

ANCO FAX News

Association of Northern California Oncologists
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INTRODUCTION

The *ANCO FAX News* focuses on ANCO's core activities—advocacy, clinical and professional education, membership benefits, and *Association* news. While membership mailings, FAX broadcasts, and ListServ postings continue, the *ANCO FAX News* summarizes this information in a regular forum of important news to members. Contact the ANCO office for additional information regarding any item published in the *ANCO FAX News* or to contribute items.

The *ANCO FAX News* is sent to member practices (via FAX) and Corporate Member contacts (via e-mail). The next regular *ANCO FAX News* will be published on August 31st. Comments on and contributions to the *ANCO FAX News* are always welcome and encouraged at ANCO, P.O. Box 151109, San Rafael, CA 94915-1109; Voice: (415) 472-3960; FAX: (415) 472-3961; ExecDir@anco-online.org.

ADVOCACY

[*Editor's Note:* ANCO meets regularly with national, regional, and statewide organizations to discuss issues of importance to hematology/oncology practices and people living with cancer. We continually seek input from members on agenda items for these meetings. Send your issues to the ANCO office.]

ACCC, ASCO, ASH, and National Legislative & Regulatory Issues

[*Editor's Note:* ANCO is a member of the *Association of Community Cancer Centers* (ACCC) and a state/regional affiliate of the *American Society of Clinical Oncology* (ASCO).

ANCO and the *American Society of Hematology* (ASH) share information with members. We regularly participate with these organizations on matters of national importance to cancer care.]

CMS announced its *National Coverage Determination* (NCD) for erythropoiesis stimulating agents (ESAs) for non-renal applications on July 30th. In summary, the NCD provides coverage for ESAs with restrictions for the treatment of anemia secondary to myelosuppressive anticancer chemotherapy in certain cancer conditions, such as solid tumors,

**There is information in the
ANCO FAX News
for every member of your practice
or organization.
Pass it along!**

- Physician Members
- Nurses & Office Managers
- Office Staff
- Colleagues & Representatives

The *Association of Northern California Oncologists* (ANCO) is an association of hematologists/oncologists dedicated to promoting high professional standards of cancer care by providing a forum for the exchange of ideas, data, and knowledge. The material contained in the *ANCO FAX News* is intended as general information for ANCO members. Because diagnostic, treatment, contracting, coding, and billing decisions should be made on a case-by-case basis, any such information contained in the *ANCO FAX News* may not apply in any given situation. Members are encouraged to contact their own consultants or advisors to obtain specific advice on matters relating to contracting, coding, and billing. The information contained in the *ANCO FAX News* should not be used as a substitute for such advice.

multiple myeloma, lymphoma, and lymphocytic leukemia. The ESA NCD is effective July 30th. Details are available at www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=203. CMS's *Frequently Asked Questions* (FAQs) and answers on the ESA NCD are available at www.cms.hhs.gov/mcd/ncpc_view_document.asp?id=12.

According to ASCO, the key provisions in the ESA NCD are as follows:

1. CMS has not implemented any restrictions on the use of ESAs in patents with myelodysplastic syndrome (MDS; NB: Dr. Quinn, NHIC/Medicare *Carrier Medical Director* has confirmed to ANCO that ESAs for MDS may be dosed and reimbursed so as to keep the HgB no higher than 12).

2. CMS has determined that the use of ESAs is **not** reasonable and necessary for Medicare beneficiaries with the following conditions:

- Any anemia in cancer or cancer treatment patients due to folate deficiency, B-12 deficiency, iron deficiency, hemolysis, bleeding, or bone marrow fibrosis;
- The anemia associated with the treatment of acute and chronic myelogenous leukemias (AML, CML), or erythroid cancers;
- The anemia of cancer not related to cancer treatment;
- Any anemia associated only with radiotherapy;
- Prophylactic use to prevent chemotherapy-induced anemia;
- Prophylactic use to reduce tumor hypoxia;
- Patients with erythropoietin-type resistance due to neutralizing antibodies; and
- Anemia due to cancer treatment if patients have uncontrolled hypertension

3. CMS has determined that ESA treatment for the anemia secondary to myelosuppressive anticancer chemotherapy in solid tumors, multiple

myeloma, lymphoma, and lymphocytic leukemia is only reasonable and necessary under the following conditions:

