

ISSUES

5 Commonly-used Oncology Procedures That May Not Be Necessary



On April 4, the American Society of Clinical Oncology (ASCO) issued a “Top Five” list of common, costly procedures in oncology that are not supported by evidence and that should be questioned. The list was released at a press conference hosted by the American Board of Internal Medicine Foundation (ABIM) as part of its *Choosing Wisely*® campaign. ASCO is one of nine participating physician specialty societies asked to provide specific, evidence-based recommendations physicians and patients should discuss to help make wise decisions about the most appropriate care based on their individual situation. In brief, here is ASCO’s Top Five list:

1. For patients with advanced solid-tumor cancers who are unlikely to benefit, do not provide unnecessary anticancer therapy, such as chemotherapy, but instead focus on symptom relief and palliative care. (The Top Five list notes important exceptions to this recommendation based on patient circumstances—including patients who have disease characteristics, such as specific genetic mutations—for which further therapy could be beneficial.)
2. Do not use PET, CT, and radionuclide bone scans in the staging of early prostate cancer at low risk for metastasis.
3. Do not use PET, CT, and radionuclide bone scans in the staging of early breast cancer at low risk for metastasis.

4. For individuals who have completed curative breast cancer treatment and have no physical symptoms of cancer recurrence, routine blood tests for biomarkers and advanced imaging tests should not be used to screen for cancer recurrences.
5. Avoid administering colony stimulating factors (CSFs) to patients undergoing chemotherapy.

ASCO’s Top Five list for oncology not only highlights a set of specific practices that should be questioned, but also—and perhaps more importantly—provides an opportunity to emphasize the importance of using evidence-based medicine to arrive at clinical decisions. Over the coming months, ASCO will continue to educate both physicians and patients about the effort and provide tools and resources providers need to consider the issues fully and make wise choices. For more information, on the Top Five list and the *Choosing Wisely* campaign, visit: www.asco.org/topfive.

A full manuscript detailing the background, methods, and results of ASCO’s efforts was published in the *Journal of Clinical Oncology*.

ACCC Comments on PCORI Priorities & Research Agenda

Mar. 15, ACCC submitted comments to the Patient-Centered Outcomes Research Institute’s

(PCORI’s) Draft National Priorities and Research Agenda. ACCC strongly supports PCORI’s mission “to fund research that offers patients and caregivers the information they need to make important healthcare decisions.”

In its comments, ACCC noted that high-quality cancer care involves “not only appropriate use of drugs, devices, and medical procedures, but also effective coordination among caregivers. Prevention and screening are vital to sparing patients the pain of cancer or allowing treatment at earlier stages of the disease. Further research into all of these aspects of cancer and its diagnosis and treatment is essential to improving patients’ outcomes.”

The Draft National Priorities and Research Agenda has the potential to promote important research that could change the lives of cancer patients. PCORI proposes five broad priority areas of research:

1. Assessment of Prevention, Diagnosis, and Treatment Options
2. Improving Healthcare Systems
3. Communication and Dissemination
4. Addressing Disparities
5. Accelerating Patient-Centered and Methodological Research.

ACCC’s comment letter is available online at: www.accc-cancer.org/advocacy/pdf/2012PCORIcomments.pdf.

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ACCC Urges Faster Congressional Action on Drug Shortage Crisis

Mar. 16, ACCC joined 31 other medical organizations in urging House Energy and Commerce Committee Chairman Fred Upton (R-MI) to move forward with legislation to combat the drug shortage crisis. While acknowledging that drug shortages cannot be solved by Congressional action alone, ACCC and the other organizations urged Representative Upton in a letter to take action:

“Look no further than the recent methotrexate shortage as evidence that this issue can no longer be ignored, as children with otherwise treatable cancer face being without treatment options... the time to take action is now as our patients simply cannot wait any longer.”

The letter requested that the Committee move forward with legislation that includes:

- Developing an early warning system for production disruption or discontinuation
- Requiring manufacturers to have contingency plans for raw materials suppliers
- Encouraging redundancies in manufacturing
- Requiring collaboration between the Food and Drug Administration (FDA) and Drug Enforcement Agency (DEA) to offer flexibility for product development and raw material quotas and establishing incentives for manufacturers.

In addition to ACCC, the American College of Surgeons, the American Hospital Association, the American Medical Association, the American Society of Clinical Oncology, and the American Academy of Pediatrics, among others, were all signatories to the letter.

On April 5, ACCC again joined with other stakeholder to provide comments

to the Senate bipartisan working group’s discussion draft addressing drug shortages.

USPSTF Issues Recommendation Statement on Cervical Cancer Screening

The U.S. Preventive Services Task Force (Task Force) final recommendation statement on cervical cancer screening was published Mar. 15 online in the *Annals of Internal Medicine*. After systematic review of the available evidence, posting a draft recommendation statement for public comment, and considering the comments it received, the Task Force concluded:

- Women aged 21 to 65 should be screened with cytology (commonly known as Pap smear) every three years. As an alternative, women aged 30 to 65 who want to be screened less frequently may choose the combination of cytology and human papillomavirus (HPV) testing every five years, which offers similar benefits to cytology-only. This is an A recommendation.
- The Task Force recommends against screening women who have had a hysterectomy with removal of the cervix, women younger than 21, or women older than 65 who previously have been adequately screened. These are D recommendations. Evidence showed that the expected harms (such as, unnecessary procedures, false positives, and possible problems with future pregnancies) of screening these populations outweighed the potential benefits.
- The Task Force also recommends against cervical cancer screening using HPV testing in women younger than 30. This is a D recommendation. Evidence showed that the expected harms (such as, unnecessary procedures, false positives, and possible problems with future pregnancies) of this screening in this group outweighed the potential benefits.

These recommendations apply to women, regardless of sexual history, who have a

ICD-10 Compliance Date Moved to 2014?

On April 9, the Centers for Medicare & Medicaid Services announced a proposed rule that would delay the compliance date for the *International Classification of Diseases, 10th Revision* (ICD-10) code set from Oct. 1, 2013, until Oct. 1, 2014, as reported in the April 10 *BNA Health Care Daily Report*.

The proposed rule (CMS-0040-P) also included a requirement for health plans to adopt a unique health plan identifier for all Health Insurance Portability and Accountability Act (HIPAA) transactions. Health plans currently use several different identifiers that vary in format. The proposed rule was published in the April 17 *Federal Register*. Comments were due by May 17.

cervix and show no signs or symptoms of cervical cancer. These recommendations do not apply to women who are already at a very high risk for cancer, such as those who have been diagnosed with a high-grade precancerous cervical lesion or who have weakened immune systems.

Since the implementation of widespread cervical cancer screening, there has been a dramatic reduction in cervical cancer deaths in the United States. “About half of women diagnosed with this disease have never had a Pap smear or have not been adequately screened. Therefore, it is important for clinicians and healthcare systems, to get women into screenings who have never been screened, or who have not been screened in the last five years,” said Task Force member Wanda Nicholson, MD, MPH, MBA.

The recommendations are available on the USPSTF website at: www.uspreventiveservicestaskforce.org/recommendations.htm. 