

NNECOS News

an email publication of Northern New England Clinical Oncology Society

Winter 2006

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NNECOS 2006 ANNUAL MEETING A TREMENDOUS SUCCESS

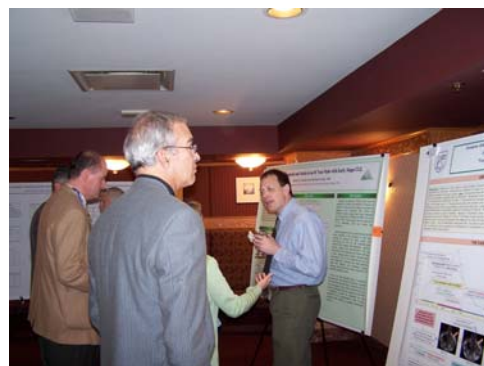
More than 140 Participants in Portland!

The 2006 annual meeting was held at the Portland Regency in the scenic Old Port of Portland, Maine on November 3 and 4. The multidisciplinary oncology care team was well represented with physicians, nurse practitioners, nurses, administrators, social workers, pharmacists, fellows and industry in attendance.



The meeting opened on Friday afternoon with a timely session on Patient Advocacy by Nancy Davenport-Ennis, CEO of the Patient Advocate Foundation. Attendees then chose from two breakout sessions: Creating Healthy Work Environments and Strategies for Outpatient Cancer Care. Both sessions were well attended and well received. Friday evening featured our first annual Poster session, the culmination of this year's "academic enhancement" project. Approximately 18 presenters participated and the only complaint was that the session wasn't long enough!

President Dan Hayes opened the dinner meeting by introducing several guests: Dr. Craig Haug, Medicare Part B medical director, Dr. Gary Weaver, Medicare Part A medical director, and Gordon Smith, Esq., Executive Vice President of the Maine Medical Society. Mr. Smith welcomed NNECOS members to Maine and spoke enthusiastically about opportunities for professional societies to work together. A special presentation was made to Mr. Mark Thornton, a long time Bristol Myers Squibb employee, to recognize his retirement and thank him for his efforts in establishing NNECOS in the late 1980s and his support of NNECOS since its inception. Dr. John Cox, immediate Past Chair of the ASCO Clinical Practice Committee updated attendees on recent regulatory and legislative activities and described important components of the 2007 fee schedules. A business meeting followed.



Saturday's general sessions included Update in Breast Cancer with Lawrence Shulman, MD; Lymphoma, Barbara Grant, MD; and Renal Cell Cancer: Treatment Transition, Marc Ernstoff, MD. Two concurrent sessions were also held offering attendees a choice of four topics: Shared Medical Appointments; Lung Cancer Multidisciplinary Clinics; Incorporating Genetic Testing and Counseling into the Oncology Practice; and Does Quality Improvement Improve Quality. A highlight of the day was the abstract presentation session moderated



by Dr. Ken Meehan. Four abstracts were chosen for presentation: Strategies to decrease the morbidity associated with central venous catheters in the bone marrow transplant population: a quality improvement project, Melissa Bennett, RN; Detection and characterization of carcinoma cells in the blood, Arthur J. Weiss, MD; Effective patient advocacy in the community practice setting, Ronald Barkley, MS, JD; and Utility and cost benefit of frozen section analysis (FS) in the surgical management of thyroid nodules based on pre-operative fine needle aspiration (FNA) diagnosis.

Thank you to all of our speakers and the planning committee – and congratulations for a job well done!

ANNUAL BUSINESS MEETING HIGHLIGHTS

Welcome President-Elect Ken Meehan and New Board Member Herb Maurer

- Outgoing president Dan Hayes, MD, President, Maine Center for Cancer Medicine was thanked for his service to the society over the past year.
- Ken Meehan, MD, Director, Bone Marrow Transplantation Program, Dartmouth-Hitchcock Medical Center was acknowledged for spearheading the abstract project, and for accepting the position of president-elect for the society for the next year.
- New president Chris Nunnink, MD, Vermont Center for Cancer Medicine, shared his vision for the society ([see below](#)).
- Herb Maurer, MD, SVHC Oncology Associates, Bennington, VT was introduced and welcomed as a new board member from Vermont

Complete notes from the business meeting can be found on our [website](#).

NNECOS LEADERSHIP LOOKS TO IMPROVE ACCESS TO CARE

President Chris Nunnink Shares Vision for Improving Access to Care

At our annual meeting in Portland last month, 2006-2007 President Chris Nunnink, MD shared his plans to focus on access to care during his presidency. A major focus of this initiative involves application for an ASCO State Affiliate Grant to help fund a multi-year project to: 1) define and measure oncology care in rural Northern New England; 2) measure resources and barriers that exist in accessing oncology care in rural Northern New England; and 3) conduct a longitudinal study of changes in the accessibility of oncology care in Northern New England over a defined time period. Members interested in joining in this effort should contact nneCOS@comcast.net for more information.