- The hemoglobin level immediately prior to initiation or maintenance of ESA treatment is <10g/dL (or the hematocrit is <30%).
- The starting dose for ESA treatment is the recommended FDA label starting dose, no more than 150U/kg/three times weekly for epoetin and 2.25mcg/kg/weekly for darbepoetin alpha. Equivalent doses may be given over other approved time periods.
- Maintenance of ESA therapy is the starting dose if the hemoglobin level remains <10g/dL (or hematocrit is <30%) 4 weeks after initiation of therapy and the rise in hemoglobin is >1g/dL (hematocrit >3%).
- For patients whose hemoglobin rises <1g/dl (hematocrit rise <3%) compared to pretreatment baseline over 4 weeks of treatment and whose hemoglobin level remains <10g/dL after the 4 weeks of treatment (or the hematocrit is <30%), the recommended FDA label starting dose may be increased once by 25%. Continued use of the drug is not reasonable and necessary if the hemoglobin rises <1g/dl (hematocrit rise <3%) compared to pretreatment baseline by 8 weeks of treatment.
- Continued administration of the drug is not reasonable and necessary if there is a rapid rise in hemoglobin >1g/dl (hematocrit >3%) over 2 weeks of treatment unless the hemoglobin remains below or subsequently falls to <10g/dL (or the hematocrit is <30%). Continuation and reinstatement of ESA therapy must include a dose reduction of 25% from the previously administered dose.
- ESA treatment duration for each course of chemotherapy includes the 8 weeks following the final dose of myelosuppressive chemotherapy in a chemotherapy regimen.

4. CMS has confirmed that local Medicare contractors may continue to make reasonable and necessary determinations on all uses of ESAs that are not determined by NCD.

In a second letter to CMS, ASCO comments on several provisions of the ESA NCD, specifically:

- Coverage restrictions on hemoglobins above 10g/dl.
- Dose escalation (allowed and timing).
- Hemoglobin monitoring and initiation versus maintenance.
- Coverage of ESAs in the context of blood transfusions.

ASCO's letter and frequently asked questions are available at www.anco-online.org.

Senators Arlen Specter, Tom Harkin, and Frank Lautenberg have introduced a resolution to express the sense of the Senate regarding CMS's NCD on the treatment of anemia in cancer patients. The resolution cited ASCO communications with CMS, stating that restricting coverage when a patient's hemoglobin goes above 10 grams per deciliter is inconsistent with both the FDA-approved labeling and national guidelines. The resolution states that CMS should consult with members of the oncology community and make appropriate revisions to its policy based on the input of the community.

ASCO is looking for members' feedback on CMS's ESA NCD. Please provide your input on the following questions:

- How has the ESA national Medicare coverage policy affected your practice?
- How is your practice planning to implement the new policy in terms of tracking and documentation?
- What concerns do you have about implementing the new policy?
- What additional clarification on the policy is needed?

Please cut and paste the questions into an email, add your answers, and send your responses to practice@asco.org.

On July 19th, CMS issued a **proposed decision**

memo that would dramatically alter Medicare coverage for participation in clinical trials.

Existing Medicare coverage, established in September 2000, provides automatic coverage for participation in trials that are funded by the Federal government or under the review of the U.S. *Food and Drug Administration* (FDA). The proposed policy (available at www.cms.hhs.gov/mcd/viewdraftdecisionmemo.asp?id=210) would rescind this automatic or deemed coverage and require that investigators seeking Medicare coverage certify to CMS that the research study meets 13 scientific and technical standards. CMS would then "notify beneficiaries, providers, and practitioners of those research studies that have certified compliance." ASCO's comments strongly oppose the proposed policy change. ASCO firmly believes that the burdensome, duplicative, and impractical certification process will discourage provider participation in clinical research and greatly add to its cost, while providing no tangible benefit. It also will likely result in fewer Medicare beneficiaries participating in clinical trials—compromising the overarching goals of the clinical research policy that CMS reaffirmed in its July 2006 reconsideration announcement. In large part, the certification process is duplicative of what research institutions already must provide to other Federal agencies and Institutional Review Boards (IRBs). In addition, many of the criteria are unworkable. ASCO encourages its members to submit comments (at www.cms.hhs.gov/mcd/viewtrackingsheet.asp?id=210) in opposition to the proposed policy (click on the orange "Comment" link at the top right of the page). If you have questions about the proposed policy, contact ASCO at researchpolicy@asco.org or (703) 519-2929.

