



May, 2017



In This Issue

Prostate Round Up

CMS To Send Out MIPS
Eligibility Notifications.

Quick Links

[Our Website](#)

[Publications](#)

[Guidelines](#)

[Thom's Corner](#)

[Summer Newsletter](#)

2017-2018 Board of Directors

Catheryn Yashar, MD

President

Peter F. Orio, III, DO, MS

President Elect

Daniel G. Petereit, MD

Vice President

Ann Klopp, MD, PhD

Treasurer

Firas Mourtada, PhD

Secretary

Steven J. Frank, MD

Chairman of the Board

David K. Gaffney, MD, PhD

Past Chairman of the Board

Directors-at-Large

Sushil Beriwal, MD

Zoubir Ouhib, MS, DABR

Christopher L. Deufel, PhD

Peter J. Rossi, MD

Brachytherapy Journal:

Welcome to the monthly communication of the American Brachytherapy Society called BrachyBlast. The BrachyBlast is somewhat informal and we welcome your feedback on issues relevant to your practice. This month's topics are, *Prostate Round Up* and *CMS To Send Out MIPS Eligibility Notifications*.

Thank you,

Catheryn Yashar, MD

Daniel G. Petereit, MD, FASTRO

Prostate Round Up

Daniel G. Petereit, MD, FASTRO

First of all, thank you to Dr. Frank, Dr. Klopp, all of the disease site chairs, speakers, Melissa Pomerene, Rick Guggolz, vendors, and all all of you who attended the 2017 ABS Meeting. The meeting was a success as measured by several parameters. Most importantly, we did "bend the curve for brachytherapy", and anticipate a continued resurgence for this critical treatment modality.

Last weekend I checked one item off my "bucket list" by taking a 3 hour trail ride in Yellowstone National Park as were were in Montana for a wedding. Fortunately, my horse did not take me out as he had several opportunities!

So...several key articles have been recently published in the last few months that I will highlight for this ABS Blast or "prostate round up" as my brain is in Frontier Mode!

The results of the ASCENDE-RT trial were just published in the IJROBP: one detailing the improvement in biochemical outcomes and the other on morbidity.(1,2) With a median follow-up of 6.5 years, those treated with EBRT alone were twice as likely to experience a biochemical failure. The b-PFS was 83% for for NCCN high-risk and 94% for NCCN intermediate-risk subjects randomly assigned to an LDR-PB boost. With longer follow-up the

Membership Benefit!

The *Brachytherapy* Journal may now be accessed online through the Elsevier Science website via the members-only portion of the ABS website. Members can access the journal articles quickly by clicking on the link below and logging in using your ABS username and password.



[Brachytherapy Quick Access](#)

Brachytherapy Reimbursement and Coding

The Socioeconomic Committee has created a new member-benefit by posting relevant brachytherapy coding and reimbursement information on the [ABS website](#). Currently, ABS members can review the 2017 Medicare proposed rule summaries and payments to physicians, hospital outpatient departments and ambulatory surgical centers. In the coming months, the Committee will post new and revised procedure codes effective in 2017 and frequently asked questions and answers.

Social Media

The ABS has added the social media site Twitter to its communication. You can follow us @AmerBrachy, and stay up to date with the latest news.

Follow us on [twitter](#)

COMPLETE YOUR CONFERENCE EXPERIENCE ONLINE!

Extend your ABS conference experience through the ABS Live Learning Center - your ultimate digital conference!

Receive hours of carefully selected sessions captured live during the event. Sessions are recorded using the latest screen capture technology to

improvements in biochemical control will most likely translate into a reduction in metastasis and survival.

The recent editorial in JCO by Dr. Anthony D'Amico (3) discussing the ProtecT Trial is relevant to the ASCENDE-RT trial as he makes the case for using a reduction in metastasis as a new clinical endpoint for trials comparing surveillance to treatment (see December ABS Newsletter for a discussion of the ProtecT Trial). In the Prostate Testing for Cancer and Treatment (ProtecT) Trial, either radiation (EBRT and ADT) or surgery resulted in a reduction of metastasis from 6.3% to 2.4% at 10 years compared to observation. Also, of those randomized to observation, nearly 55% assigned to active monitoring underwent surgery or radiation. Therefore, the magnitude of the benefit of treatment is probably even more.

If one considers the improvement in biochemical control with trimodality therapy in the ASCENDE-RT trial, the overall improvement in prostate cancer specific mortality will be even more pronounced with time.

Based upon 5 randomized trials, including the ASCENDE-RT trial, the American Society of Clinical Oncology/Cancer Care Ontario Joint Just published the following updated prostate guidelines (4):

- * For patients with low-risk prostate cancer who require or choose active treatment, LDR alone, EBRT alone, or RP should be offered to eligible patients
- * For patients with intermediate-risk prostate cancer choosing EBRT with or without androgen-deprivation therapy (ADT), brachytherapy boost (LDR or high-dose rate [HDR]) should be offered to eligible patients. For low-intermediate risk prostate cancer (Gleason 7, prostate-specific antigen < 10 ng/mL or Gleason 6, prostate-specific antigen, 10 to 20 ng/mL) LDR brachytherapy alone may be offered as monotherapy. For patients with high-risk prostate cancer receiving EBRT and ADT, brachytherapy boost (LDR or HDR) should be offered to eligible patients.
- * 125I and 103Pd are each reasonable isotope options for patients receiving LDR brachytherapy; no recommendation can be made for or against using 131Cs or HDR monotherapy.
- * Patients should be encouraged to participate in clinical trials to test novel or targeted approaches to this disease.

