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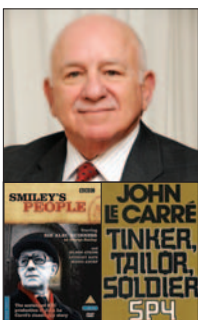


How Legal Services Are Supplementing the Work of the Cancer Care Team for Certain Psychosocial Issues

BY ERIC T. ROSENTHAL

Appropriate and timely triaging by medical professionals to legal professionals advocating for cancer patients helps patients and families cope with legalistic issues that can affect overall well-being.

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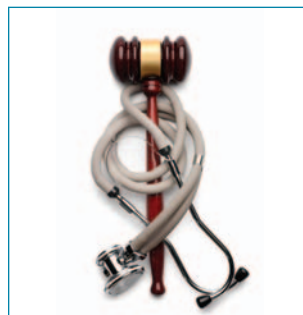
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How Legal Services Are Supplementing the Work of the Cancer Care Team for Certain Psychosocial Issues

BY ERIC T. ROSENTHAL



LegalHealth is a New York City-based group of pro-bono lawyers who team up with oncology professionals to help cancer patients navigate through some of the legal issues that might arise during the cancer experience.

Sometimes traditionally perceived antagonistic relationships—such as those between lawyers and doctors—can take a 180° turn.

This seemed to be the case with LegalHealth, a New York City-based group of pro-bono lawyers who team up with oncology professionals to help cancer patients navigate through some of the legal issues that might arise during the cancer experience.

In 2006 the group's director and associate director, Randy Retkin, JD, and Julie Brandfield, JD, respectively, coauthored "The Attorney as the Newest Member of the Cancer Treatment Team" as one of the "The Art of Oncology" articles in the *Journal of Clinical Oncology* (2006;24:2123-2126), along with hospice and palliative care expert Stewart B. Fleishman, MD, of Continuum Cancer Centers of New York and Victoria Braun, who was a law student at the time.

The *JCO* article made the case for including lawyers as yet another multidisciplinary component of what seems to be the ever-evolving cancer care team.

Of course, the title's use of the term "treatment" was perhaps overstating the attorney's hands-on role with patients but the piece did point out that appropriate and timely triaging by medical professionals to legal professionals advocating for cancer patients made sense in helping patients and survivors cope with some of the legalistic issues that can affect their overall psychosocial well-being.

Specific Issues

These issues include:

- Insurance involving Medicare, Medicaid, or private providers.
- Social Security disability.
- Housing.
- Advance planning.
- Public benefits.
- Immigration.
- Consumer issues.
- Employment.
- Family law.
- Special education.

Most clients are low-income adults and children with serious or chronic illnesses, but initial consultation may also be available to those with higher incomes who are coping with cancer-related legal matters.

As Ms. Retkin explained in an interview for this article, she founded LegalHealth, a division of the New York Legal Assistance Group (NYLAG), which has so far set up shop in 17 hospitals and clinics throughout the five boroughs, seven of which are members of the New York City Health and



RANDYE RETKIN, JD: "Our attorneys are passionate advocates who really care about cancer patients. We know we can't cure their diseases but we can help improve their quality of life, and that's what drives us."

Hospitals Corporation (HHC), the largest municipal hospital and health care system in the United States.

The free legal service offers patients and their health care advocates a mechanism to work through some of the "non-medical side effects that result from illness," she said.

Unique Legal Needs

She first realized that cancer patients had somewhat unique legal needs when she was director of legal services for the Gay Men's Health Crisis, the oldest and largest organization in the US serving people with HIV/AIDS.

"I would often get calls from social workers or clients with cancer or other chronic illnesses, and there was nowhere else to send them for free legal service," she said, adding that about the same time she had read about a medical-legal partnership in Boston and attended a conference that discussed the model.

It was there that she met Ms. Brandfield, who was then an associate with a private law firm in New York and would soon sign on as LegalHealth's associate director.

After finding some seed money, LegalHealth was initially home-based until it joined NYLAG, where it opened operations on Sept. 10, 2001, the day before the assault on the World Trade Center; for the next few months Ms. Retkin helped victims of the tragedy with free legal services.

When LegalHealth resumed its medical-related legal services it opened its first onsite

clinic in the pediatric department at Mount Sinai Hospital.

"Pediatrics was our foot in the door at the hospital," Ms. Retkin explained. "We set up our shingle, and Julie and I would come in once a week for a half-day session to meet with clients mostly referred by doctors, residents, and some social workers, and to train physicians."

Started Working with CancerCare

By 2002 LegalHealth began working with CancerCare, providing direct services in New York City, and technical support by telephone elsewhere.

The legal service established a core curriculum for the training of physicians during grand rounds, divisional meetings, and other sessions about the legal issues affecting patients, and it would qualify as graduate medical education.

"We also work with Harold Freeman [MD] at his patient navigation institute and train patient navigators from around the country about legal issues," she said.

