Pharmacy Utilization Meeting

August 19, 2022

**Attendees**

Linda Coyle (IMS) - absent
Jennifer Stevens (IMS)
David Angelaszek (IMS)
Chuck May (IMS)
Emily Carver (IMS)
Kevin Ward (Georgia)
Randi Rycroft (Idaho)
Serban Negoita (NCI)
Peggy Adamo (NCI)
Marina Matatova (NCI)
Nadia Howlader (NCI) – absent

* We reviewed the conditions for how the augmented CTC fields corresponding to RX\_SUMM\_CHEMO, RX\_SUMM\_HORMONE, RX\_SUMM\_BRM and their corresponding dates should be updated based on the pharmacy data and the CTC registry values. There was some confusion about the timing considerations for treatments from the August 5th meeting.
	+ No first course of treatment (FCOT) in the first, none after first year -> Augmented CTC fields are not changed from the registry values.
	+ No FCOT in the first year, 1 FCOT after first year -> Augmented CTC fields are not changed from the registry values.
	+ No FCOT in the first year, more than 1 FCOT after first year -> Augmented CTC fields are not changed from the registry values.
	+ 1 FCOT in the first year, no FCOT after first year -> update dates using date from pharmacy data (if earlier), record 00 or 99 -> 88, leave 01 and 82-89 as is.
	+ 1 FCOT in the first year, 1 or more FCOT after first year -> update dates using date from pharmacy data (if earlier), update 00,82-89 and 99 -> 01.
	+ If multiple FCOT received in the first year -> update dates using date from pharmacy data (if earlier), update 00,82-89 and 99 -> 01.
* We discussed how the CTC RX\_SUMM\_CHEMO has codes 02 = *definitely a single agent of chemo was administered* and 03 = *definitely multiple agents of chemo were administered*. It was decided that for this initial stage we would only set the corresponding augmented field to 01 = *chemo received but single/multiple not specified*.
* The Augmented Date of Last Contact field was discussed. It should be set to the latest claim date if it is after the SEER DOLC field. SEER DOLC is updated with pharmacy dates if the pharmacy transaction is a retail transaction. This might be expanding to all transactions soon. It was mentioned in a previous meeting that we should just drop this augmented field since the SEER field itself is being updated by pharmacy data already.
* We reviewed the Chemotherapy and Immunotherapy FCOT for breast cases that Lois prepared.
	+ **Action**: The counts of immunotherapy updates due to FCOT in the pharmacy data were very low. Need to review if there is an issue with how we are flagging immunotherapy treatments.
	+ **Action**: NCI should confirm whether the drug Prolia should be classified as a FCOT immunotherapy treatment for breast cases. It had the second highest frequency in our data. Kevin seemed to think it was an approved immunotherapy treatment for breast but the results from Lois indicate it is not. Serban commented that if CanMED classified the drug as immunotherapy then that means at least two reviewers agreed that it was an immunotherapy agent and we should consider it as such. Randy pointed out that this doesn’t necessarily mean it is a first course treatment. NCI will review this case and consult with CanMED experts to better understand the rationale for how drugs get classified.
* Emily had some questions about the following augmented fields: PHAR-Dispense Events Cumulative, PHAR-Dispense Quantity Cumulative and PHAR-Dispense Duration Cumulative.
	+ What to do if dispense dates are before the date of diagnosis?
		- Could be because of multiple CTCs and the treatments are for an earlier tumor.
		- Could be because date of diagnosis is wrong. Maybe allow a 30 day window around the diagnosis date. It is easier and more straightforward just to ignore these cases and transactions.
		- Could be because drug is given for a non-cancer treatment.
		- **Action**: Emily will do some analysis for this to see how often this happens and what characteristics those cases have.
	+ What conditions should be used to generate these cumulative counts?
		- **Action**: Generate counts using several different conditions for a first pass?
		- Count of all claims regardless of timing and modality.
		- Count of all claims by modality regardless of timing and if it is FCOT.
		- Count of only FCOT claims by modality – must be within 1 year – this is probably the most important count.
		- Count of only FCOT claims by modality – outside of 1 year.
* Two new augmented fields were discussed:
	+ Flag – FCOT hormone greater than 1 year – if the patient has at least one FCOT hormone transaction but the date of the first dispense is > 365 days then this flag will be 1, otherwise it is 0.
	+ Flag – Hormone but never FCOT – if the patient has at least one hormone transaction but none are FCOT then this flag=1, otherwise it is 0.
	+ **Action**: Create these in the Augmented dataset along with the corresponding fields for chemotherapy and immunotherapy.