Also of relevance, The US Preventive Task Force Service (USPTFS) recently changed their recommendations for prostate cancer screening from a D to C - see table below - and essentially reversed their 2012 recommendation. The document was posted online and was available for comment from April 11, through May 8, 2017, and is now closed. Several newspapers discussed the report, including the Washington post which had an outstanding article summarizing the controversial issues by Laurie McGinley - April 11, 2017.

This was also posted on FaceBook in which I added my comments from previous ABS Blasts and Newsletters. The final document will be posted in the future - date not specified.

Population

Recommendation

Grade

include the speaker's audio, presentation slides and anything else that appeared on the presenter's screen.

Content on the Live Learning Center is compatible with iPads and other mobile devices for learning on-the-go. Share critical information and research with your colleagues and extend your education long after the conference concludes.

The 2017 Annual Conference Recordings are now available.

[CLICK HERE](#) FOR MORE INFO



What can YOU do for the ABS? As a Member of ABS, what can YOU do to Support Your Association?

- Recruit new members both locally and at national meetings that you attend during the year
- Contact the national office with the names of potential corporate members, potential exhibitors and sponsors, based on the various vendors that you come into contact with on an annual basis
- Participate on an ABS committee
- Submit an article for publication in *Brachytherapy*, the official journal of the Society
- Renew your membership each year in a timely fashion
- Submit topics and speaker suggestions for the next Annual Meeting or for a future ABS School

(What's This?)

Men ages 55 to 69 years

The USPSTF recommends that clinicians inform men ages 55 to 69 years about the potential benefits and harms of prostate-specific antigen (PSA)-based screening for prostate cancer.

C

The decision about whether to be screened for prostate cancer should be an individual one. Screening offers a small potential benefit of reducing the chance of dying of prostate cancer. However, many men will experience potential harms of screening, including false-positive results that require additional testing and possible prostate biopsy; over diagnosis and overtreatment; and treatment complications, such as incontinence and impotence. The USPSTF recommends individualized decision making about screening for prostate cancer after discussion with a clinician, so that each man has an opportunity to understand the potential benefits and harms of screening and to incorporate his values and preferences into his decision.

Please refer to the Clinical Considerations sections on screening in African American men and men with a family history of prostate cancer for more information on these higher-risk populations.

Men age 70 years or older

The USPSTF recommends against PSA-based screening for prostate cancer in men age 70 years and older.

D

It is frustrating, and in fact irritating, that neither the NEJM or JCO were interested in publishing the ASCENDE-RT trial as no survival benefit was documented. Both journals routinely publish articles reporting very modest improvements in the progression free survival for a variety of chemotherapy or targeted agents in the setting of metastatic disease with no improvement in survival. While we as radiation oncologists "worship" at the alter of local control, preventing metastatic events is clinically relevant, and may translate into improved survival over time for properly selected prostate cancer patients who undergo definitive treatment.

In summary, I hope the above "prostate cancer round up" helps you as you approach your patients and medical colleagues for these ongoing issues - back to the range...

REFERENCES

1. Morris et al. Androgen Suppression Combined with Elective Nodal and Dose Escalated Radiation Therapy (the ASCENDE-RT Trial): An Analysis of Survival Endpoints for a Randomized Trial Comparing a Low-Dose-Rate Brachytherapy Boost to a Dose-Escalated External Beam Boost for High- and Intermediate-risk Prostate Cancer. DOI: <http://dx.doi.org/10.1016/j.ijrobp.2016.11.026>
2. Rodda et al. ASCENDE-RT: An Analysis of Treatment-Related Morbidity for a Randomized Trial Comparing a Low-Dose-Rate Brachytherapy Boost with a Dose-Escalated External Beam Boost for High- and Intermediate-Risk Prostate Cancer. DOI: <http://dx.doi.org/10.1016/j.ijrobp.2017.01.008>

3. D'Amico Active Surveillance Versus Treatment of Prostate Cancer: Should Metastasis Be the Primary End Point? Journal of Clinical Oncology 35, no. 15 (May 2017) 1638-1640. PMID: 28240975 DOI: 10.1200/JCO.2016.70.9527
4. Chin et al. Brachytherapy for Patients With Prostate Cancer: American Society of Clinical Oncology/Cancer Care Ontario Joint Guideline Update. Journal of Clinical Oncology 35, no. 15 (May 2017) 1737-1743. PMID: 28346805 DOI: 10.1200/JCO.2016.72.0466

CMS To Send Out MIPS Eligibility Notifications

CMS will notify providers whether they meet the volume thresholds for participating in the Merit-based Incentive Payment System (MIPS).

Physicians who bill Medicare Part B more than \$30,000 annually and care for more than 100 Medicare patients are subject to MIPS, and those who fall below that threshold are exempt. Providers who earn a sufficient portion of their revenue from alternative pay models also are exempt from MIPS, but for now CMS assumes all providers are in MIPS because the Agency hasn't yet determined which physicians qualify for alternative pay models.

The first MIPS performance period began January 1, 2017 and physicians' pay in 2019 will be based on their 2017 performance. CMS will cut physician payment by 4 percent for those who don't report 2017 data. Those who submit a minimum amount of 2017 data -- such as data on one qualified measure or one improvement activity -- avoid a payment cut, and those who submit at least 90 days of data are eligible for a bonus.

For more information regarding MIPS, go to ASTRO's Quality Payment Program website at:

<https://www.astro.org/QPP/>

Membership Committee Participation

The ABS Membership Committee is looking for volunteers for regional membership recruitment efforts - if you are interested please contact committee chair [Jarek Hepel](#).

American Brachytherapy Society, 11130 Sunrise Valley Drive,
Ste. 350, Reston, VA 20191

[SafeUnsubscribe™ {recipient's email}](#)

[Forward this email](#) | [Update Profile](#) | [About our service provider](#)

Sent by mpomerene@drohanmngmt.com