The Benefits and Challenges for the Urologist Treating mCRPC

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Lawrence I Karsh MD FACS
Director of Research & Attending Urologist
Certified Principal Investigator
Chairman Advanced CaP Committee
The Urology Center of Colorado
Consultant
AbbVie, Amgen, Argos, Astellas, Medivation, Bayer, BNIT, Dendreon, Heat Biologics, Janssen, Myriad, Sanofi, Spectrum, Swan Valley Medical, Taris, Astra Zeneca

Speaker
Amgen, Astellas/Medivation, AstraZeneca, Bayer, Janssen, Sanofi

PI Clinical Trials
Argos, Astellas, Medivation, Augmenix, Auxilium, BNIT, Dendreon, FKD Therapies, Genome DX Biosciences, Genomic Health Inc., Heat Biologics, Janssen, MDx Health, Pfizer, Spectrum, Takeda, Genentech
Number of urologists in your practice:

A. 1-4
B. 5-10
C. 11-15
D. 16-30
E. > 30
Should Urologists Treat mCRPC With Advanced Medical Therapies?

A. Yes

B. No
Excluding GnRH analogues, are you (or a partner) managing mCRPC patients with advanced therapies?

A. Yes

B. No
Of the 5 new therapies since 2010, you (or a partner) manage mCRPC patients with:

A. 1 new therapy

B. 2 new therapies

C. 3 or more new therapies

D. None. I refer to medical oncology
If you are a treating physician, do you administer chemotherapy?

A. Yes

B. No
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Pathway for Metastatic Prostate Cancer (Castration Sensitive/Resistant)

Multi-Disciplinary Approach

- Urologist
- Medical Oncologist
- Radiation Oncologist
- Radiologist/Pathologist
- Palliative care
- Nurses/Nurse Navigator
- Physical Therapy
- Billing

Advanced Prostate Cancer Tumor Board- Monthly
Advanced Prostate Cancer Clinic- Weekly
Bone Health Management (PA/NP-->Urologist)

**GU Tumor Board-Monthly**
mCRPC Treatment Landscape 2017

Surgery/Radiation → ADT → GnRH Analogues/Orchiectomy → Bone Health → DXA Vitamin D/Calcium → Denosumab, ZDA

- Radium -223
- Enzalutamide
- Abiraterone

Chemotherapy → Docetaxel → Cabazitaxel

- Sipuleucel-T
- Therapies After GnRH Analogs and Antiandrogens
- Androgen Deprivation
- Local Therapy

Adapted from AUA University 2016
Five new therapies have become available that improve survival in patients with mCRPC each with a unique mode of action.

The administration, dosing, and adverse events are imperative for urologists to know in order to determine "the right therapy for the right patient at the right time."

Therapeutic options for advanced PCa patients presently enables improved patient-physician shared decision making.
Historical Perspective Before 2010

Urologist

ADT & AA

Medical Oncologist
Docetaxel
Ketoconazole, DES

Radiation Oncologist
- “Spot Welding”
- Radiopharmaceuticals
Why Should Urologists Treat mCRPC Patients?
We Have the Patients

- We have been treating them since diagnosis
- We know them, they trust us
- Better continuity = better patient care
- If done right, we can facilitate it better

Why stop with ADT and then hand off to oncologists now that we have a new armamentarium?
If we don’t figure out how to treat these patients, someone else will!

• Medical Oncologists
• Radiation Oncologists
• Hospital systems
• Cancer centers
Should Treatment for mCRPC be multidisciplinary?

- Yes, absolutely but urologists should be the quarterback of the team.
- If we don’t learn how to be quarterbacks, we will be the water boys.
Caveats

Don’t be a dabbler!

You need to be as or more knowledgeable than the players on the field!
Newer Model for Urologists to Take Charge

Provides an ability to expand your practice and sustain:

- Higher quality of care and improved patient outcomes
- Retain patients
- Grow revenue
- Promote center of excellence
Creating a Successful APCC Will Involve

1. Physician Champion
2. Nurse Champion
3. Administrative Champion

Clinical and Business Integration

Collaboration with multi-disciplines and sub-specialization
• Improve patient care
  – More proactive management
  – Protocol driven
  – Comprehensive / integrated approach
  – Coordinated care
  – Convenient care
Patient satisfaction = win win for you and your practice.
Patient retention
- Remain in the Urologist’s care longer
- Patients do not want to be transferred to other specialties or practices
Service expansion/practice sustainability
- PCa treatment can offer significant revenue opportunities
- Ancillaries
  * In-Office Dispensing Pharmacy
  National Pharmacy #
  QS-1(national plan benefit processor)
  UROGPO
Pharmacy Dispensing

