








ENHANCING ONCOLOGY MODEL: DISCORDANCE AMONG PATIENTS USING INTRAVENOUS IRON IN THE US

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BACKGROUND

The Enhancing Oncology Model (EOM) is a 5-year voluntary model aimed at driving transformation and improving care coordination in oncology care through payment incentives and required participant redesign activities¹

EOM focuses on beneficiaries for seven cancer types:²

 Breast cancer	 Lymphoma
 Chronic leukemia	 Multiple myeloma
 Small intestine/colorectal cancer	 Prostate cancer
 Lung cancer	

Anemia is a common hematological manifestation of cancer. Iron deficiency anemia (IDA) is often a main contributor or can be caused by a variety of factors, such as:

 Chemotherapy	 Blood loss after surgery	 Malnutrition	 Malabsorption
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Intravenous iron (IVI) is used to treat IDA when oral iron is not effective or not tolerated

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) recommend IVI ranging from 1 to 10 infusions per treatment course, totaling about 1,000 mg for most IVI products³

Some policies restrict the use of newer generation products and justify this decision based on IVI drug cost alone, ignoring other aspects that can contribute toward overall patient cost

OBJECTIVE

To evaluate the prevalence of incomplete treatment with IVI products in patients with IDA and EOM tumor types

ABBREVIATIONS
EOM: Enhancing Oncology Model
FDA: US Food and Drug Administration
IDA: Iron deficiency anemia
IV: intravenous
IVI: intravenous iron
NCCN: National Comprehensive Cancer Network
US: United States

REFERENCES
1. Centers for Medicare & Medicaid Services. Enhancing Oncology Model. Accessed March 27, 2024, <https://www.cms.gov/priorities/innovation/innovation-models/enhancing-oncology-model>
2. Centers for Medicare & Medicaid Services. Update: Enhancing Oncology Model Factsheet. Published June 27, 2023. Accessed March 27, 2024, <https://www.cms.gov/newsroom/fact-sheets/update-enhancing-oncology-model-factsheet#:~:text=EOM%20focuses%20on%20beneficiaries%20receiving,multiple%20myeloma%2C%20and%20prostate%20cancer>
3. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for Hematopoietic Growth Factors V.3.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed April 26, 2024. To view the most recent and complete version of the guideline, go online to NCCN.org
4. LaVallee C, Bansal I, Kamdar S, et al. Relationship between initial parenteral iron therapy dosing and treatment effectiveness: a real-world retrospective analysis. J Blood Med. 2022 Mar 8;13:133-142

SPONSORSHIP
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METHODS

This retrospective study utilized Komodo’s health administrative claims from patients enrolled in Medicare health plans

