Pharmacy Utilization Meeting

February 16, 2024

Attendees

Linda Coyle (IMS)
Jennifer Stevens (IMS)
David Angelaszek (IMS)
Emily Carver (IMS) – absent
Kevin Ward (Georgia)
Randi Rycroft (Idaho) – absent
Serban Negoita (NCI)
Peggy Adamo (NCI)
Marina Matatova (NCI) – absent
Jennifer Hafterson (Seattle)
Tiffany Janes (Seattle)
Kaitlin Akif (NCI) – absent
Kathy Cronin (NCI)
Nadia Howlader (NCI) – absent
Steve Scoppa (IMS) – absent
Gretchen Flynn (IMS) – absent

- Serban prepared the following agenda based on his analysis results:
- Level of analysis:
    - All SEER Cases
    - SEER Cases with a Pharmacy Linkage Flag
        - Not all registries have linkage flags
        - Linkage flags may reflect UHC linkage or KP linkages as opposed to CVS, Walgreen, Walmart

          Range of % cases with claims, years 2000-2021, by registry:

          CT 11.8% - 36.0%
          HI 6.1%-23.1%
          ID 4.7% - 16.0%
          IL 0.5%-5.2%
          IA 6.0% - 21.7%
          KY 6.2 – 19.7%
          LA 5.6% - 22%
          MA 1.3% - 8.4%
          NJ 0.7% - 8.0%
          NM 4.7% - 19.6%
          NY 8.0%-26.0%
          TX 0.6% – 5.5%
          UT 13.5% - 30.4%
          SE 10.5% - 29.9%

        - Are cases with pharmacy linkages different than cases with no pharmacy linkages ? Conduct analysis by demographics, cancer types and stage, dx year
    - SEER Cases with a Pharmacy Linkage Flag and Recommendation for PO treatment
        - Consider differences by cancer type, stage and prognostic factors
        - Identify subsets of cases with cancer presentations that are likely to receive PO treatment (e.g. breast, ovary, myeloma, leukemia, ovary, lung, HCC, renal cell, etc.)
- Results from analysis of breast cancer cases - Kathy's analysis
- Benefits of augmentation –
    - % with hormone therapy, breast cancer cases with regional/distant stage and ER+
        - CT 82% →85%
        - NM 69% →81%
        - SE 76% →80%
        - ID 84% →86%
        - TX 41% →56%
        - GG 79% →84%
- Augmentation if benefiting only cancers that have an FCOT list of drugs: IS THIS CORECT?
    - Mainly Breast and Plasma Cell Myeloma, a few cases with ovary, prostate, corpus carcinoma
    - Steps to create FCOT lists for other sites?

Notes:

- There were a few questions from Kathy and Serban about how the linkage flag in the SEER Submission file is computed.
    - David and Jennifer confirmed that the linkage flag is set to 1 if a patient has Optum, CVS, Walgreens or Kaiser data.
    - They also confirmed that the Augmented Data was computed using CVS, Walgreens and Kaiser - not Optum.
- It was noted that pharmacy data is not population based so it doesn't cover everyone in the registry. The lower percentage gain of new hormone information might be higher if all patients received pharmacy data.
- Kathy Cronin presented her results on ER+ breast cancers. One overall conclusion from the data was registries are already capturing hormone treatment better than expected.
- Kathy's analysis included metastatic cases and she didn't exclude patients that didn't survive long so they might not have had time to start treatment. She didn't expect that exclusion to have a huge impact on results.
- Coverage of pharmacy data is good across registries. Percentage gain is around the same for all registries - single digit percentages. Jennifer Hafterson thought the percentage gain should have been higher in Seattle given their Kaiser data. She doesn't think high coverage of hormone treatment from standard data sources is the explanation.
- Serban presented his analysis in #3 above.
- David confirmed that #4 is correct. FCOT is only defined for a select set of cancers.

- **Next Step**: Jennifer will recalculate linkage flag just for the 3 pharmacy sources. Serban acknowledged that Optum will not be covered.
- **Next Step**: Expand FCOT to other sites such as colorectal and lung.