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In the News

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IN THE NEWS

NEW J CODE FOR HERCEPTIN

On January 1, 2000, the Health Care Financing Administration (HCFA) assigned a unique J-code for Herceptin. J9355 identifies Herceptin. The billing unit is 10 mgs. Herceptin's J-code becomes effective on the date of service, beginning January 1, 2000. Services provided prior to January 1, 2000 must be billed using the J9999 code.

N.J. INSURERS PAY FOR COSTS OF CLINICAL CANCER TRIALS

Ten health insurers in New Jersey have agreed *voluntarily* to cover all costs of routine care for patients receiving treatment in all phases of clinical cancer trials. The agreement provides that the routine care of cancer patients enrolled in phases I, II, and III of cancer clinical trials will be covered by their health plans and insurers.

The agreement currently applies only to members of the New Jersey Association of Health Plans' (NJAHP) associated health plans. They are: Aetna U.S. Healthcare; AMERICAID Community Care; AmeriHealth HMO, Inc.; CIGNA HealthCare of New Jersey, Inc.; Horizon Blue Cross Blue Shield of New Jersey; Managed Healthcare Systems of New Jersey; Oxford Health Plans; Physicians Health Services; Prudential HealthCare; and United Healthcare of New Jersey. The NJAHP is also a participant in the agreement.

Three states—Maryland, Virginia and Rhode Island—currently have mandated insurance coverage for clinical trials. Currently, ACCC is active in promoting clinical trials legislation in Georgia and Arizona.

The New Jersey agreement defines approved clinical trials as those authorized by the National Institutes of Health, the U.S. Food and Drug Administration, the Department of Defense, and the Department of Veterans Affairs.

Routine costs of patient care would be covered by health insurers, however, the costs of investigational drugs or therapies (the extra care costs specifically required for a clinical trial) and the costs to administer the trial will continue to be borne by the research sponsor.

QUALITY-OF-LIFE DATA ON CANCER PAIN GATHERED

Medtronic, Inc., of Minneapolis, Minn., and the National Comprehensive Cancer Network have formed a partnership to study the best way to control cancer pain while preserving patients' quality of life.

Medtronic has agreed to pay up to $525,000 over three years to support the development and expansion of the NCCN Oncology Outcomes Database. The NCCN database will provide information about various pain therapies administered under the network's cancer pain treatment guidelines to facilitate comparisons of techniques and outcomes. Initial data from this first-of-its-kind national database is expected in April 2001.

continued on page 29

PROFESSIONAL OPPORTUNITIES

National Cancer Institute, NIH
Division of Cancer Prevention
Announcement # NCI-00-2702

The Division of Cancer Prevention is seeking an outstanding scientist to fill the Community Oncology and Prevention Trial Research Group (COPTRG) Chief position. The duties of this position include:

(1) Responsibility for the overall administrative supervision of the Group and clinical research direction of its programs; coordination, implementation and scientific direction of the Community Clinical Oncology Program (CCOP), a nationwide program linking community oncologists with cancer research expertise at Cooperative Groups and Cancer Centers. (2) Scientific design and evaluation of original chemoprevention clinical trials research to be implemented through the CCOPS and Cooperative Groups Clinical Trials Program, the largest network of clinical trials activities in the world. (3) Implementation of the budget of almost $50 million annually for support of over 75 cooperative agreements in the CCOP network. (4) Scientific design, coordination and execution of other cancer control clinical trials research including cancer pain control, rehabilitation, symptom management, etc. through the CCOP network and other grantees. (5) Critiquing clinical trials protocols supported by NCI and establishes contacts to promote interest in the development of appropriate chemoprevention and control studies nationally and internationally. (6) Serving as advisor to Director, DCP, Associate Director for Clinical Research and senior staff of the Division regarding promising new areas of clinical cancer prevention and control research including identification of resources needed and potential impact on other programs of the Division and of NCI. This Research Group Chief position may be filled by candidates qualified in the following series: GS-401, Biologist; GS-440, Geneticist; GS-601, Health Science Administrator; GS-602, Medical Officer; or GS-1320, Chemist. All positions are at the GS-15 level. Base salary ranges from $84,638 to $110,028. For physicians, an additional Physicians Comparability Allowance of up to $30,000 per year and Physicians Special Pay may be available. For all candidates, other appointment mechanisms and incentives may apply in individual circumstances based on experience and expertise with total salary and incentive compensation to be negotiated.

