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Offering our highest quality cancer care

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With the recent US Food and Drug Administration approval of temsirolimus (Torisel) as another effective treatment for patients with advanced renal cell cancer, our Community Translation on page 476 focuses on this new agent. Dr. Jame Abraham, our section editor, highlights for readers the use of temsirolimus, its position in therapy, key side effects, and the drug interactions that are essential to know. Dr. Kevin B. Knopf from California Pacific Medical Center then adds perspective on where this new drug fits in with the other four major therapies for advanced renal cell cancer.

On page 487, Lyssa Friedman continues our series on Implementing Clinical Trials with her feature on managing drug accountability. This is a key safety and regulatory requirement that physicians are often not well versed on. Her sound advice will help practitioners know the requirements and take practical steps to ensure compliance.

As our therapeutic armamentarium expands, staying current on the best ways to deal with each drug's toxicities has become increasingly complex. This month's Managing Side Effects article on bortezomib (Velcade) can be a key tool in educating your staff (see page 480). It's especially important, now that it seems likely we will be using bortezomib for more indications.

Beginning on page 505, Drs. Todd D. Tillmanns and M. Patrick Lowe update us on robotic surgery for gynecologic cancers. Our section on Challenging Cases/Rare Cancers offers a piece to tuck away on the rare side effect of paraneoplastic limbic encephalitis, which is most often associated with an underlying cancer (see page 491).

Dr. Jeff Kendall and his colleagues at the Helen F. Graham Cancer Center show us how to develop and implement a survivorship program in a community cancer center (see page 502). They provide a model for programs and a survivorship journal you can customize to your own setting.


Our Washington Update column on page 513 by Steven Coplon of the Community Oncology

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Alliance brings welcome news: continued grassroots education and lobbying efforts are being heard on Capitol Hill. If passed, the newly introduced Senate bill, S 1750, and the previously introduced companion House bill, HR 1190, would provide key legislative relief and appropriately fund the services fundamental to community oncology care.

This takes on special urgency, given the distressing announcement in July by the Centers for Medicare and Medicaid Services (CMS). The new edict: CMS will pay for erythropoiesis-stimulating agents (ESAs) to treat anemia caused by chemotherapy but not anemia caused by cancer. In addition, Medicare will cover ESAs only when a patient's hemoglobin level drops below 10 g/dL. This restriction has been made despite evidence-based recommendations from the American Society of Hematology, the American Society of Clinical Oncology, and the National Comprehensive Cancer Network. These organizations recommend starting ESAs at hemoglobin levels < 11 g/dL, when appropriate, and treating to maintain them below 12 g/dL. Waiting for the hemoglobin level to drop below 10 g/dL means a marked decrease in patients' quality of life and a marked increase in the need for transfusion.

Medicare's action emphasizes once again the urgent need for busy practitioners and their patients to make their voices heard in Congress. To prevent even more Draconian restrictions, we all need to convey to Congress our experiences with what happens when cancer patients are denied access to ESAs. I implore each of you to reach out, with your patients, and contact your representatives. Educate them on the impact of Medicare's ESA restrictions and urge them to become co-sponsors of HR 1190 or S 1750. Encourage your representatives to pass the legislation this year to prevent further erosion in the quality in the United States.



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