜCK MD, PHD, FRCPC

Biphosphonates have been used in the past for hypercalcaemia in malignancy, for pain from bone metastasis and delaying and occasionally preventing bone related events like fractures from malignancy. Additionally, some of the compounds were used in preventing or treatment of osteoporosis.

More recently, newer less toxic and more effective agents were introduced in the treatment of solid tumors including breast cancer, prostate cancer and lung cancer.

In breast cancer, a number of studies have now shown efficacy in the early stages in preventing recurrences, delaying development of bone metastasis and occasionally, in prolonging survival. In the adjuvant setting, in conjunction with aromatase inhibitors, it was recently shown that osteoporosis can be prevented.

Biphosphonates now are an integral component of treatment of early and late stage breast cancer and contribute substantially to the success in combating this disease. OA