



# NNECOS News

*an email publication of Northern New England Clinical Oncology Society*

Spring 2006  
Volume 2 Issue 2

## **LAST CHANCE TO REGISTER**

### **NNECOS Spring Reimbursement Meeting May 23rd!**

#### **REIMBURSEMENT IN 2006**

#### **PAYERS, PATIENTS, PROVIDERS – PARTNERS OR ADVERSARIES?**

#### **Where are we going? How do we get there?**

You won't want to miss NNECOS' third annual reimbursement meeting Tuesday May 23<sup>rd</sup> at the Grappone Center in Concord, NH. The morning is jam-packed with patient assistance and payers' perspective panels. The afternoon offers specific breakout sessions including Adapting to Changes in Medicare in 2006, 2006 Hospital Outpatient Infusion Billing and Reimbursement, a two-part Radiation Reimbursement Seminar, Health Information Technology in Practice, and The Revenue Cycle Process (exploring the nurses' role). Limited registration space is still available. For more information, visit the [NNECOS website](#) or email [nnecos@comcast.net](mailto:nnecos@comcast.net).

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## **NNECOS WEBSITE ENHANCEMENT**

NNECOS website chair Dr. Fred Briccetti is working to enhance the content of the NNECOS website, but we need your help.

**RESOURCES:** Despite a membership role with more than 230 members, we only have **five** member institutions listed on our Resources page! Please [check the list](#) to make sure that your practice or institution is listed. If it's not, send an email to [nnecos@comcast.net](mailto:nnecos@comcast.net) with your website details so that you can be added to this page.

**REGIONAL CLINICAL TRIALS RESEARCH INDEX:** Another goal in website enhancement includes the establishment of a regional clinical trials research index. With your help, our website will feature a collection of research links to various member sites and research programs, as well as New England clinical trials. Please email [nnecos@comcast.net](mailto:nnecos@comcast.net) with any pertinent information to be added to this new index.

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## **ASCO Clinical Practice Steering Subcommittee Meeting Notes (4/26/06)**

A summary of the ASCO Clinical Practice Steering Subcommittee Meeting is now available on the [Meeting Minutes](#) page of our website. Thanks to Dr. Denis Hammond for bringing back the latest updates from Washington, DC to our members.

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## **NNECOS ANNUAL MEETING UPDATE**

***Portland, ME ~ November 3-4, 2006***

The annual meeting planning committee is working to bring a new and improved annual meeting to our membership. Incorporating the recently awarded ASCO State Affiliate Grant (see the recently released [Special Edition of NNECOS News](#) for full details), our academically enhanced annual meeting promises to be the best ever! This is a great opportunity to share recent local developments in the treatment of patients, emphasizing unique and novel therapies, supportive care initiatives and/or unique clinical trials. Keep your eye on your inbox for the invitation to submit abstracts to share with colleagues from the tri-state region.

If you haven't already done so, mark your calendars today and **SAVE THE DATE!**

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### ***YOUR FEEDBACK IS IMPORTANT TO US***

We are interested in your feedback and suggestions. Please send your comments and suggestions for future issues to [necos@comcast.net](mailto:necos@comcast.net).

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**Feel free to forward this issue of NNECOS News to your colleagues who may not be current members of Northern New England Clinical Oncology Society.**

*If you would prefer not to receive future email correspondence from NNECOS, please reply to this message and type "remove" in the subject line.*

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## NEWS FROM OUR SPONSORS

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*"News from our Sponsors" will be included in NNECOS News on a space available basis, with preference being given to sponsors who have not shared news in the previous two issues. Send your submissions to [nnecos@comcast.net](mailto:nnecos@comcast.net).*

### **BAYER PHARMACEUTICALS/ONYX PHARMACEUTICALS**

#### **Phase III Clinical Trial**

On February 16, 2006, Bayer Pharmaceuticals Corporation and Onyx Pharmaceuticals, Inc. announced the initiation of a randomized, double-blinded, placebo-controlled Phase III clinical trial studying Nexavar (R) (sorafenib) tablets administered in combination with the chemotherapeutic agents carboplatin and paclitaxel in patients with non-small cell lung cancer (NSCLC). The study, which is expected to enroll approximately 900 patients at more than 130 sites in North America, South America, Europe and the Asia Pacific region, will assess overall survival as the primary endpoint. Secondary endpoints include progression-free survival, tumor response and safety. The study is open to patients with all histologies, or types, of NSCLC including those with squamous cell or adeno carcinomas.

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### **MGI PHARMA**

#### **U.S. FDA Approves Dacogen(TM) (Decitabine) for Injection**

Dacogen(TM) Approved for Patients with all FAB Classifications of MDS

MGI PHARMA, INC. and SuperGen, Inc. have announced that the U.S. Food and Drug Administration (FDA) has approved Dacogen(TM) (decitabine) for Injection. Dacogen is indicated for treatment of patients with myelodysplastic syndromes (MDS) including previously treated and untreated, de novo, and secondary MDS of all French-American-British (FAB) subtypes (refractory anemia, refractory anemia with ringed sideroblasts, refractory anemia with excess blasts, refractory anemia with excess blasts in transformation, and chronic myelomonocytic leukemia), and Intermediate-1, Intermediate-2, and High-Risk International Prognostic Scoring System (IPSS) groups. MGI PHARMA plans to make Dacogen commercially available during the second quarter of 2006.

Results from a phase 3 clinical trial demonstrated an overall response rate of 21% in Dacogen-treated patients considered evaluable for response, defined as those patients with pathologically confirmed MDS at baseline who received at least 2 cycles of treatment, compared to 0% in the supportive care arm. All patients who responded to Dacogen treatment became or remained transfusion independent during the time of the response. The most commonly occurring adverse reactions with Dacogen include neutropenia, thrombocytopenia, anemia, pyrexia, fatigue, nausea, cough, petechiae, constipation, and diarrhea. It is recommended that patients be treated with Dacogen for a minimum of four cycles, and treatment may continue as long as the patient continues to benefit.

Dacogen is a hypomethylating agent that is believed to exert its antineoplastic effects by incorporation into DNA and inhibition of an enzyme called DNA methyltransferase. Methylation is a process in which methyl (CH<sub>3</sub>) groups are added to DNA, resulting in the inactivation of genes that are critical for control of cellular differentiation and proliferation. Abnormal methylation, which silences certain genes, is associated with the development of many types of tumors. Dacogen-induced hypomethylation in neoplastic cells may restore normal function to genes that are critical for the control of cellular differentiation and proliferation. In rapidly dividing cells, the cytotoxicity of Dacogen may also be attributed to the formation of covalent adducts between DNA methyltransferase and decitabine incorporated into DNA. Non-proliferating cells are relatively insensitive to Dacogen. Please visit [www.mgipharma.com](http://www.mgipharma.com) for full prescribing information.