CMS's Physician Quality Reporting Initiative

(PQRI) establishes a financial incentive for eligible professionals to participate in a voluntary quality-reporting program. Eligible professionals who successfully report a designated set of quality measures on claims for dates of service from July 1st to December 31st, 2007, may earn a lump sum bonus payment in early 2008, subject to a cap, of 1.5% of total allowed charges for covered Medicare physician fee schedule services. You do

not need to enroll to participate in the program. You must report the appropriate quality measure data on claims using G-codes and/or CPT codes. For complete information on PQRI, including a User Guide, Tool Kit for successful reporting, beneficiary letters, FAQs, and presentation materials from recent national provider calls, visit www.cms.hhs.gov/PQRI. **CMS recently learned that some clearinghouses are stripping NPIs before submitting claims to Medicare.** While this will not affect your ability to get paid, it will adversely affect your ability to participate in the PQRI. If you use a clearinghouse, then you should check with your clearinghouse to find out if it is stripping NPIs. If your clearinghouse is stripping NPIs, you may want to consider other billing options.

CMS's Doctor's Office Quality Information Technology University (DOQ-IT U) supports health information technology (HIT) in physicians' offices. DOQ-IT U is an interactive, Web-based tool designed to provide solo and small-to-medium sized physician practices with the education for successful HIT adoption. For more information, visit the DOQ-IT U website at elearning.qualitynet.org.

CMA, MOASC, and State Legislative & Regulatory Issues

[Editor's Note: ANCO and the Medical Oncology Association of Southern California (MOASC) are members of the California Medical Association's (CMA) House of Delegates and Council on Legislation. ANCO and MOASC coordinate advocacy activities in California.]

CMA has published a Blue Cross of California Survival Kit to help you assess the impact fee schedule changes will have on your practice based on your most commonly billed CPT codes. *Blue Cross* recently notified physicians of changes to its *Prudent Buyer* fee schedule. According to a notice mailed to physicians, payment levels for many codes have been modified, some increased and some decreased. Physicians are urged to calculate the impact of these changes on their practices. You should also be aware that you have the right to terminate an agreement if any "material change" to the contract terms is not beneficial to your practice. The CMA tool kit answers frequently asked questions and discusses the options for physicians who determine that the

new contract terms would negatively impact their practices.

CMA has also published a new toolkit to train physician office personnel in proper billing and collections procedures. The toolkit, *Back to Basics: A Step-by-Step Guide to Maximizing Your Cash Flow*, is designed to help members become more successful in their practices by teaching physicians and their office staff how to gain greater control of the practice's bottom line, increase revenue while decreasing days in A/R, identify common pitfalls of the billing and collections process, monitor payor compliance with contract terms, develop skills to effectively and efficiently manage collections, and foster positive working relationships. To order, visit www.calphys.org/html/cc386.asp or call (800) 882-1262. This new toolkit joins two previous toolkits, *Taking Charge: Steps to Evaluating Relationships and Preparing for Negotiations* and *Getting Paid: Strategies to Maximize Reimbursement*.

NHIC/Medicare, DHS/MediCal, & Private Payors

[Editor's Note: ANCO communicates regularly with National Heritage Insurance Company (NHIC) that administers Medicare in California and the Department of Health Services (DHS) that administers MediCal in California.]

NHIC/Medicare recently published updated billing guidelines for ESAs (visit www.medicarenhic.com/cal_prov/articles/esaguidelines_0707.pdf) and off-label indications (visit www.medicarenhic.com/cal_prov/articles/offlabelmed_0707.pdf). However, these updated billing guidelines do not incorporate the provisions of the recently approved CMS ESA NCD.

Health care providers are required by law to apply for a National Provider Identifier (NPI). At this point, any covered entity that is noncompliant, and has not implemented a contingency plan, is at risk for enforcement action. For complete information, visit www.cms.hhs.gov/NationalProvIdentStand. To apply for an NPI online, visit nppes.cms.hhs.gov or call the NPI enumerator to request a paper application at

(800) 465-3203. NHIC/Medicare urges all physicians and providers to obtain their NPI and begin using it. If you wish to test your EDI transmissions with the NPI, please contact the EDI *Department* at (213) 593-6950 or (530) 634-7024 and they will be happy to work with you.