2007 EDUCATIONAL MEETING SCHEDULE SET

Planning Committee Members Needed!

Spring Meeting ~ Tuesday May 22, 2007

NNECOS' fourth annual spring practice management meeting has been scheduled for Tuesday May 22, 2007 at the Grappone Center in Concord, NH. This well-attended annual one day educational meeting promises a variety of timely, informative practice management topics. Our planning committee is looking for members to

help make this our best spring meeting yet. Meetings are held via toll-free teleconference and are a great way to get involved with NNECOS from the comfort of your own telephone! **Email nnecos@comcast.net to volunteer to serve on the planning committee or with any topic or speaker suggestions.**

Annual Meeting ~ October 12-13, 2007

Join us in picturesque Burlington, Vermont near the shores of Lake Champlain at the height of peak foliage season October 12-13, 2007 at the beautiful Sheraton Burlington Hotel & Conference Center. We're pleased to announce an exceptional room rate of only \$149 per night plus tax. The planning committee for this two-day educational event is looking for volunteers to serve. As with the spring planning committee, meetings are held via toll-free teleconference, and are a great way to become more involved with the society. **Email nnecos@comcast.net to volunteer to serve on the planning committee or with any suggestions or ideas.**

NNECOS COMMITTEES: ADDITIONAL VOLUNTEER OPPORTUNITIES **Committee Service: A Great Way to Get Involved!**

There are a number of NNECOS committees on which members can serve to become more involved with the society.

Committee	Chair
Membership	Ken Meehan, MD
Nominations	Peter Crow, MD
Finance	Denis Hammond, MD
Website	Fred Briccetti, MD
ASCO Grant Project	Chris Nunnink, MD

Email nnecos@comcast.net to be part of the action.

NNECOS BY-LAWS UPDATE

Important Membership category changes

The NNECOS Board of Directors held their annual meeting on Saturday, November 4, following the general membership meeting. In addition to reviewing organization finances and establishing plans for 2006-2007, the Board voted to make some important changes to membership categories in the NNECOS By-laws. First, the Board updated the Associate member category, giving Associate members all of the same rights as Active (physician) members with the exception of holding office (defined as president, president-elect, immediate past president, and treasurer). Three Associate member seats on the Board of Directors (one from each state) were also formalized. In addition, the By-laws now include additional membership categories for Fellows, Emeritus members, and Corporate members. The membership categories are provided here for your review.

ARTICLE III **Membership**

- 1. Active membership** is open to all licensed physicians who support the goals and purposes of the Corporation and are directly engaged in the study or practice of clinical oncology/hematology within the states of Maine, New Hampshire and Vermont. Active members may vote on any and all issues to come before the membership and may hold office, serve on any one or more of the Corporation's committees, and serve as a member of the board. Active members shall receive all society publications.
- 2. Associate membership** is open to non-physician healthcare professionals and representatives of patient advocacy groups who have a demonstrated interest in the purposes of the Corporation. While Associate members are not eligible to hold Officer positions (defined in Article VIII), they may vote on any and all issues to come before the membership and shall be eligible to serve on the

board of directors and any one or more of the Corporation's standing committees or ad hoc committees, attend membership meetings, and receive all society publications.

3. Corporate membership is open to any entity, profit or non-profit, which supports the Society's mission. The Board of Directors may establish different levels of corporate membership, with corresponding rights and benefits at each level. Corporate members shall not be allowed to vote, hold office or serve on committees. Corporate members in good standing are allowed to attend society meetings and receive all society publications.

4. Fellows membership is open to physicians actively enrolled in a full time oncology or hematology fellowship program in Maine, New Hampshire or Vermont. Fellows members may not serve on the Board of Directors, vote or hold Officer positions. Fellows members may serve on committees, attend membership meetings and receive all society publications. Fellows members shall be exempt from dues.

5. Emeritus membership is open to individuals who otherwise fulfill the qualifications of active membership but are no longer active in oncology care. Emeritus members may not serve on the Board of Directors, vote or hold Officer positions, but may serve on committees, attend membership meetings and receive all society publications. Emeritus members shall be exempt from dues.

To view the entire NNEOCS Bylaws document, click [here](#).

AMERICAN SOCIETY OF HEMATOLOGY (ASH) UPDATE

Dr. Christian Thomas to Represent NNECOS at ASH Practice Forum

Dr. Christian Thomas from the Vermont Center for Cancer Medicine will be representing NNECOS at the ASH Practice Forum and Reception on 12/9. Below is an update from ASH including information about this meeting.

Special Practice-Related Events at the 48th ASH Annual Meeting & Exposition

ASH is proud to sponsor several special practice-related events at the annual meeting in Orlando December 9-12. These include:

- **Special Symposium: Bleeding Disorders in Women's Health**
Saturday, December 9, 2:00 p.m. – 3:30 p.m. OCCC West Building Halls F3/F4
- **Practice Forum and Reception: Pay-for-Performance: Are You Ready?**
Saturday, Dec. 9, 6:00 p.m. OCCC West Building Rooms 315 & 314
- **ASH Grassroots Network Breakfast**
Sunday, Dec. 10, 7:00 a.m. – 8:00 a.m. Rosen Centre, Ballroom G

Complete details about these events are available on the [ASH Web site](#).

