Pharmacy Utilization Meeting

September 2, 2022

**Attendees**

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

1. We discussed how we are handling unknown dates

* Our analysis uses submission data which has no days in the dates
* We impute the day to be 01 in analyses. This can mean our counts are not always correct when comparing dates - especially for dates within the same month.
* In SEER\*DMS we would be able to use days in dates for setting these fields
* No one expressed concern over our approach to handling this in our analyses with submission data.

2. Analysis of cases with dispense dates before DX dates.

* There was surprise over the high average date intervals from dispense date to diagnosis date for claims with dispense dates earlier than DX date.
* Chemo showed that 75% of claims were before cases that had sequence number 00 and 01.
* **Action**: Need to restrict the high average date interval analysis to claims that are before cases that had sequence number 00 and 01. It could be cases with higher sequence numbers are skewing the average. Compare results done for just sequence number 02+.
* **Action**: get counts of patients. We showed counts of claims today.
* **Action**: break out counts by drug.

3. Emily showed new cumulative counts that were asked about last time (see below). Kevin commented that counts are consistent with what he would expect from previous analyses.

* Count of FCOT in entire patient history after DX
* Count of FCOT in first year following DX

4. Emily showed results of new augmented flags discussed in the last meeting. Kevin commented that counts generated from those flags are what we would expect from previous analyses.

* FCOT greater than 1 year – if the patient has at least one FCOT transaction but the date of the first dispense is > 365 days then this flag will be 1, otherwise 0
* No FCOT – patient has transactions of a particular modality but none get classified as FCOT then flag =1, otherwise it is 0.

5. Immunotherapy drugs - We commented that we couldn't find anything wrong on our end and counts of BRM drugs in Idaho and Georgia are naturally low. Kevin was surprised until he looked up the BRM drug with the highest frequency in the pharmacy data - Herceptin. It can be taken orally but is primarily taken via injection. Injection administrations wouldn't normally show up in pharmacy data which may explain the lower counts than expected.

6. CanMED - NCI discussed with CanMED experts. Valentina Petkov is managing CanMED and doesn't want to make any changes to how drug classifications are being handled at this time but maybe in a few years. We will proceed with the classifications from Lois for now.

7. **Action**: David is developing a document to collect all the work we have done for this project into a more comprehensive single document that can be shared with people outside the workgroup.

8. **Action**: Emily and Jennifer will work towards finalizing the augmented data set.

9. Marina expressed interest in pulling Nadia Howlader and Kathy Cronin into the meeting on October 14 for a general discussion on the progress we have made.