CMS will soon make physicians' NPI data publicly available online via a searchable database. The agency has, however, decided to delay the launch to allow physicians and other covered entities additional time to ensure that their information is accurate before it is disclosed by CMS. Physicians can review their information at the NPI enumerator's website at nppes.cms.hhs.gov. The new deadline to make changes is August 20th and the data will be made public on September 4th. The online lookup will return NPIs and relevant demographic information, but it will not disclose Social Security numbers, dates of birth, or IRS taxpayer identification numbers, according to CMS.

The revised *Medicare Physician Guide: A Resource for Residents, Practicing Physicians, and Other Health Care Professionals* (previously titled *Medicare Resident & New Physician Guide: Helping Health Care Professionals Navigate Medicare*) is now available in downloadable format on the Medicare Learning Network Publication Page located at www.cms.hhs.gov/MLNProducts/MPUB/list.asp.

The Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals (2nd edition) is now available in downloadable format from CMS. This comprehensive guide provides fee-for-service health care providers and suppliers with coverage, coding, billing, and reimbursement information for preventive services and screenings covered by Medicare; and, gives clinicians and their staff the information they need to help them in recommending Medicare-covered preventive services and screenings that are right for their Medicare patients and provides information needed to effectively bill Medicare for services furnished. To view online, go to www.cms.hhs.gov/MLNProducts/downloads/mps_guide_web-061305.pdf.

An electronic version of the *Evaluation &*

Management Services Guide, which provides evaluation and management services information regarding medical record documentation; *International Classification of Diseases, 9th Revision, Clinical Modification*; *American Medical Association Current Procedural Terminology Codes*; and, key elements of service is now available. Visit www.cms.hhs.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf to download your copy.

The brochure entitled *The Medicare Appeals Process: Five Levels to Protect Providers, Physicians and Other Suppliers* has been updated and is now available at www.cms.hhs.gov/MLNProducts/downloads/MedicareAppealsProcess.pdf. This brochure provides an overview of the Medicare Part A and Part B administrative appeals process available to providers, physicians, and other suppliers who provide services and supplies to Medicare beneficiaries.

The *Medicare B Resource* (June 2007) is available online at www.medicarenhic.com/news/provider_news/mbr_jun07.pdf. Visit www.medicarenhic.com/cal_prov/updates.shtml to learn the latest information (updated weekly) from NHIC/Medicare.

ANCO has communicated directly with *Blue Shield of California* with regard to its **ESA coverage policies**. *Blue Shield's* revised policy does NOT cover ESAs for MDS, does raise the initiation HgB to 10 from 9, does allow use of ESAs with anti-angiogenic treatment protocols, and does not (although ambiguously) require the use of Procrit prior to Aranesp.

EDUCATION

[*Editor's Note:* ANCO organizes clinical and professional education meetings throughout the year and throughout Northern California.]

Oncology Congress

Oncology Congress takes place on September 6-9th at the *Hilton San Francisco* and is intended to bridge the current gaps in the dissemination of treatment information to practicing oncologists by presenting comprehensive and practical information focused on patient care. Developed

by a diverse board of advisors (including ANCO members Sandra Horning, M.D., and Alan Venook, M.D.), *Oncology Congress* focuses on current research findings and their impact on clinical practice, as well as strategies for treating a wide range of cancers. ANCO has negotiated discounted registration fees for physician members (and their nurses). Use priority code SP6 when registering at www.oncologycongress.com.

ASCO's 2007 Breast Cancer Symposium: Integrating Emerging Science into Clinical Practice

Registration and housing reservations are now open for ASCO's 2007 Breast Cancer Symposium at the *San Francisco Marriott*, September 7-8th. Co-sponsored by the *American Society of Breast Disease*, *American Society of Breast Surgeons*, ASCO, *American Society for Therapeutic Radiology and Oncology*, and *Society of Surgical Oncology*, this groundbreaking event will include presentations about the latest multidisciplinary research, will feature topical education sessions, will provide attendees an opportunity to engage in clinically relevant in-depth discussions of the science most likely to have a lasting effect on the treatment of breast cancer, and will present oncologists with the most relevant and timely information they need to provide high-quality care to patients with breast cancer. Visit www.asco.org/meetings for more information and to register.