Dr. Freeman, President and Medical Director of the Ralph Lauren Center for Cancer Care and Prevention and Senior Advisor to the Director of the National Cancer Institute, is also a member of *OT's* Editorial Board.

"Most survivors who do not have their own access to legal resources will need pro bono legal help, and many people trying to access Social Security disability or managing health insurance claims can't afford their own attorneys."

In addition to Mount Sinai, and the Ralph Lauren Center, other half-day clinics operate at Bellevue Hospital, Beth Israel Medical Center, Community Health Center of Richmond, Elmhurst Hospital, Institute for Family Health, Irving S. Wright Center on Aging, Jacobi Hospital, Kings County Hospital, Lincoln Hospital, Maimonides Medical Center, Mount Sinai Adolescent Health Center, NYU Cancer Institute, St. Luke's-Roosevelt Hospital

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Center, and Woodhull Hospital.

Formal relationships have not been established at some of the larger academic cancer centers such as Memorial Sloan-Kettering, or the New York-Presbyterian cancer centers, although LegalHealth does receive some referrals.

Free to Clients

All legal services are free to clients, with the hospitals underwriting part

of the onsite operating costs through annual contract fees that include physician training, but there are other benefits to the medical centers, especially when the attorneys can facilitate transferring uncompensated care into compensated care.

The onsite legal clinic also serves a prevention and control function when its lawyers spot issues that could become litigious and proactively warn institutions to remedy the situation before that happens.

And if patients have potential malpractice suits related to quality of care, the LegalHealth representatives will make

referrals to the Bar Association.

Word of mouth among hospitals has been the main marketing mechanism for LegalHealth, which now has 14 public interest attorneys, three paralegals, and one data coordinator.

Ms. Retkin and her colleagues are working on a medical-legal model for cancer patients that can be shared with other like-minded lawyers throughout the country.

LAF Grant

Starting next month LegalHealth will make use of a Lance Armstrong Foundation grant



CAROLYN MESSNER, DSW, MSW: “Legal issues and cancer patients have become a hot topic, and LegalHealth provides an incredible service for no fee.”

to host about 25 representatives of legal and advocacy organizations in an attempt to create more pro bono legal services and to establish a national cancer legal services network that will attempt to bring some standardization to what remains a patchwork non-system of legal aid to the vulnerable and often disenfranchised people facing the complexities of coping with cancer.

“Models of delivery will differ throughout the country, but the beauty of our model is we don’t always look at the disease first and can respond to community needs, such as when we helped Haitians in New York following the devastation in Haiti,” Ms. Retkin said.

“More than half of all personal bankruptcies related to medical care are cancer related.”

“Our attorneys are passionate advocates who really care about cancer patients. We know we can’t cure [their] diseases but we can help improve their quality of life, and that’s what drives us.”

Carolyn Messner, DSW, MSW, CancerCare’s Director of Education and Training and President of the Association of Oncology Social Work, specializes in the psychosocial impact of cancer on patients, caregivers, and families, and has worked with LegalHealth since 2002 and with Randye Retkin as a pro bono attorney for even longer.

“Legal issues and cancer patients have become a hot topic, and LegalHealth provides an incredible service for no fee,” she said.

“There are so many legal issues for cancer patients, involving many things, including workplace issues, and LegalHealth allows patients [without other means] to get legal consultation and work through those problems.”

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Dr. Messner said that the workshop on legal issues and cancer during *CancerCare's* annual patient conference is one of its most highly attended sessions, and helps empower patients to handle legal matters, even if it involves no more than knowing the appropriate language to use during disputes.

She has also invited Ms. Retkin to participate in a number of *CancerCare's* national Connect teleconference workshops, and to provide in-service and legal clinics at the also no-fee cancer support organization's headquarters in New York City.

"It's so important for all cancer organizations to be collaborative and complement each other, and LegalHealth makes legal matters very understandable for patients, breaking down issues into the smallest parts, differentiating facts from misperceptions, and informing them of their legal rights."

Legal intervention in workplace issues can mean that patients often continue working, providing not only income and



BARBARA HOFFMAN, JD: "Cancer is not just a medical issue but also impacts the psychosocial and can often be overwhelming. What exists [in legal services] is a patchwork quilt, with some cancer-organization based and some hospital based."

medical insurance but the stability and normalcy needed when dealing with cancer, she noted.

In addition, an attorney's help can also

bring cancer care full circle, since lawyers are not only involved supplementarily during the care process, but can make the care process itself possible by enabling access to that care.

CancerCare's social workers receive referrals from throughout the nation and often tap LegalHealth's expertise for general legal questions in addition to actual client representation within New York.

Ideal Model

"LegalHealth's model is ideal, especially since it has chosen to offer only pro bono services, and when they are able to reverse denial of treatment decisions they make it possible for patients to benefit from the advancements in cancer care that are available today," Dr. Messner said.