To obtain the vacancy announcement, which includes application requirements call 1-800-728-JOBS long distance (301) 594-2953 [local] and at the prompt enter fax ID # 1887. Or you may obtain the vacancy announcement by visiting the NIH Career Here Web Site at http://careerhere.nih.gov. For additional information regarding this vacancy announcement, call Carole Watson at 301-496-8571. Applications **must** be postmarked by April 28, 2000.

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continued on page 30

continued from page 8

BREAST CANCER THERAPY IS FOCUS OF FALL NIH CONFERENCE

The National Institutes of Health (NIH) will hold its Consensus Development Conference on Adjuvant Therapy for Breast Cancer in Bethesda, Md., on Nov. 1–3, 2000.

Conference participants will consider new information on chemotherapy, hormonal therapy, and other aspects of treatment that has emerged in recent years. Like other NIH consensus conferences, the meeting will culminate in recommendations for clinical practice.

"A substantial amount of new data has become available since the last consensus conference in 1990," said Jeff Abrams, M.D., of the National Cancer Institute's Cancer Therapy Evaluation Program. He pointed out that studies in the last decade have raised issues that need to be factored into treatment decisions.

During the conference, a panel of experts from outside NIH will hear presentations from leading researchers and then consider questions on specific topics, such as the selection of chemotherapy, radiation, and hormonal therapy. The agenda will also include the clinical use of prognostic markers and quality-of-life issues. The conference will cover both node-negative and node-positive breast cancer.

For more information, visit the NIH web site at http://odp.od.nih.gov/consensus or call 301-592-3320.

IOM AND ASCO SEPARATELY STUDY QUALITY OF CARE

Over the next two years, the issue of the delivery of quality cancer care will receive a great deal of attention. A recent study by the Institute of Medicine (IOM) indicated that 44,000 people die annually due to medical errors. How should oncologists address this issue?

In April 1999, the National Cancer Policy Board, an IOM member, released a report entitled *Ensuring Quality Cancer Care*. This is probably the first attempt by a major organization to look at this issue, although the report falls short in its methodology and leaves many questions still unanswered. That was the conclusion of Albert Einstein, Jr., M.D., F.A.C.P., medical director of the Swedish Cancer Institute, Seattle, Wash., who spoke at the February 2000 ACCC Oncology Presidents' Retreat.

The IOM report, which called for improved information about the quality of cancer care nationwide, recommended that guidelines should be adopted and used and a quality benchmark database be established. Einstein maintained that a new national agenda for quality care should be developed, focusing on a common definition of quality cancer care and quality outcomes.

In response to the IOM study, the American Society of Clinical Oncology has launched the first study to develop a national monitoring system for cancer care in the U.S. Harvard University and the Rand Corporation agreed to implement the study.

The 18-month pilot study, which began in February 2000, will assess the feasibility of a national cancer care monitoring system and develop a prototype for such a system by initially examining the quality of care received by a sample group of adult breast and colorectal cancer patients. A panel of ASCO physicians and other health experts will oversee the study, which will be conducted by researchers at Harvard and the RAND Corporation.

No national system currently exists to monitor the quality of cancer treatment, said ASCO President Joseph S. Bailes, M.D., F.A.C.P., who also spoke at the ACCC meeting. "This study will provide the groundwork and the strategy to develop a national system that is urgently needed and help the cancer community ensure that patients nationwide receive the highest standard of care," he said.

Harvard and RAND researchers will review patient medical records, identified using the National Cancer Data Base, to better understand the level of care given to each patient, including the type of treatment provided and the kind of follow-up care received. In addition, researchers will administer patient surveys to help understand patients' experiences, the type of care received, where that care was received, insurance status and other information. This large-scale, direct interaction with patients to gather their perspectives on quality in a systematic way is an important component of the study. All patient information will be strictly confidential.

ORAL TREATMENT MAY BE OPTION FOR SKIN CANCER

A British study has found that a newly approved oral treatment for brain cancer has proven to be effective against the deadliest form of skin cancer, according to the January edition of the *Journal of Clinical Oncology*. The study found that temozolomide is "at least" as effective as DTIC, a current standard treatment for patients with advanced metastatic melanoma, and that patients receiving temozolomide suffered less from fatigue and insomnia. In addition, nearly all temozolomide patients reported improved cognitive function (perception, reasoning, and memory). The study of 280 patients was conducted by the Cancer Research Campaign, a leading British research charity.