



A PATIENT-CENTERED FORUM OF NATIONAL ADVOCACY ORGANIZATIONS ADDRESSING PUBLIC POLICY ISSUES IN CANCER

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October 10, 2006

**Filed Electronically**

Dr. Mark McClellan  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
200 Independence Avenue, S.W.  
Hubert H. Humphrey Building  
Room 314-G  
Washington, D.C. 20201

Re: CMS-1506-P; Comments Regarding the Hospital Prospective Payment  
System and CY 2007 Payment Rates

Dear Dr. McClellan:

The undersigned members of the Cancer Leadership Council write to express their concerns regarding potential changes in payments for cancer therapies reflected in the proposed rule for the Hospital Outpatient Prospective Payment System (OPPS) for calendar year 2007. Modifications to payments for cancer drugs and radioimmunotherapies as proposed by the Centers for Medicare & Medicaid Services (CMS) could have a negative impact on patient access to potentially life-saving therapies.

If, as proposed, payment for cancer drugs is reduced from 106% of average sales price (ASP) to 105% of ASP, hospitals with a heavy concentration of cancer patients may suffer losses that could eventually exert a negative impact on individual patient access to these drugs. We understand that surveys of community cancer centers indicate that a number of cancer drugs would not be available for prices equal to or less than the proposed Medicare payment rate. Under such circumstances, cancer providers in the hospital outpatient setting will have a disincentive to utilize these drugs and, if the trend persists, these institutions will be disinclined to maintain the services provided to cancer patients. We urge CMS to reconsider the proposed reduction of payment for calendar year 2007 to ensure that patient access to cancer care in the outpatient setting is not compromised.

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CMS proposes to set a fixed rate for radiopharmaceuticals in 2007. Although this modification in payment methodology may be advisable, we are concerned that the data that will be utilized to set the payment rate may not be complete and up-to-date. It is projected that the rate of payment may be cut in half from 2006 to 2007, a reduction that could have a significant impact on availability of radioimmunotherapies for treatment of non-Hodgkin's lymphoma. We recommend that this change be delayed until there are assurances that the data supporting the new payment rate are accurate and complete, and that particular attention be given to high-cost radiopharmaceuticals, for which a special payment methodology may be necessary.

We urge CMS to carefully consider these issues that may affect patient access to cancer care in the outpatient setting.

Sincerely,

**Cancer Leadership Council**

American Psychosocial Oncology Society  
American Society of Clinical Oncology  
C3: Colorectal Cancer Coalition  
Cancer Care  
Cancer Research and Prevention Foundation  
The Children's Cause for Cancer Advocacy  
International Myeloma Foundation  
Kidney Cancer Association  
Lance Armstrong Foundation  
The Leukemia & Lymphoma Society  
Lymphoma Research Foundation

National Coalition for Cancer Survivorship  
National Prostate Cancer Coalition  
North American Brain Tumor Coalition  
Ovarian Cancer National Alliance  
Pancreatic Cancer Action Network  
Sarcoma Foundation of America  
The Susan G. Komen Breast Cancer Foundation  
Us TOO International Prostate Cancer Education  
and Support Network  
Y-ME National Breast Cancer Organization