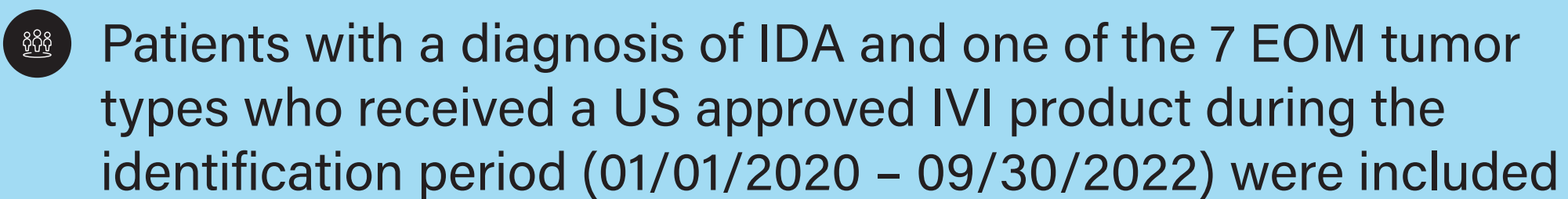
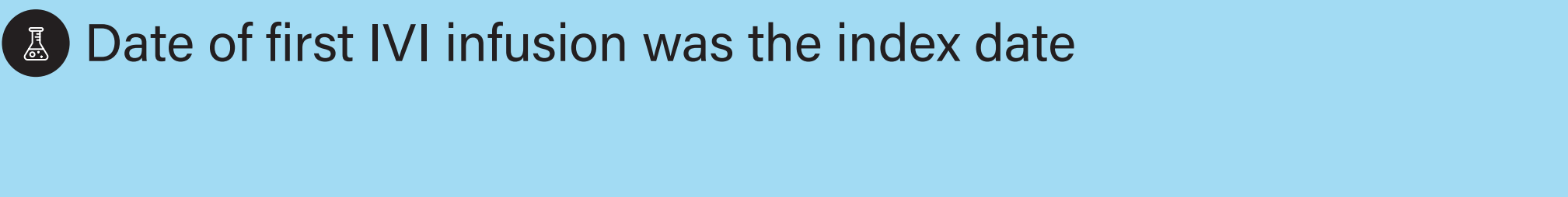
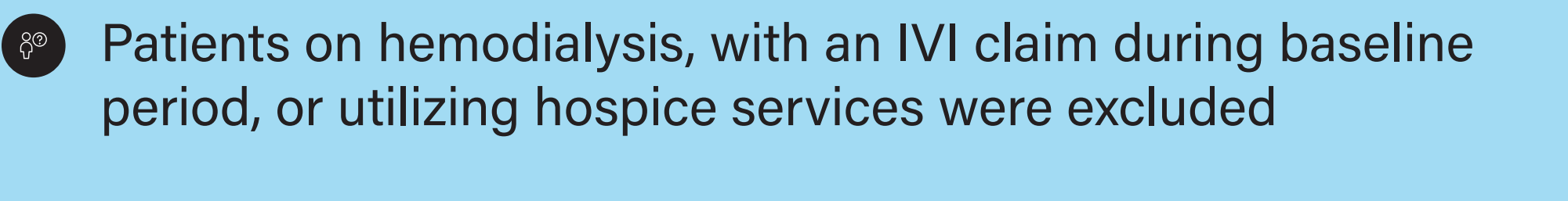
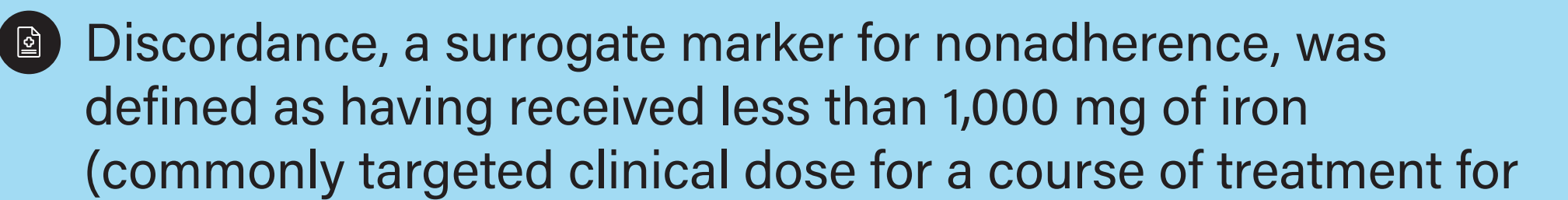
