MSTS

Musculoskeletal Tumor Society

ADVANCING THE SCIENCE OF ORTHOPAEDIC ONCOLOGY
TO PROMOTE HIGH STANDARDS OF PATIENT CARE

Update Winter 2011

On behalf of the MSTS I would like to bring you up to date with the activities of our society and also use this as a vehicle for discussion of topics that can benefit all members. Our goals are to use the update as a means of improving communication to our membership and we hope to publish three to four times per year as needs dictate. We appreciate any input or feedback you may wish to provide which can be sent to our Executive Director, Barbara Rapp, at info@msts.org. Thanks for taking time to read this and we hope it will be helpful and informative.

Dick Lackman, MSTS President

2010 Meeting Summary

We held our Annual meeting in Philadelphia at the Four Seasons Hotel September 30 through October 2, 2010. We had 253 attendees and a very full schedule. It resulted in a positive cash flow for the MSTS and this will help to insure our future financial stability. The meeting started with a CPT Coding course run by John Heiner, Chair of our CPT Coding Committee and Marge Maley from Karen Zupko and Associates. This highlighted E/M coding as well as a summary of the new tumor codes and improved RVU values. The feedback from participants was very positive and this is probably something that the MSTS needs to repeat periodically. The scientific meeting ran well and included 86 podium presentations and 37 posters. The papers were limited to 4 to 5 minutes each with significant discussion time which allowed us to increase the number of podium presentations for the benefit of our members. Our meeting evaluation forms did give us some feedback but were a relatively small number compared to the number of attendees. If you have any comment about the meeting either positive or negative, we would value your input. Please feel free to forward this to info@msts.org and we will review these carefully. Our annual meetings are for the benefit of you our members and we wish to maximize their effectiveness and make sure we are fulfilling your needs.

Meeting Symposium

Twenty Three papers were invited to submit final manuscripts for consideration for publication at the CORR MSTS Symposium. This is currently in process and papers are being received. If you have been invited to submit your work please get it in to CORR ASAP as we are already past the deadline.

INSIDE

COMMITTEE UPDATE

Education Committee: Our committee under the leadership of Joe Benevenia has a full slate of ICL's and Symposia slated for the AAOS meeting in San Diego along with a very exciting Specialty Day agenda. Please consult the AAOS and MSTS specialty day preliminary programs for details. The tumor courses for the AAOS meeting are at the end of this update.In terms of Symposia, we are always looking for new topics and new present ers so let us know if you have any ideas in regard to this.

Research Committee: Lor Randall, Chair of the MSTS Research Committee has provided a brief overview of the work of this committee so that its function and benefits to our members will be better understood as follows: The MSTS Research Committee is charged with advancing research and promoting the mission of the MSTS. It does this by facilitating translational and clinically focused research in Musculoskeletal Oncology. In addition to an annual Research Funding Announcement whereby the MSTS solicits competitive applications for funding to support multi-institutional clinical trials related to clinically relevant topics; Committee members are charged with engaging the Membership in developing research programs at their own institutions in a spirit of collaboration. Furthermore, on an ad hoc basis, the Committee develops free standing, extramural, competitively funded, national scientific conference curricula such as the 2008 Molecular Biology and Therapeutics in Musculoskeletal Oncology Symposium held in Salt Lake City, Utah. The Committee welcomes and encourages membership input and participation. One area where the MSTS can certainly do better is in facilitating multi-institutional research collaborations. Our individual disease entities and their treatment results in small numbers for statistical analysis from single-center studies. As such we would all benefit from expanding our research relationships to include one or more other groups on individual research projects. We have discussed the issue of multiple authorship with John Healey our CORR Deputy Editor and he has indicated his willingness to try to support reasonable author lists for multi-institutional studies that go beyond the traditional limit of five. If our members have any suggestions for how we can better approach this goal, please let us know.

