Pharmacy Utilization Meeting

March 28, 2025

Attendees

David Angelaszek (IMS)
Emily Steplowski (IMS)
Serban Negoita (NCI)
Marina Matatova (NCI)
Peggy Adamo (NCI)
Linda Coyle (IMS)
Gretchen Flynn (IMS)
Austin Fitts (NCI)

- **Drug Lists**
  - This is part of the effort to review drugs in pharmacy data as possible first course of treatment (FCOT) for various cancer sites.
  - The workgroup did this in the past for 7 sites (breast, prostate, leukemias, corpus uteri, myeloma, lymphomas and ovary). We are reviewing the drugs for these sites as well drugs for three new sites: (lung, colon, melanoma) using more recent pharmacy data submitted in November 2024.
  - The previous work utilized NCCN for the drug review.
  - Austin asked a question via email prior to the meeting if year of administration was considered in the previous analysis as drug utilization changes with time. If year is to be considered in the analysis, then it would mean reviewing older version of NCCN.
  - Serban stated that he tried to access NCCN older versions, but payment is required. He explained it's for federal government and got the fee waived.
  - Serban asked Austin if older versions are needed. Serban commented that tracking FCOT by year would be complex and may not be feasible to do retroactively. It might be possible to do going forward.
  - Austin agreed that it would be complex. FCOT depends on a lot of factors such as drugs given, severity, grade according to NCCN.
  - Austin asked if the only factor in our assignment of FCOT was drug. David explained that drug, time from diagnosis date (within 1 year) and site were the factors that flagged a particular treatment as FCOT.
  - Austin responded that using DX year in the NCCN review isn't necessary given how treatments are assigned FCOT status.
  - Serban asked Austin how long a review would take. He commented that approximately 2 weeks to review new sites and 3-4 weeks to review what was done before. He might be able to do this quicker if needed.
  - David confirmed that SEER*DMS could be updated with the new drug information in about 1 week.
- **SEER*Stat and Datasets**
  - David confirmed UHC data is linked and part of the February 2025 submission.

- Serban asked when data will be available in SEER*Stat - Gretchen commented that Jennifer Stevens is the best contact for this. Jennifer could not attend the meeting.
- Proposed timeline: (3 weeks)
    - Austin gives drug info to David
    - David updates data in SEER*DMS
    - David makes sure Jennifer has that data to update SEER*Stat
    - David to discuss timeline with Jennifer about data in SEER*Stat being available. **Post meeting update:** Jennifer does not need the updated pharmacy data from David for SEER*Stat to be made available. The updates David is going to make will be available in November 2025 submission data.
- Marina commented that it would be helpful to discuss a yearly cadence for this work.
- Proposed cadence: make databases available to registries by the summer and specialized databases by the fall.
- Marina asked what kind of performance indicators can be defined for this to show workgroup progress.
- Serban thinks that identifying the best sites for augmentation from pharmacy data and making data available to registry PIs to get their input would be a good first step. This could be followed up with analysis and presentations and then making the data available to the registries and inviting their feedback on next steps.
- Marina inquired if the feedback would be related to the impact on registry operations or research projects. Linda commented that research is the most likely impact.
- It was decided that this would be discussed at the research meeting with registries in July. Linda will use squish to get feedback from registries. Marina will design a Q&A presentation and get feedback from Serban.