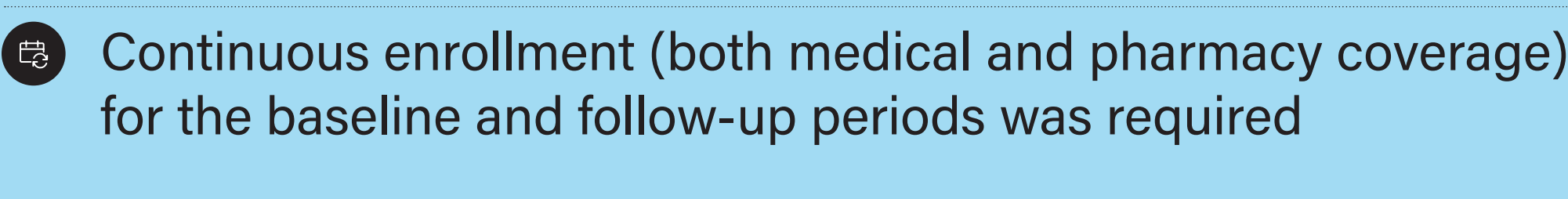
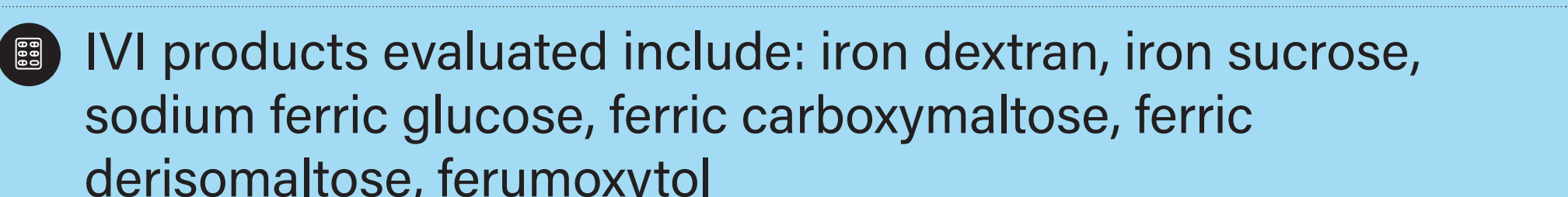
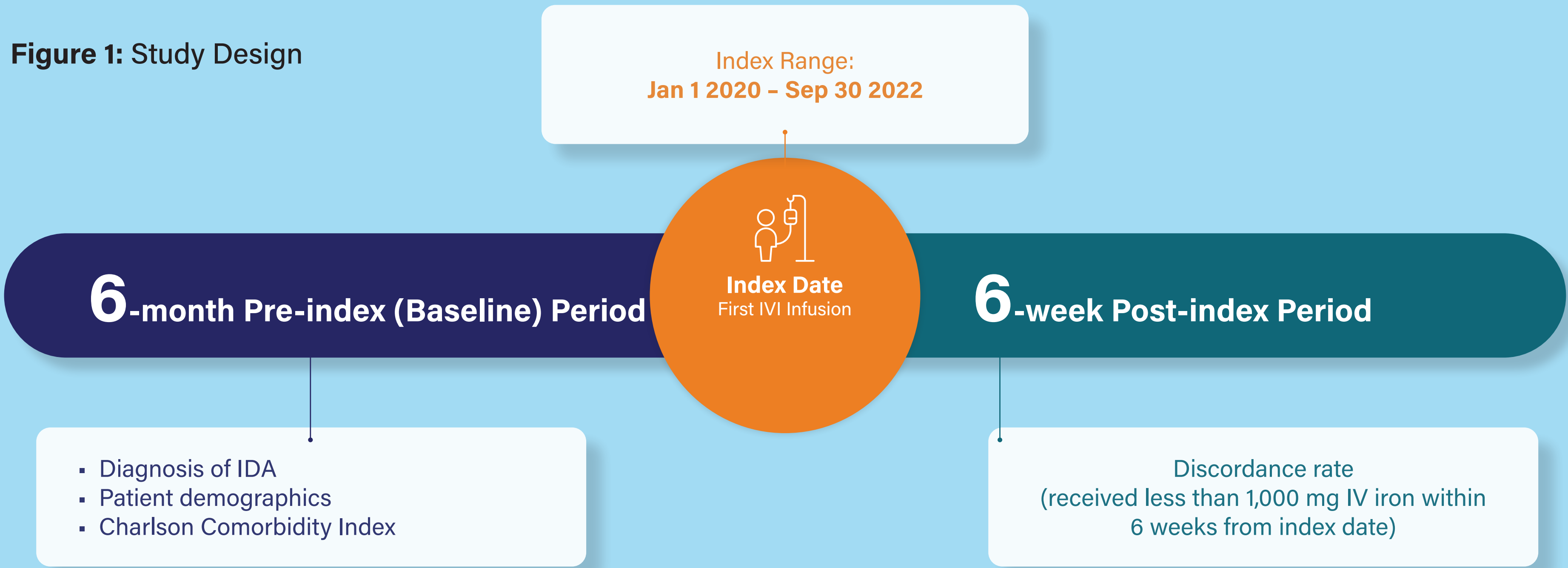
	