Annual Meeting

October
26 - 29, 2011

Sheraton Chicago Hotel and Towers

CORR reviewers needed: One of the important aspects of our academic careers is the opportunity and responsibility to review papers submitted to scientific journals and give appropriate comment. This does take some time but it is critical to our ability to further the science behind our clinical and basic research. Several years ago, the MSTS formalized a relationship whereby CORR became the official journal of the MSTS. This gives our members a tremendous opportunity to publish in this high quality, high impact journal. In order to maintain a good flow of Orthopaedic Oncology papers through CORR, a large number of reviewers are needed so that we can share the work of reviewing papers among many participants. According to records provided by John Healey, last year 99 MSTS members did reviews for CORR. Leading this group were Mark Gebhardt, Joe Lane and with 20 and 9 reviews respectively. These members are doing more than their fair share and we all need to help with this. This is a very good way for young members to begin to get active in the MSTS and it is obviously an ongoing responsibility for our more senior members as well. Please contact John Healey at healeyj@mskcc.org to offer to help with this. If you have done an occasional review but have time to do a few more, please notify John of this as well. Thanks for joining in this very important work. We plan to publish and thank new and current reviewers in future MSTS Updates.

List of job openings: In the past the MSTS maintained an up to date list of job openings for the benefit of our members. We are interested in revitalizing his function and we are planning to develop a list that can be accessed by our members and candidate members. If you have any openings please forward them to info@msts.org and we will make this available upon request.

MSTS Dues: It is now possible to check the status of your Society Annual Dues on line and pay online. Please log in to the MSTS web site and update your dues payment. This will greatly facilitate our record keeping and keep the MSTS financially sound.

Orthopaedic Oncology
Benefits to Health System

Recently, Orthopaedic Oncology procedure RVU's improved significantly. Still, it is a struggle to maintain financial viability for Orthopaedic Oncology practices in light of the complex nature of our patients and their diseases. As such it is helpful to be able to review with your administrators the full array of benefits that our practices bring to a hospital or health system. We have endeavored to assemble a reasonable list, parts of which may or may not be applicable to your individual practice. If any of our members wish to add to it please let us know and we will be happy to share these additions with our members. The summary is as follows: The Orthopaedic Oncology service at XXXXXXXX Hospital is a large regional resource seeing more than XXXX new patients annually. In addition to our clinical volume, the service is also academically successful. During the last XXX years we had more than XX papers and posters at national and international meetings. Orthopaedic Oncology benefits to the Hospital and Health System:

Medical Oncology: Ortho Oncology generates a large clinical volume for our medical oncologists and this supports their ability to maintain their number of clinicians and their clinical practice. In addition to sarcomas, we are also a significant source of patients with other malignancies as well including lymphomas, myelomas and carcinomas which come through Ortho Oncology as they frequently first present in the bone. Ortho Oncology is also the source of patients which supports the academic and professional activities of the Medical Oncology group including their ability to participate in clinical trial groups. The ability of our medical oncologists to participate in this sort of group allows them to offer clinical treatment options that would not otherwise be available to them and these patients. This allows them to function at a high level technically and also insures that these patients do not go elsewhere for care that would otherwise not be available here. As our reputation has grown, this also brings in referrals from further distances and this includes patients with non-musculoskeletal sarcomas as well including GI, GYN and retro-peritoneal sarcomas. All of this is a direct offshoot of our Orthopaedic Oncology service.

Pathology: We are fortunate to have excellent pathologists at our Hospital. One important part of their practice here is the presence of the Ortho Oncology service which provides them with pathologic material they would never see otherwise. This supports not only their clinical volume but also their academic careers and this also enables them to maintain their pathology fellowships which would be untenable without our Ortho oncology patient referrals. In terms of volume, last year Ortho Oncology generated over XXXX pathology specimens.

Radiation Oncology: Ortho Oncology supports this department with large numbers of new patients including sarcomas, lymphomas, myelomas and carcinomas. Without this volume, it would be very difficult to maintain our current roster of X radiation oncologists. In addition, our patient referrals allow the radiation oncology department to educate their residents in sarcoma treatment which they would not otherwise see. All of this is a direct offshoot of our Orthopaedic Oncology service. In addition, our patients with soft tissue sarcomas and spine tumors will provide more than XXX patients per year for stereo-tactic radiation (*IF THIS IS AVAILABLE*).

Interventional Radiology: Ortho Oncology refers approximately XXX patients per year to our interventional radiologists for a variety of procedures including image guided needle biopsies, radiofrequency ablation, cryo-therapy, arteriograms, embolization and other procedures. This significantly impacts their profitability because the vast majority of these procedures are performed as outpatients and so are not bundled in an inpatient DRG.

Diagnostic Radiology: Orthopaedic oncology refers large numbers of patients for outpatient MRI, CT and PET studies. We are also an integral part of the radiology resident teaching program.