ASCO's Electronic Health Records: 2007 Oncology Symposium

Electronic Health Records: 2007 Oncology Symposium will be held on September 19-20th in Dallas. The deadline for early registration is August 24th. The *Symposium* will help practitioners overcome the challenges of selecting and implementing an EHR product. Didactic sessions will be offered on such topics as improving office efficiency, the role of the health information technology physician champion, measuring the return on EHR investment, and workflow process redesign. Participants will also be able to explore specific EHR products during hands-on demonstrations in a controlled

environment. The event will also feature an innovative *Vendor Challenge*, during which several EHR vendors will walk through a timed patient encounter in front of a live audience. Visit www.asco.org/ehr for more information and to register.

ASCO's 2008 Genitourinary Cancers Symposium

ASCO's 2008 Genitourinary Cancers Symposium: A Multidisciplinary Approach will take place at the *San Francisco Marriott*, February 14-16th, 2008. The meeting is being hosted by ASCO in collaboration with the *American Society for Therapeutic Radiology and Oncology* and the *Society of Urologic Oncology*. Visit www.asco.org/meetings for more information.

Additional Education Meetings

Other meetings of possible interest to ANCO member practices are:

August 22nd

Communicating with Your Doctor About Adjuvant Treatment for Colorectal Cancer
CancerCare

Telephone Education Workshop

August 24th

Caring for Your Heart During Adjuvant Treatment for Breast Cancer
CancerCare

Telephone Education Workshop

September 6th

Coping with Nausea and Vomiting from Chemotherapy
CancerCare

Telephone Education Workshop

September 7-9th

From Research to Action: Breaking New Ground
California Breast Cancer Research Program
Los Angeles

September 15th

Understanding Lymphoma Basics and Current Treatment Options
Lymphoma Research Foundation
San Francisco

September 19th

Caring for Your Bones When You Have Prostate

*Cancer**CancerCare*

Telephone Education Workshop

September 20th*Update on Metastatic Breast Cancer**CancerCare*

Telephone Education Workshop

September 27th*Medical Update on Ovarian Cancer**CancerCare*

Telephone Education Workshop

September 27th*Role of Culture in Medical Decisions: Provider and Patient Perspectives*

Northern California Cancer Center

South San Francisco

September 28-30th*New Technologies and Innovative Treatment Strategies for Genitourinary Malignancies*

City of Hope

San Diego

September 30th-October 3rd*27th Annual Oncology Nurses Symposium*

Scripps Cancer Center

San Diego

October 3rd*Moving Forward: Breast Cancer Survivorship**CancerCare*

Telephone Education Workshop

October 3rd-6th*24th National Oncology Economics Conference: Cancer Care—The Next Frontier*

Association of Community Cancer Centers

Dallas

October 3rd-4th*Perspectives in Melanoma XI*

Imedex

Huntington Beach

October 7-9th*Fall Conference*

California Hospice Foundation

San Diego

October 10th*Sailing in the Unknown: Contending with Loss*

Northern California Cancer Center

San Francisco

October 19th*Caring for Your Bones When You Have Breast Cancer**CancerCare*

Telephone Education Workshop

October 27th-November 1st*SRAO Annual Conference*

Society for Radiation Oncology Administrators

Los Angeles

October 30th*Understanding Peripheral Neuropathy**CancerCare*

Telephone Education Workshop

Please contact the ANCO office for more information about these meetings.

MEMBERSHIP RESOURCES & BENEFITS

[Editor's Note: All ANCO members are also eligible for several tangible benefits.]

Benefits

ANCO continues to seek ways to make membership more beneficial. The Board identifies, reviews, and approves of additional membership benefits. In addition to the benefits derived from its advocacy, educational, and information dissemination activities, ANCO members may also benefit from several tangible benefits from a number of vendors, including:

- *California Oncology Consortium (COC) Group Purchasing Organization (GPO)*. The COC GPO has preferred vendor agreements and discounted pricing with *International Oncology Network (ION)/Oncology Supply (OS)*, *McKesson Specialty Oncology Services* (formerly *National Oncology Alliance* or *NOA*), and *OTN/Onmark*. Contact your local ION/OS (Doug Storer at (650) 219-9282 or douglas.storer@iononline.com; or Paul Sullivan at (602) 391-9166 or paul.sullivan@iononline.com), McKesson/NOA (Scot Wagner at (866) 466-2462 or swagner@noainc.com; or Patrick Walsh at (415) 793-8736 or patrick.walsh@mckesson.com), or

OTN/*Onmark* (Jennifer Semanik at (415) 497-2750 or Tony Policani at (509) 995-0280 or anthony.policani@otnnet.com; or Monique Weston at (650) 871-2108 or monique.weston@onmarkservices.com) for more information.

