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October 13, 2009

Jan Cook, MD
Medical Director
Blue Cross Blue Shield of Massachusetts, Inc.
Landmark Center
401 Park Drive, Suite 14
Boston, MA 02215-3325

Dear Dr. Cook,

ASCO has recently communicated with you regarding your quality initiative involving use of a treatment plan and summary for oncology care. We were very pleased to be able to work with Blue Cross and Blue Shield- of Massachusetts (BCBS-Mass) in these efforts. We commend BCBS-Mass for their continued innovation in the quality arena. ASCO hopes to work with the national Blue Cross Blue Shield Association in order to increase awareness and adoption of similar policies elsewhere.

Knowing how BCBS-Mass values the delivery of high quality care, we are concerned to learn of policies that have been put forward regarding the provision of supportive care drugs directly to patients for administration at home, and the concurrent "brown bagging" proposal to provide antineoplastics directly to patients to be carried to the physician's office for administration or to provide antineoplastics to physicians through delivery from payer directed distribution channels.

Providing supportive care drugs directly to patients requires the pre-ordering of drugs in advance of care. This may not present a problem for patients with medical conditions other than cancer who are on stable, generally chronic, medication regimens, but in the setting of chemotherapy treatment, the pre-ordering of drugs seems potentially detrimental to the high quality care we are trying to mutually support. For example, entirely new classes or different forms of supportive care medications may become necessary from one treatment session to the next, and it is difficult to predict which of those might be necessary in advance of the patient visit. If a new supportive care drug becomes necessary on a given day of treatment, planned chemotherapy could be delayed due to a lack of availability of supportive care drugs. The probable drug waste inherent in such a system is obvious and yet another concern. Increased awareness of the risks of these drugs, particularly erythropoietins, and the need for concurrent laboratory and patient physical assessment with each dose of these medications also necessitates greater and not less physician supervision of dosing. At a minimum, this will create yet another burden for cancer patients as they will, in this circumstance, be required to first visit the physician office to undergo the appropriate laboratory tests, wait for the results, take the prescription to a pharmacy, get the prescription filled, and then take the drug home for self-administration.

2318 Mill Road, Suite 800
Alexandria, VA 22314
T: 571-483-1300
F: 571-366-9530
www.asco.org

ASCO is concerned about this policy's impact on patients who will be required to pick up, store, and then administer their own supportive care drugs, without health professional oversight. Patients will need to be taught not only how to correctly self-administer the drug, but will now be expected to monitor their own clinical situation for toxicity and appropriateness before each dose. Moreover, patients will now be expected to know how to appropriately transfer and store drugs that may be easily compromised if not handled correctly, and how to correctly dispose of unused drug and drug administration supplies.

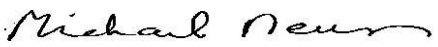
In cases where it is determined that the patient is unable to self-administer the drug and that the drug should be administered in the physician's office, the patient must return on a separate visit to the physician's office to have the drug administered, after the drug has been delivered to the office from a pharmacy. All of these requirements introduce needless delays into treatment and unnecessary inconvenience to patients suffering from the serious diseases that necessitate these treatments.

ASCO also has numerous concerns related to "brown bagging" programs. It is fairly common for a patient's chemotherapy treatment regimen to need adjustments on the planned day of treatment, and the reasons for this are multifold: patient response and tolerance to specific drugs, idiosyncratic reactions, drug-drug interactions, symptoms and complications from comorbidities, adverse events, and patient preference. In these situations, chemotherapy would be delayed while the physician and patient either await delivery of the appropriate drugs or wait while the patient obtains the appropriate drug and brings it to the physician's office. Overall, within the context of ongoing chemotherapy treatments, it is unclear what the arrangements are for drug delivery and storage, and what provisions have been made regarding the waste that will result from changing treatments or drug expiration.

Finally, in contrast to physicians maintaining practice based inventories of supportive care and antineoplastic drugs for immediate administration and treatment as necessary for their patients, there is no assurance that a needed drug will be available in a timely fashion through the payer-directed distribution channels.

We know that BCBS-Mass is committed to assuring high quality care for its members and to implementing such through its provider networks. We recognize and applaud efforts that have allowed innovation and the promotion of excellent comprehensive care of cancer patients. We support efforts that incorporate both quality of care and cost containment measures. We ask that BCBS consider rescinding this policy as it carries real risks of putting the good care of cancer patients in jeopardy. We are certain this is not BCBS's intent; however, the suggested proposals could easily have unforeseen and negative consequences in the oncology setting.

Sincerely,



Mike Neuss, MD
Chair, Clinical Practice Committee