Pharmacy Utilization Meeting

February 3, 2023

Attendees

Linda Coyle (IMS)
Jennifer Stevens (IMS)
David Angelaszek (IMS)
Emily Carver (IMS)
Kevin Ward (Georgia) – absent
Randi Rycroft (Idaho)
Serban Negoita (NCI)
Peggy Adamo (NCI) – absent
Marina Matatova (NCI)
Jennifer Hafterson (Seattle) – absent
Tiffany Janes (Seattle)
Kaitlin Akif (NCI)
Valentina Petkov (NCI)
Lois Dickie (NCI)

- Valentina Petkov and Lois Dickie were both able to attend today's meeting to discuss how we could streamline identifying first course agents for a cancer. It's currently a very manual process.
- David gave an overview of the Pharmacy Utilization Group's efforts by presenting the Pharmacy Utilization documentation.
- Lois gave an overview of the approach she used to identify first course agents for the group's analyses.
    - She used NCCN and FDA as her resources. FDA provides documentation on how drugs should be used.
- Valentina said that approach is sensible and valid but there are some concerns.
    - This approach would need to be repeated periodically (yearly) to capture the recent updates.
    - Posting that the latest first course cancer treatment information is only current as of a certain date is an idea of doing this on a yearly schedule.
    - FDA doesn't always publish their updates - off label use is common and so it's quite likely to have incomplete information.
- Serban: was hoping to hear form Valentina and Lois about how to approach and account for the updates.
- Valentina: CanMED doesn't currently have information on cancer site uses since it is very difficult to maintain due to changing patterns of care.
- Serban: can NCI contracted pharmacists help with this?
- Valentina: It's certainly possible but it would need to be a full time job. Funds and staff availability are the concern. NCCN gets updated 3 to 4 times a year. FDA doesn't always publish changes. Perhaps HemeOnc could be an additional resource?

- Serban: if we could keep this up-to-date which resource would be the most appropriate to store the information? CanMED, SEER*Rx?
- Valentina: CanMED has the advantage that it has NDC codes. SEER*Rx more dependent on drug names and it is easy to miss things due to small differences in names or spellings.
- Marina: Perhaps there is a way to automate this process as much as possible with only occasional human reviews. Marina pulled up NCCN and FDA developer APIs that could be utilized. Perhaps they can be bridged together to yield as much info as possible.
    - NCCN - no NDC codes.
    - FDA - uses NDC
    - Might be possible to bridge on drug name
- Randi raised a few points:
    - Using first course agents by site might be imposing definitions on researchers that aren't obvious or desired since the true scope of use for a drug won't always be captured. Our timing rules for first course are also a bit arbitrary.
    - Give flags indicating anti-neoplastic use before/after 1 year instead of first course agent and treatment flags.
    - Transaction level data will let researchers do a more in-depth analysis on their own terms where desired.
- Serban: not opposed to the idea but if we can't give the first course information how can we expect registrars to do it?
- Serban: presented documentation to management and discussing with Nadia and Kathy about joining an upcoming meeting.
- Serban: future meeting should consider evaluation of our data items. Should our group do it or another group?