• *IntrinsiQ's IntelliDose Discount Program* makes *IntelliDose*, a clinical oncology software solution, available to ANCO members at a reduced price. Contact Louis Diodoro at *IntrinsiQ* directly at (800) 565-2279, x504 or louis.diodoro@intrinsiq.com for more information about *IntrinsiQ Research* and *IntelliDose* or visit www.intrinsiq.com.

• *Oncology Pharmaceutical Services (OPS)*, a division of *US Oncology*. Contact Sean Taylor at (415) 235-4673 or sean.taylor@usoncology.com for more information.

ANCO and *McKesson Specialty Oncology Services* have agreed to make *OncoEMR*, an oncology-specific Web-based electronic medical record, available to ANCO members at a **significant discount**. For more information about *OncoEMR*, please contact your *McKesson/NOA* representative.

ANCO and *McKesson Specialty Oncology Services* will present a teleconference on *TotalView*, a web-based reimbursement management solution on Tuesday, August 28th at 12PM. RSVP with your name, practice affiliation, and ANCO membership via e-mail to erin.crum@mckesson.com.

ASSOCIATION NEWS

Individual Member News

The ANCO Directory of Members 2007 was published and mailed to ANCO physician members; nurse and office manager contacts; and, Corporate Member representatives at the end of June 2007. Additional copies are available from the ANCO office upon request. Please verify your *Directory* entry and contact the ANCO office with any corrections, additions, and/or deletions.

The next *Directory* will be published in June 2008.

The following **update(s) to the *Directory*** should be inserted in the appropriate location(s):

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Institutional Member News

ANCO thanks the following **Institutional Members** for their support:

- *Stanford University Medical Oncology*
- *University of California, Davis, Cancer Center*
- *University of California, San Francisco*

Margaret Tempero, M.D., informs ANCO that she has resigned as *Chief of the Division of Hematology and Oncology* at the *University of California, San Francisco*, effective August 1st. She writes:

Over the last 8 years of my tenure here, both the *Division* and the *Cancer Center* have undergone tremendous growth and it has become increasingly difficult to devote adequate time to my competing

roles in the *Division* and in the *Cancer Center*. Also, I believe in refreshing academic leadership and with a new *Chairman* of Medicine about to be appointed, this seemed like a good time to step aside.

I will continue my responsibilities in the *Cancer Center* as *Deputy Director* and *Director of Clinical Sciences*. We have just renewed our *Cancer Center* core grant from the NCI, received a major gift of \$150 million for growth and development, are preparing to move to a new research building at Mission Bay and are planning a new *Cancer Hospital* for Mission Bay. So there is a lot to do!

[ANCO member] Eric Small has assumed the role of interim *Chief* of the *Division* and he is an outstanding choice for the position. As with all leadership roles at UCSF, there will be a national search for my replacement.

I look forward to this next phase of development for both the *Division* and the *Cancer Center* and I hope to continue my association with ANCO. I am convinced that Northern California is blessed with the best oncology care on the planet and I'm proud to be associated with such an outstanding group.

For information on **continuing medical education meetings organized by our Institutional Members**, please visit:

- med.stanford.edu/seminars/cme-all.jsp?qcme=on
- www.ucdmc.ucdavis.edu/cme/conferences
- www.cme.ucsf.edu/cme/index.aspx?Display=Date

Stanford's *GI Cancers* takes place at the *Mauna Lani Bay Resort* on the Kohala Coast, Hawaii, on October 18-20th. This three-day national conference will bring together leading experts in the fields of gastroenterology and radiation oncology to highlight advances in the diagnosis and treatment of advanced gastrointestinal cancers. Visit www.cme.stanfordhopsital.com for more information.

UCD's *8th Annual Advances in Oncology* takes place at the *Hyatt Regency* in Sacramento on October 20th.

Simply the Best: The Bonnie J. Addario A Breath Away from the Cure Foundation's Annual Dinner Gala takes place in San Francisco on November 9th. For more information, please call (415) 357-1278 or visit www.abaftc.org.