	
	

Figure 1: Study Design



RESULTS

n=6,450 patients were included in this study

The average age was	73.3 years old
Average Charlson Comorbidity index was	6.0

Figure 2: Patient Demographics

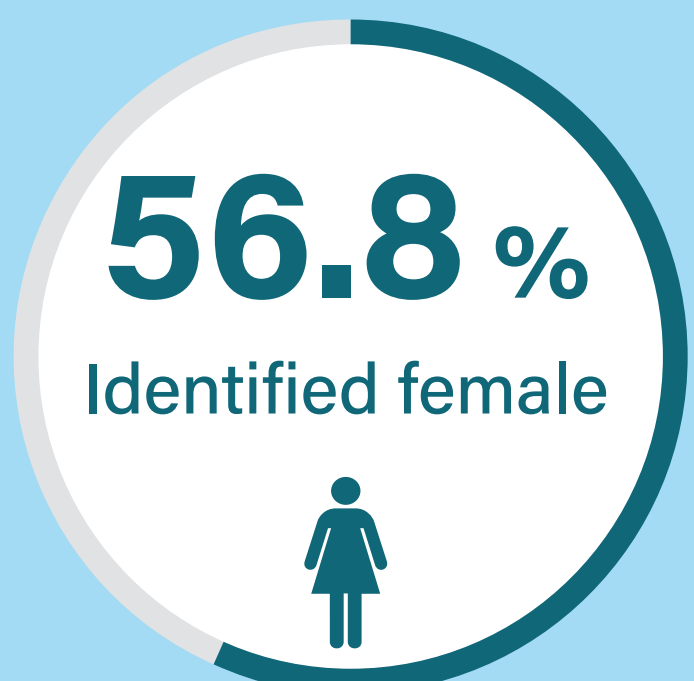


Figure 3: Discordance Rate (overall and by IVI product)

Sodium ferric gluconate	90.8% n=173
Iron sucrose	71.0% n=959
Iron dextran	38.9% n=755
Ferric carboxymaltose	24.6% n=2,553
Ferumoxytol	17.1% n=1,941
Ferric derisomaltose	0.0% n=69
Overall discordance	32.4% n=6,450

LIMITATIONS

A 6-week timeframe was used for the definition of discordance, which covers the course of treatment per label for all products except for sodium ferric gluconate, which may take up to 8 weeks

Most patients require 1,000 mg of iron for repletion⁴, however, recommended doses for individual patient need varies

It is possible that some products were not administered according to FDA-approved labeling, rather this analysis represents real-world use of IVI products

This analysis includes only data from Medicare insured patients from Komodo Healthcare Map, which may not be generalizable to a wider patient population

This analysis excluded patients undergoing hemodialysis or hospice care

CONCLUSIONS

EOM aims to generate cost savings and improve quality of care for cancer patients undergoing chemotherapy based on 6-month episodes of care across 7 specific tumor types

- Greater discordance rates to IVI occurred in treatment courses with multiple infusions
- Approximately 17-25% of patients on IVI treatments that require only 2 infusions (ferumoxytol and ferric carboxymaltose) were discordant
- If oncology practices are being held accountable for quality of care, then restricting IVI selection solely on drug cost is counterproductive to supporting EOM
- Potential undertreatment of IDA (<1,000 mg received) could be mitigated with unrestricted access to a single-dose IVI option

IVI product selection should ensure that discordance, patient preference, health-related social needs, and outcomes are not ignored in EOM practices