Suppliers:
- McKesson
- Cardinal
- Besse

Existing Model
Abiraterone Enzalutamide

Specialty Pharmacies:
- CVS
- Walgreens
- Rite Aid

Existing Model (In office)
(GNRH, Radium 225, Denosumab, Sip-T)
Suppliers:
- McKesson
- Cardinal
- Besse

Existing Model
Abiraterone Enzalutamide
Specialty Pharmacies
- CVS
- Walgreens
- Rite Aid

New Model
(In office)
- (GNRH, Radium 225, Denosumab, Sip-T)

New Model
- Urology
  - UROGPO
- Oncology
  - US Oncology

New Model
Abiraterone Enzalutamide
In-office dispensing (IOD)
- Limited
- Full service Pharmacy
Pharmacy Dispensing

Medicare

Suppliers:
- McKesson
- Cardinal
- Besse

Existing Model
Part D
Abiraterone Enzalutamide
Specialty Pharmacies
- CVS
- Walgreens
- Rite Aid

Existing Model
Part B (In office)
In office
(GNRH, Radium 225, Denosumab, Sip-T)
Pharmacy Dispensing

Medicare

Suppliers:
- McKesson
- Cardinal
- Besse

Existing Model
Part D
Abiraterone Enzalutamide

Specialty Pharmacies
- CVS
- Walgreens
- Rite Aid

New Model
Part B (In office)
In office
(GNRH, Radium 225, Denosumab, Sip-T)

New Model
Part D
Abiraterone Enzalutamide

- Urology
  - UROGPO
- Oncology
  - US Oncology

New Model
In-office dispensing (IOD)
- Limited
- Full service Pharmacy
What are the Challenges?

Commitment from the practice

Need champions
  • Physician
  • Nursing
  • Administrator
Challenges (cont.)

• Convincing partners to refer patients to physician Champion(s)

• Allocate and educate staff
  Current staff/ hire additional staff/nurse navigator

• EMR integration – identify pathways and patients

• Financial - billing/approve costly therapies/profit margins/preauthorization

• Space - maximize existing space/new space for infusions, injections, patient visits

• Operationalize-balance business and clinical excellence(protocol development, pt. identification and treatment strategy)
NEW LEARNING CURVE

• Knowledge of treatment and management landscape is essential
  - need to stay on top of latest innovations and therapeutic options

• Monitoring for both disease progression and AEs is an important aspect of caring for these patients

• Treat patient according to FDA indications and accepted guidelines (AUA, NCCN)

• Need to develop treatment pathways
Future benefits

- Experience with this disease can expand our horizons
  - Metastatic bladder cancer
  - Metastatic renal cancer
- Spark interest in clinical research trials
Research Provides an opportunity for new treatments where existing treatments are not sufficient

- Tomorrow’s therapies today
- No or low cost of care to patient
- Prestige to you and your practice
- Patient satisfaction
- Generates income for practice
- Referring physicians want their patients to get the best
Shifting Paradigm: Volume → Value

• The healthcare landscape is rapidly changing

• This change opens opportunities for forward thinkers to enhance their urology practice

• This emphasizes the importance of collaboration and sub-specialization
  
  • Expanding specialty clinic is an opportunity i.e. creating an Advanced Prostate Cancer Clinic (APCC)
Eliminates SGR and provides temporary payment updates under the physician fee schedule (PFS)

Ties Medicare fee-for-service (FFS) payments to physician performance

Incentivizes physician participation in alternative payment models (APMs)

Courtesy of Dana Jacoby Consulting and UROGPO
How Does CMS Measure Value?

Clinical Care
Patient Experience
Population/Community Health
Patient Safety
Care Coordination
Efficiency

Quality of Care Composite Score

VALUE MODIFIER AMOUNT (PQRS)

Cost Composite Score

Total per capita costs (plus MSPB*)

Total per capita costs for beneficiaries w/specific conditions

American Society of Clinical Oncology. *J Oncol Pract.* 2015;11(2):79-113
Courtesy of Dana Jacoby Consulting and UROGPO
Conclusion

Carpe Diem - Seize the Day

- New therapies
- New challenges
- New opportunities

Urologists can and are playing a greater role in the care of patients with mCRPC
Thank You
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Lawrence I Karsh MD FACS  January 27, 2017