

**MSSNY Heart Lung Cancer Committee
Meeting
May 4, 2022
8-9AM via Zoom**

Present

Janine Fogarty, MD Asst.
Commissioner
Robert Dracker, MD Chair
Donna D'Alessio, MD
Todd Demmy, MD
David Fishman, MD
Timthy Korytko, MD
Lincoln, Pao, MD

Excused

Claire Bradley, MD
Joshua Cohen, MD Commissioner

Absent

Joshua Cohen, MD Commissioner
Clauden Louis, MD

Brian Strizik, MD
Alan Klitzke, MD
Marco Lawandy, MD
Raymond Lorenzoni, MD
Julia Schaefer Cutillo, MD
William Sellers, MD

Invited Guests

Bonnie Litvack, MD Immediate Past
President
Parag Mehta, MD President-elect

Staff

Pat Clancy, Sr. Vice-
President/Managing Director
Maureen Ramirez, Administrative Asst.

1) Welcome – Dr. Robert Dracker, Chair

2) Approval of February 2, 2022 minutes – approved

3) Development of CME Programs – How do we develop a regular CME program that will reach statewide? A committee will have to be formed for this purpose. Dr. Killackey offered to assist as advisory faculty. She also offered to bring in New York State DOH representatives to assist. MSSNY would sponsor the CME and would need to put in the proper paperwork. The committee would have to fill out an application. We can probably make the CME for September. Dr. Demmy indicated that Queens County has several established CME Programs on videotape that could be available to MSSNY to use. HPV screening and prevention, breast cancer screening, colon cancer screening, prostate cancer screening and lung cancer screening. Information on these CME's could be placed on the MSSNY website letting members know of their availability. The most immediate program is being presented this Thursday evening and the topic is Breast Cancer Outreach. MSSNY cannot add these to the MSSNY CME site but can certainly make them available to the MSSNY membership. Pat Clancy will touch base with Vangie from Queens County regarding these programs. MSSNY will push Dr. Killackey's program out as a CME. Anyone on this committee that would like to take the lead on a specific topic towards development of a CME should let Pat Clancy know. There was a brief discussion on the rise of pancreatic cancer and that it should be looked at further.

4) White Paper Development – Dr. Korytko volunteered to co-chair the white paper with Dr. Killackey. Areas of focus can include different types of screening and the need for it.

- Genetic screening needs to be put in the forefront. It needs to be included for overall patient health.
- Cancer screening
- Issue of PET scans being the most effective, yet the most difficult test to secure in many screenings because of insurance companies' refusal to approve and pay for the test.

How do we get this done?

Going forward:

- The committee decided to tighten the focus and concentrate on the white paper first and include genetic testing in the white paper.
- Dr. Fishman offered to assist in developing an outline for the paper.
- The outline will be sent out to the committee members to review and committee members can choose the topics they might be interested in helping with.
- Pat Clancy will set up a meeting with Dr. Killackey and Dr. Korytko.

5) New prevention measures the committee wants to explore/recommend to MSSNY Council, particularly involving general health, cardio-respiratory health, cancer prevention and immunization initiatives. How should we get this started? There was discussion at our last meeting about insurance coverage for preventive measures. There was also discussion about a "screening day" where if a patient comes in for one screening they can get other screenings that the patient might need. The new age of 45 for colon cancer screening and do physicians have that information. Also, pancreatic cancer. When a patient comes in with pancreatic cancer, many physicians would order genetic screening, but we're not seeing much of that. There seems to be a push back when screening is ordered for genetic disorders. Perhaps we need to push for genetic screening for other diseases and their family. For example, any woman diagnosed with breast cancer should be genetically screened. One of the problems is that there aren't enough genetic counselors are not available and not all testing is the same. The need for genetic counseling needs to be brought to the forefront as an important diagnostic tool. Genetic testing can be an important predictive and preventive tool.

Question – should genetic testing and counseling be included in the white paper? Perhaps we can educate physicians to help them to identify genetic markers and how then they can help their patients. This needs to be elevated by physicians and insurance companies that genetic testing can help properly treat their patients.

Telemedicine is the perfect platform for getting this done. Genetic counseling can be done from the primary physicians office. The genetic counselor can order the tests that are needed, including the parents and the siblings if it is necessary. Some people don't want genetic testing because it may jeopardize life insurance eligibility.

In genetic testing at first there were only two genes now there are over 500 genes to identify and they relate to many diseases. Once the markers are identified and it is evidence based, the insurance company can't say no and refuse to pay. We currently have no standard of care for ovarian or pancreatic cancer, so the insurance companies can push back and say no.

Dr. Dracker commented: "So, to sum it up:

-we will start off with the white paper and see how genetic testing will fit into that white paper

- then move on to explore the level of current genetic testing that we have (Dr. Fishman sent material to the committee back in 2018 regarding this topic)"

Next meeting: October 19, 2022

Adjourned