

# Pharmacy Utilization Meeting

December 20, 2024

## Attendees

David Angelaszek (IMS)

Linda Coyle (IMS)

Emily Carver (IMS)

Jennifer Stevens (IMS)

Serban Negoita (NCI)

Marina Matatova (NCI)

Peggy Adamo (NCI)

Jennifer Hafterson (SE)

Tiffany Janes (SE)

Randi Rycroft (ID)

Kaitlin Akif (NCI)

Gretchen Flynn (IMS)

- We reviewed the spreadsheets Emily prepared for the meeting. We specifically focused on the spreadsheets listing the frequencies of sites that met the following criteria:
  - Site was on a CTC with DX year 2013-2022
  - CTC was submitted to SEER in November 2024
  - CTC had sequence number 00 or 60
  - CTC had at least one pharmacy claim with an NDC code with a particular modality (hormone, chemotherapy or immunotherapy)
- There spreadsheets were broken out by the three modalities.
- David and Emily confirmed the DX year and sequence number restrictions were the same restrictions used in the first analysis
- **Action:** The next steps were to list drug frequencies for the following sites, all modalities. Some sites were reviewed last time but we are reviewing again for the potential of new drugs.
  - Breast (previously reviewed) - flag drugs that were already listed as first course or not for breast, chemotherapy and immunotherapy. Note new drugs not previously reviewed.
  - Prostate (previously reviewed) - flag drugs that were already listed as first course or not for breast, chemotherapy and immunotherapy. Note new drugs not previously reviewed.
  - Leukemias (previously reviewed) - flag drugs that were already listed as first course or not for breast, chemotherapy and immunotherapy. Note new drugs not previously reviewed.
  - Corpus Uteri (previously reviewed) - flag drugs that were already listed as first course or not for breast, chemotherapy and immunotherapy. Note new drugs not previously reviewed.

- Myeloma (previously reviewed) - flag drugs that were already listed as first course or not for breast, chemotherapy and immunotherapy. Note new drugs not previously reviewed.
- Lymphomas (previously reviewed) - flag drugs that were already listed as first course or not for breast, chemotherapy and immunotherapy. Note new drugs not previously reviewed.
- Ovary (previously reviewed) - flag drugs that were already listed as first course or not for breast, chemotherapy and immunotherapy. Note new drugs not previously reviewed.
- Lung (**new site**) - Serban notes that he was surprised patients with lung cancer had a lot of hormone claims. It was believed that these might be hormone drugs given for another reason other than lung cancer treatment.
- Colon (**new site**)
- Melanoma (**new site**)
- Serban was curious about pharmacy claims given to Death Certificate Only (DCO) cases. This is not something that was reviewed before.
- Randi commented that it could be a patient moved to a registry's catchment area to be near family during treatment but is not actually a resident of that state. A DCO case might have an abstracted case in another registry that they are not aware of.
- Serban asked if registries receive claims data from other states and how the linkage is done. David confirmed that registries only receive pharmacy claims where the patient address on the claim falls in the registry catchment area. Vendors provide PII fields in the claims data and pharmacy claims are processed by SEER\*DMS matching algorithms to link them to patient sets.
- Jennifer Hafterson noted that Seattle does have access to Kaiser EMR. They could investigate Kaiser pharmacy claims linked to patients with DCO cases to see if they could do some followback. They would need help from IMS to identify these.
- Serban decided we didn't need to pursue the DCO topic further right now.
- Serban asked Randi about her update from looking into HCPCS codes. We reviewed her email. A concern was that HCPCS and CPT are usually assigned for non-oral routes of administration.
- Randi proposed that perhaps we could focus on a particular site that we know would receive systemic treatment in a hospital - like colon.
- Serban noted that HCPCS and CPT are only used in an ambulatory setting. However, Serban thought focusing on sites known to almost always receive chemotherapy as part of treatment, such as lung and pancreas, might work for such an effort.
- It was decided to hold off on the HCPCS investigation this for now.
- Marina was curious about further communication with other registries about how they would like to see these data used.
- There was a question as to the appropriate venue to start the discussion: CCAB, SEER Research Call, SEER PII/Managers meeting?
- Serban proposed the following plan:
  - Present topic at Nadia's webinar at the end of January 2025 to gauge registry interest

- Prepare a presentation for discussion with registry PIs and managers
  - Discuss rules at CCAB meeting in the fall.
- Marina also thinks it would be good to investigate more automation for first course classification using NDC codes. There might be new tools and APIs available.