Clinically Relevant Abstracts

This year ASH has provided a new tool for practitioners to identify meeting information that has near term implications for practitioners. ASH abstract reviewers identified all clinically relevant abstracts and noted this on the [online abstracts book](#). Consequently there is a new tool available to focus on clinically relevant abstracts that the Society believes will be of value to members.

Meeting of the Medicare Carrier Advisory Committee (MCAC)

CMS will conduct a [MCAC](#) on reconsideration of the Medicare clinical trials policy December 13 in Baltimore, MD. The MCAC will discuss proposed changes to the Medicare clinical trial policy and review the set of standards for qualified studies; recommend processes through which a trial is determined to meet those standards; and advise on the items and services provided to Medicare beneficiaries in qualified studies. ASH will attend this meeting and report back details through the Practice Update.

Local Coverage News and Concerns

If you are experiencing problems with your local carrier or have state society news relevant to local coverage issues that you would like ASH to include in the Practice Update and share with practitioners, please contact ASH Practice Advocacy Manager Pamela Ferraro at pferraro@hematology.org.

YOUR FEEDBACK IS IMPORTANT TO US

We are interested in your feedback and suggestions. Please send your comments and suggestions for future issues to nnecos@comcast.net.

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.*

NEWS FROM OUR SUPPORTERS

"News from our Supporters" 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.

GENENTECH ONCOLOGY

FDA Approves Herceptin as adjuvant therapy in the treatment of early-stage HER2 positive breast cancer & Avastin in Combination with Chemotherapy for First-Line Treatment of Most Common Type of Lung Cancer

- The FDA has expanded approval of Herceptin (trastuzumab) to include its use as adjuvant therapy in the treatment of early-stage HER2 positive breast cancer. Herceptin, already approved for metastatic breast cancer, is now also indicated for women who have undergone lumpectomy or mastectomy for treatment of tumors confined to the breast or lymph nodes.
- The FDA has approved Avastin® (bevacizumab) to be used in combination with carboplatin and paclitaxel chemotherapy for the first-line treatment of patients with unresectable, locally advanced, recurrent or metastatic non-squamous, non-small cell lung cancer (NSCLC), the most common type of lung cancer. The approval is based on a Phase III study (E4599) that showed Avastin in combination with chemotherapy resulted in a 25 percent improvement in overall survival compared to chemotherapy alone (based on a hazard ratio of 0.80). Bevacizumab, in combination with chemotherapy, is the first therapy in 10 years to improve on standard first-line treatment for advanced lung cancer and the first FDA-approved therapy ever to extend survival for these patients beyond one year in a large, randomized clinical study. Genentech also plans to initiate a first-of-its-kind program to cap the overall expense of Avastin to \$55,000 per year per eligible patient for any FDA-approved indication. The program will be available for eligible patients regardless of whether they are insured. The company plans to launch the new program in January 2007.

AMGEN

FDA Approves Vectibix for Metastatic Colorectal Cancer

On Sept. 27, 2006 the U.S. Food and Drug Administration (FDA) announced that, after priority review, it has approved Vectibix™ (panitumumab) for metastatic colorectal cancer patients whose cancer has progressed on or following standard chemotherapy.

BIOGEN IDEC/GENENTECH

FDA Approves Two New Indications for Rituxan in Patients with Non-Hodgkin's Lymphoma

Genentech, Inc. and Biogen Idec, Inc. announce that the U.S. Food and Drug Administration (FDA) has approved, after a Priority Review, two additional uses for Rituxan® (Rituximab) for patients with CD20-positive, B-cell non-Hodgkin's lymphoma (NHL). One new indication for Rituxan is for first-line treatment of previously-untreated patients with follicular NHL in combination with CVP (cyclophosphamide, vincristine and prednisolone) chemotherapy. The second new indication is for the treatment of low-grade NHL in patients with stable disease or who achieve a partial or complete response following first-line treatment with CVP chemotherapy. The approvals are the result of an extraordinary collaboration between Biogen Idec, Genentech, the Eastern Cooperative Oncology Group, clinical investigators, the FDA, and most importantly, the patients who participated in the clinical trials.

PHARMION

Revised ICD-9 Codes for Myelodysplastic Syndrome (MDS)

The National Center for Health Statistics ICD-9-CM Coordination and Maintenance Committee has revised the ICD-9 Codes to include several new, more specific codes for Myelodysplastic Syndrome (MDS), which includes Vidaza (azacitidine for injectable suspension), which is FDA indicated for all subtypes of MDS.

There are now 4 NEW codes which apply to MDS:

238.72 Low Grade MDS
238.73 High Grade MDS
238.74 MDS with 5q deletion
238.75 MDS, unspecified