Surgery: Orthopaedic oncology generates cases for a wide variety of our surgeons including our surgical oncologists, vascular surgeons and plastic surgeons.

Spine Center: Ortho Oncology has been and will increasingly be a significant source of patients with spine tumors requiring surgery for our Orthopaedic/neurosurgical spine service.

Cancer Center: The sarcoma service has been recognized as one of the signature services of the XXXX Cancer Center. This is due to the fact that Orthopaedic Oncology is one of the highest profile cancer services in our system. This includes our international notoriety and the ability to treat patients who cannot get care at other area cancer centers. As such, our Cancer Center uses our program along with a few other such services to highlight and help brand the XXXX Cancer Center as a source of innovation and clinical and research excellence.

Orthopaedic Residency: Orthopaedic oncology is a rare enough sub-specialty that it will never be available within the faculty of every Orthopaedic Surgery residency. The fact that we are able to offer our residents this experience rounds out their Orthoapedic education and helps our program attract the best candidates.

Orthoapedic Oncology Financial Issues: It has long been true that RVU levels for Orthoapedic Oncology procedures and practice are among the lowest for any sub-specialty within Orthoapedic Surgery. This is in spite of the fact that many Orthoapedic Oncology procedures are complex and lengthy. Also problematic is the fact that the office practice associated with Orthoapedic Oncology involves the care of complex problems which frequently require extensive testing and significant coordination of care among many diverse specialties. These issues and the fact that physician/patient communication in this context is a lengthy and serious process necessitates a smaller patient volume per unit time compared to practices with more straight forward clinical issues and also require more employees per unit of clinical volume. This is to handle the needed coordination of care and includes precertification of the many imaging studies ordered on a routine basis.

IWPUT (intra-operative work per unit time) is a measure of the number of work RVU's a surgeon can generate working as a full time equivalent. This varies widely among subspecialties within Orthopaedic Surgery. The IWPUT for spine surgeons is approximately 1.0 per unit time while that for joint replacement and sports surgeons in approximately 0.74 per unit time. The equivalent number for Orthopaedic Oncology has been 0.34 per unit time. This is because Orthopaedic Oncology procedures have been undervalued by the Medicare RBRVS. As such it would normally take two Orthopaedic Oncologists to generate the RVU's of one joint surgeon and it would take 3 Orthopaedic Oncologists to generate the RVU's of one spine surgeon. While joint and spine procedures generate significant margin in our system, none of these practices generates the level of downstream benefits associated with Orthopaedic Oncology as noted above. Fortunately, the CMS RVU value for Orthoapedic Oncology procedures increased by an average of 42% in January, 2010 in light of the recent recommendations to CMS by the RUC review panel. CMS accepted these changes and these were published and incorporated into CPT as per January 1, 2010. In light of this and the many provider contracts in which our hospital participates, I would ask that these contracts be reviewed so that these new RVU values can be added to these provider contracts. The other obvious option that would generate more CPT revenue for our Orthopaedic Oncologists would be to carve out this service in light of its notoriety and rarity.

2011 MSTS sponsored courses at the AAOS in San Diego (Exclusive of MSTS Specialty Day)

~: *2011 AAOS Tumor and Metabolic Disease ICL* :~

➔ Malignant and Benign Bone Tumors that you are Likely to See! (Yr 1)
- Moderator: Val Lewis

➔ Tumors for the General Orthopaedist:
How to Save Your Patients and Your Practice! (Yr 2)
- Moderator: Ted Parsons

➔ Clinical Challenges Facing the Practicing Orthopaedic Surgeon:
Spine Tumors (Yr 2)
- Moderator: Pete Rose

➔ Bone Health for the General Orthopaedic Surgeon:
Essentials for your Practice (Yr 2)
- Moderator: Laura Tosi

~: *2011 TumorSymposium* :~

➔ Imaging Interpretation of Oncologic Musculoskeletal Conditions:
Understand What You See!
- Moderator: Carol Morris

~: *2011 AAOS Scientific Exhibit* :~

➔ MSTS: Current Concepts in the Treatment of Fatty Tumors of Soft Tissue
- Letson, Lewis, Morris, Mott, Parsons, Pitcher, Temple

We welcome your input and feedback.
Please forward any thoughts or suggestions to info@msts.org.