May 15, 2018

The Honorable Greg Walden
Chairman
House Energy and Commerce Committee

The Honorable Frank Pallone
Ranking Member
House Energy and Commerce Committee

The Honorable Lamar Alexander
Chairman
Senate HELP Committee

The Honorable Patty Murray
Ranking Member
Senate HELP Committee

The Honorable Kevin Brady
Chairman
House Ways & Means Committee

The Honorable Richie Neal
Ranking Member
House Ways & Means Committee

Cc:
House Energy & Commerce Health Subcommittee Chairman Michael Burgess and Ranking Member Gene Green
Senate HELP Primary Health Subcommittee Chairman Michael Enzi and Ranking Member Bernie Sanders
Ways & Means Health Subcommittee Chairman Peter Roskam and Ranking Member Sander Levin

Dear Chairman Walden, Ranking Member Pallone, Chairman Alexander, Ranking Member Murray, Chairman Brady, and Ranking Member Neal:

The American Society of Clinical Oncology (ASCO) applauds the House Energy & Commerce Committee, the Senate Health Education, Labor, and Pensions (HELP) Committee, and the House Ways & Means Committee for their demonstrated commitment to combatting the opioid epidemic. Along with you, we are deeply concerned about the epidemic of opioid use disorder. We support efforts to address this crisis but urge that such steps avoid the unintended consequence of limiting access to appropriate medical opioid therapy for patients with cancer. In that spirit, we call on you to keep the unique need of cancer patients in mind as you move forward on legislation to combat opioid abuse in the following areas.

**Improvement of Telehealth and Technology in Prescribing**

ASCO supports improved access through telehealth and technology to necessary pain treatment for cancer patients and understands the difficulties these patients face, particularly in rural areas. Opioid therapies are often an essential component of treating cancer patients and may be used during all phases of treatment, including for palliative care with no active anti-cancer therapy. We have made advances in cancer treatment, however survivors cope for months or
years with long term and late effects of curative or life-prolonging anti-cancer therapies. There is broad agreement among cancer clinicians that opioid therapy is generally the first-line approach, alone or in combination with other medications, for moderate to severe pain associated with active cancer, whether the patient is receiving anti-neoplastic therapy or not. Continued access to appropriate pain management for all cancer patients and survivors, including those in rural areas, is imperative to delivering high quality cancer care.

The American Medical Association and others have reported on the rapid uptake in physician registration for state prescription drug monitoring programs (PDMPs). Increased use of Prescription Drug Monitoring Programs (PDMPs) and electronic prescribing will better allow physicians and pharmacies to prevent pharmacy shopping by patients for whom the intent is prescription opioid diversion. In addition to tracking prescriptions for individual patients, these databases are also used to identify “outlier” prescribers; depending on the state, these prescribers are generally notified of their “outlier” status and may be required to obtain additional education. They may even be subject to disciplinary action. Given the unique needs of patients with cancer, ASCO has stated on numerous occasions that efforts to identify “outlier” prescribers should take in to account provider specialty and patient population.

Training of Cancer Care Specialists

As noted, cancer clinicians generally agree on opioid therapy as the first-line approach for moderate to severe chronic pain associated with active cancer. For this group of patients, access to opioids must be assured, and laws and regulations intended to address abuse and overdose should be crafted to avoid creating impediments to this treatment. We are encouraged to see that much of the discussion and action in Congress reflects this perspective.

ASCO provides numerous educational resources for its members on pain control and opioid prescribing. Some recent examples include, ASCO’s guideline on the Management of Chronic Pain in Survivors of Adult Cancers, which had more than 2000 unique views last year alone. In addition, our 2017 Annual Meeting education session targeted to care providers entitled Cancer Care and Opioids was highly attended. ASCO participates in the American Medical Association’s Opioid Task Force, which seeks to provide further education and resources for providers to assist them in appropriate prescribing and in raising awareness of the critical role that healthcare professionals play in stemming this crisis.

Oncology care is rapidly changing as more effective cancer treatments and newly-identified indications in patients with cancer are made available. Keeping abreast of new and improving therapies requires almost constant learning from physicians. ASCO hopes you will take this into account when setting requirement levels for mandatory provider education. We encourage you to consider how federal requirements could align with new and emerging, as well as existing state requirements, to avoid overly burdensome or redundant standards.

Patient, Provider, and Pharmacist Relationship

ASCO strongly supports provisions allowing pharmacists to act if they suspect a prescription might be fraudulent and directing appropriate federal agencies to provide training materials about when this action is appropriate. We further believe these materials should require that pharmacists make every reasonable effort to contact the prescribing physician. This should happen before a pharmacist acts to decline a prescription, thereby avoiding access barriers for patients with legitimate prescriptions for management of cancer-related pain.

Availability and Packaging of Opioids
Patients with cancer represent a special population that should be largely exempt from regulations intended to restrict access or limit prescription doses, in recognition of the unique nature of the disease, its treatment, and potentially life-long sequelae. Prescription limits are inappropriate for patients with active cancer and for cancer survivors, who may experience chronic pain for the rest of their lives. The uniqueness of the patient population with cancer also creates other, less obvious, barriers to proper pain management. For instance, the use of deterrent formulations and blister packaging may not be appropriate for frail patients for whom cumbersome packaging or inability to swallow pills is a barrier to medication adherence. ASCO supports the promotion of these innovations to combat the ongoing opioid crisis but believes they should not take away from availability of traditional opioids when patients need them.

We offer the ASCO Policy Statement on Opioid Therapy: Protecting Access to Treatment for Cancer-Related Pain for more information. If you have questions or would like assistance on any issue related to providing care of individuals with cancer, please do not hesitate to contact Amanda Schwartz at Amanda.schwartz@asco.org or 571-483-1647.

Sincerely,

Bruce E. Johnson, MD, FASCO
President, American Society of Clinical Oncology