

ONLINE APPENDIXES

# 5

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**Medicare Part B drug  
and oncology payment  
policy issues**

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ONLINE APPENDIX

# 5-A

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**Choosing Wisely list of  
10 tests and treatment options**

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The 10 opportunities for reducing waste through the appropriate use of cancer services identified by the American Society of Clinical Oncology and the Quality Oncology Practice Initiative are the following:

1. Don't use cancer-directed therapy for solid tumor patients with the following characteristics: low performance status (3 or 4), no benefit from prior evidence-based interventions, not eligible for a clinical trial, and no strong evidence supporting the clinical value of further anti-cancer treatment.
2. Don't perform positron emission tomography (PET), [computed tomography] CT, and radionuclide bone scans in the staging of early prostate cancer at low risk for metastasis.
3. Don't perform PET, CT, and radionuclide bone scans in the staging of early breast cancer at low risk for metastasis.
4. Don't perform surveillance testing (biomarkers) or imaging (PET, CT, and radionuclide bone scans) for asymptomatic individuals who have been treated for breast cancer with curative intent.
5. Don't use white cell stimulating factors for primary prevention of febrile neutropenia for patients with less than 20 percent risk for this complication.
6. Don't give patients starting on a chemotherapy regimen that has a low or moderate risk of causing nausea and vomiting antiemetic drugs intended for use with a regimen that has a high risk of causing nausea and vomiting.
7. Don't use combination chemotherapy (multiple drugs) instead of chemotherapy with one drug when treating an individual for metastatic breast cancer unless the patient needs a rapid response to relieve tumor-related symptoms.
8. Avoid using PET or PET-CT scanning as part of routine follow-up care to monitor for a cancer recurrence in asymptomatic patients who have finished initial treatment to eliminate the cancer unless there is high-level evidence that such imaging will change the outcome.
9. Don't perform [prostate-specific antigen] PSA testing for prostate cancer screening in men with no symptoms of the disease when they are expected to live less than 10 years.
10. Don't use a targeted therapy intended for use against a specific genetic aberration unless a patient's tumor cells have a specific biomarker that predicts an effective response to the targeted therapy (ABIM Foundation 2013). ■

## References

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ABIM Foundation. 2013. Choosing wisely. American Society of Clinical Oncology: Ten things physicians and patients should question. <http://www.choosingwisely.org/societies/american-society-of-clinical-oncology/>.