

**From:** [Sunset Advisory Commission](#)  
**To:** [Janet Wood](#)  
**Subject:** FW: Public Input Form for Agencies Under Review (Public/After Publication)  
**Date:** Thursday, December 08, 2016 5:36:36 PM

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-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]  
Sent: Thursday, December 08, 2016 5:36 PM  
To: Sunset Advisory Commission  
Subject: Public Input Form for Agencies Under Review (Public/After Publication)

Agency: TEXAS MEDICAL BOARD

First Name: Jennifer

Last Name: Brunelle

Title: Director, State Advocacy

Organization you are affiliated with: American Society of Clinical Oncology

Email:

City: Austin

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or  
Opposed:  
December 8, 2016

Ken Levine  
Director, Sunset Advisory Commission  
P.O. Box 13066  
Austin, TX 78711-3066

Dear Mr. Levine,

As the Texas Sunset Advisory Commission discusses its review of the Texas Medical Board, we understand the widespread problems of opioid misuse and abuse and policies related to the Texas Prescription Monitoring Program (PMP) will be discussed. The American Society of Clinical Oncology (ASCO) and Texas Society of Clinical Oncology (TxSCO) are fully aware of and concerned about the epidemic of opioid use disorder and support efforts to address it.

However, we urge you to ensure that policies do not have the unintended consequence of limiting access to treatment of pain for cancer patients.

ASCO is the national organization representing over 40,000 physicians and other healthcare professionals specializing in cancer treatment, diagnosis and prevention. ASCO members are dedicated to conducting research that leads to improved patient outcomes and are committed to ensuring that evidence-based practices for the prevention, diagnosis and treatment of cancer are available to all Americans. TxSCO represents the common interests of a majority of cancer care providers treating cancer in Texas. Their mission is to provide advocacy for cancer patients and to promote standards of excellence for high-quality cancer care.

In May, ASCO released a new policy statement, “ASCO Policy Statement on Opioid Therapy: Protecting Access to Treatment for Cancer-Related Pain,” which contains principles to balance the public health concerns regarding the abuse and misuse of prescription opioids with the need to ensure access to appropriate pain management for cancer patients and survivors.

Any Alternative or New Recommendations on This Agency:

From the clinical perspective, there is broad agreement that opioid therapy is generally the first-line approach for moderate to severe chronic pain associated with active cancer, whether or not the patient is receiving anti-cancer therapy. For this group of patients, access to opioids must be assured, and laws and regulations intended to address abuse and diversion should be crafted to avoid creating impediments to this treatment—particularly since there is no evidence that the treatment of cancer pain has in any way contributed to these problems.

Across the country, many of the new laws, guidelines, and regulations that limit or otherwise affect opioid prescribing specifically exempt patients who have cancer-related pain. This reflects the recognition that the cancer patient population is special and often undergoes drastic treatment for severe, frequently life-threatening diseases.

ASCO and TxSCO ask that you consider exempting cancer patients from policy recommendations that affect opioid prescribing, in recognition of the unique nature of the disease, its treatment, and potentially life-long sequelae. If you have questions or would like assistance on any issue involving the care of patients with cancer, please contact Jennifer Brunelle at ASCO at [jennifer.brunelle@asco.org](mailto:jennifer.brunelle@asco.org) or Marci Cali at Texas Society of Clinical Oncology at [mcali@acc-cancer.org](mailto:mcali@acc-cancer.org).

Sincerely,

Daniel F. Hayes, MD, FACP, FASCO  
President  
American Society of Clinical Oncology

Gary Gross, MD, FACP  
President  
Texas Society of Clinical Oncology

My Comment Will Be Made Public: I agree