Barbara Hoffman, JD, is the founding chair of the National Coalition for Cancer Survivorship and on the faculty at Rutgers University School of Law in Newark, NJ.

When she was first contacted for this article she said she was not that familiar with LegalHealth but was "extremely impressed" when she viewed its Web site (www.legalhealth.org).

Although various legal services for cancer patients are available around the US, there is no single umbrella organization to help coordinate these services, she noted.

"Cancer is not just a medical issue but it impacts the psychosocial and can often be overwhelming. What exists [in legal services] is a patchwork quilt, with some cancer-organization based and some hospital based," Ms. Hoffman said.

"There are different models of legal-health services, with some centered in a medical center run by lawyers, some operating out of a law school clinic [such as the Cancer Legal Resource Center, a joint program of the Disability Rights Legal Center and Loyola Law School Los Angeles], and some like the Patient Advocate Foundation coordinating volunteers and non-volunteers

in various communities."

Other legal services can be sponsored by cancer-specific advocacy groups, such as certain breast cancer organizations, and some national organizations including NCCS and the Lance Armstrong Foundation have lists of attorneys for formal or informal referrals.

"Most survivors who do not have their own access to legal resources will need pro bono legal help, and many people trying to access Social Security disability or managing health insurance claims can't afford their own attorneys," she said, adding that cancer care is the most expensive medical care a person can go through and that more than half of all personal bankruptcies related to medical care are cancer related.

Social Workers

It is important to train social workers to have a legal and financial background, since many legal issues don't necessarily need to be handled by an attorney or a paralegal, she said.

"Social workers are on the front lines of triaging and helping people and it's a more efficient way to have social workers provide those services and help people understand how to advocate for themselves, as well as giving out legal service contact information." □

Resources

- The Americans with Disability Act (ADA): www.ada.gov
- Cancer Legal Resource Center (CLRC): www.disabilityrightslegalcenter.org
- The Equal Employment Opportunity Commission (EEOC): www.eeoc.gov
- The Family and Medical Leave Act (FMLA): www.dol.gov/dol/topic/benefits-leave/fmla.htm
- LegalHealth, a division of the New York Legal Assistance Group: www.legalhealth.org
- LIVESTRONG: www.livestrong.org
- National Coalition for Cancer Survivorship: www.canceradvocacy.org/resources
- National Patient Advocate Foundation: www.npaf.org
- National Center for Medical-Legal Partnership: www.medical-legalpartnership.org

Source: Randye Retkin, JD, LegalHealth

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Endometrial Cancer: More Complete Removal of Lymph Nodes Found to Extend Survival

A complete, systematic removal of both pelvic lymph nodes—i.e., lymphadenectomy—and para-aortic lymph nodes increases survival compared with removal of just the pelvic lymph nodes, in patients at medium to high risk of cancer recurrence, according to data from the "SEPAL" (Survival Effect of Para-Aortic Lymphadenectomy) study, published as an Online First report in *The Lancet*.

Professor Noriaki Sakuragi of the Department of Gynaecology at Hokkaido University Graduate School of Medicine in Japan, and colleagues noted that previous studies have shown that pelvic lymphadenectomy does not have any therapeutic benefit for endometrial cancer, but in the new study, the goal was to establish

whether complete, systematic lymphadenectomy, including the para-aortic lymph nodes, should be part of surgical therapy for patients at intermediate and high risk of recurrence.

Included were 671 patients with endometrial cancer treated with complete, systematic pelvic lymphadenectomy (325 patients) or combined pelvic and para-aortic lymphadenectomy (346 patients) at two tertiary centers in Japan from 1986 to 2004. Patients at intermediate or high risk of recurrence were offered adjuvant radiotherapy or chemotherapy. The primary outcome measure was overall survival.

The risk of death in the complete procedure group was found to be about half that in the pelvic lymph-

adenectomy only group. This association was also recorded in 407 patients at intermediate or high risk or cancer recurrence, but overall survival was not related to lymphadenectomy type in low-risk patients.

In patients with intermediate or high risk of recurrence, the complete procedure reduced the risk of death compared with pelvic lymphadenectomy by 56%. Analysis of 328 patients with intermediate or high risk who were treated with adjuvant radiotherapy or chemotherapy showed that the risk of death decreased with the complete procedure by 52%, and with adjuvant chemotherapy by 41%, independently of one another.

The authors concluded: "Findings from the SEPAL study have shown that

para-aortic lymphadenectomy has survival benefits for patients at intermediate or high risk of recurrence, and that pelvic lymphadenectomy alone might be an insufficient surgical procedure for endometrial cancer in patients at risk of lymph node "risk of lymph node metastasis.

"Combined pelvic and para-aortic lymphadenectomy is recommended as treatment for patients with endometrial carcinoma of intermediate or high risk of recurrence. If a prospective randomized or comparative cohort study is planned to validate the therapeutic effect of lymphadenectomy, it should include both pelvic and para-aortic lymphadenectomy in patients of intermediate or high-risk of recurrence. □