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National Patient Advocate Foundation Joins National Oncology Providers and Advocates to Brief Congressional Representatives on Value of Oral Chemotherapeutic Agents in Cancer Care

NPAF Gives Perspective on Measures Needed to Support Oral Chemotherapy Use, Urges Support of the Cancer Drug Coverage Parity Act – HR 2366 – to Ensure Equal Coverage for Oral Chemotherapy Care

WASHINGTON (January 21, 2010) – The National Patient Advocate Foundation (NPAF) – a national, non-profit organization dedicated to the mission of creating avenues of improved patient access to health care through public policy reform at the state and federal levels – joined the nation’s leading oncology organizations today in hosting a Capitol Hill briefing to discuss the use of oral chemotherapy in cancer care, its benefits in treatment and patient outcomes, and its challenges in accessibility and adherence. As the oral chemotherapeutics market grows, organization representatives explained, the health care system must equip itself to better meet patients’ and providers’ needs in this arena.

The educational panel discussion was co-hosted by the Association of Community Cancer Centers, Association of Oncology Social Work, American Society for Clinical Oncology, Community Oncology Alliance, National Patient Advocate Foundation, and Oncology Nursing Society, with support from US Oncology. Participants reviewed the benefits of oral chemotherapy – including its convenience; lack of complications that may occur with intravenous administration; and in some cases, minimized side effects – as well as the challenges faced by patients and providers alike in prescribing, accessibility, affordability, adherence and long-term follow-up care.

“As more patients and their physicians are turning to oral chemotherapy as a viable care option for their particular diagnosis, it is vital that the health care community come together to ensure that patients are adequately informed and supported in their treatment, and that these prescribed medications are fully accessible to them,” said Nancy Davenport Ennis, Founder and CEO of NPAF. “We are pleased to join with our nation’s preeminent oncology clinicians to take a closer look at how oral chemotherapeutics can be beneficial to patients, and how we must work together to make sure they are prescribed, covered and used most effectively.”

Legislation has been introduced in Congress by Representative Brian Higgins (D-NY) which would require health insurance coverage for intravenous/injectable and orally-administered cancer drugs at the same rate. The “Cancer Drug Coverage Parity Act” (HR 2366) will ensure that parity in coverage exists for oral chemotherapy drugs and will increase access to life-saving treatments and improve the quality of life for cancer patients. NPAF commends Rep. Higgins for introducing this important legislation and looks forward to working with him and his colleagues on its passage.

Briefing panelists noted that in order for oral chemotherapy to be successful, in addition to removing financial barriers to care, it will require close schedule and dosage maintenance, effective coordination with care providers, and new infrastructures in care for selecting appropriate candidates for oral agents and educating them on safety and adherence.

NPAF volunteer and cancer patient Jere Carpentier of San Jose, Calif., joined medical oncologist Dr. Therese Mulvey, oncology nurse Lynn Finnegan, oncology social worker Ginny Vaitones and pharmacist Niesha Griffith on the panel. Ms. Carpentier described her cancer journey. After being diagnosed with advanced colon cancer, she was unable to access a prescribed oral chemotherapy drug because her insurer denied coverage and told her she would have to pay for it out of pocket which would have cost \$2,000 for a 14-day supply, a sum she could not afford. Following this coverage denial, Carpentier was forced to use intravenous chemotherapy, which the insurer would cover. This chemotherapy was provided through infusions from an at-home pump, which, in her case, resulted in a dangerous toxic leak that led to hospitalization.

“Having equal coverage of oral chemotherapy, in my situation, would have made my hazardous leak and emergency room visit non-existent as I could have been much more comfortable and safe taking the pill form,” said Carpentier. “Being diagnosed with cancer is a hard enough battle to fight, and I urge our clinicians and lawmakers to work together to help patients like me through the provision of adequate information, support and access when it comes to oral chemotherapy.”

For more information on the Cancer Drug Coverage Parity Act, visit:
http://www.house.gov/apps/list/press/ny27_higgins/cancerdrugact.shtml

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