The *9th Annual UCSF/UCD Thoracic Oncology Conference* takes place in San Francisco on November 17th. Visit www.cme.ucsf.edu/cme/CourseDetail.aspx?coursenumber=MSU07004 for more information.

Corporate Member News

ANCO thanks the following **Corporate Members** for their generous support that enables ANCO to provide services to the hematology/oncology community in Northern California, and to provide its members and their patients with substantial benefits in the areas of advocacy, education, and information dissemination:

AMGEN • Abraxis Oncology
 Alexion Pharmaceuticals • AstraZeneca
 Bayer Healthcare Pharmaceuticals
 biogenIDEC
 Bristol-Myers Squibb Oncology
 Cephalon Oncology • Clariant Diagnostics
 Eisai • Enzon Pharmaceuticals
 Genentech BioOncology
 Genitope Corporation • Genomic Health
 Genzyme Oncology
 International Oncology Network
 Lash Group Healthcare Consultants
 Lilly Oncology
 McKesson Specialty Oncology Services
 MedImmune Oncology • MGI Pharma
 Millennium • Novartis Oncology
 Oncology Pharmaceutical Services
 Oncology Supply • Onmark
 Ortho Biotech • OSI Pharmaceuticals • OTN
 Pfizer Oncology • Pharmion
 Roche Oncology • Sanofi Aventis Oncology
 Schering-Plough Oncology

We especially wish to thank and welcome *Alexion Pharmaceuticals*, *Eisai*, and *Genzyme Oncology* as new Corporate Members in 2007. We regret to announce that *GlaxoSmithKline*, *Matrix Oncology*,

and *SuperGen* are no longer Corporate Members of ANCO.

***Bayer Healthcare Pharmaceuticals* informs ANCO that Nexavar has received a new indication from the USP DI compendium for treatment of advanced hepatocellular carcinoma.**

***Bristol-Myers Squibb Oncology* informs ANCO that the U.S. Food and Drug Administration has approved a new 200mg vial for Erbitux.** The new vial offers a reduction in preparation time and effort, requiring the use of only 3 vials where previously 5 vials would have been required. The 100mg vial will continue to be available to provide convenience and minimization of waste. The new Erbitux vial will be priced on an equivalent basis to the 100mg vial price. The price remains unchanged from the product launch price in 2004.

Publications, Services, & Surveys

The National Comprehensive Cancer Network (NCCN) recently announced important updates to its cervical cancer guidelines to expand the indications for fertility-preserving surgery. Women with stage IB1 disease whose lesions are ≤ 2 centimeters are now candidates for radical trachelectomy. It is important to note that not all women with stage IB1 disease are eligible, only those with smaller lesions. Previously, only women with stage IA2 disease were candidates for radical trachelectomy. In addition, adjuvant treatment has been revised for some women with stages IA1-IIA disease who have had hysterectomy. For women with negative lymph nodes after surgery, pelvic RT is now a category 1 recommendation for those women with high-risk factors. These high-risk factors include large primary tumor, deep stromal invasion and/or lymphovascular space invasion. Finally, positron-emission tomography (PET) scan is no longer optional for \geq stage IB2 disease and is now recommended as part of the workup.

NCCN also added temsirolimus as an option in first-line therapy for patients with relapsed or medically unresectable stage IV renal cancer with both predominant clear cell histology and non-clear cell histology. This recommendation is based on the recent FDA approval of temsirolimus for treatment of renal cell

carcinoma and on the safety and effectiveness of temsirolimus shown from the results of a large, multicenter, randomized clinical trial of 626 patients. According to NCCN, temsirolimus is a category 1 recommendation for patients with poor-prognosis and clear cell histology and category 2A for patients with non-clear cell histology. Temsirolimus was also added as an option for subsequent therapy for patients with predominant clear cell histology. Finally, NCCN added bevacizumab in combination with interferon alfa-2a as first-line therapy for patients with relapsed or medically unresectable stage IV disease with predominant clear cell histology. This recommendation is based on the results of the AVOREN trial that was presented at the plenary session at the 2007 ASCO Annual Meeting.

ANCO is conducting its biennial *Practice Staff Salary Survey* in 3Q07. Survey packets were mailed to each ANCO member practice in early June. Data collected will be compared with that collected in 2005 and earlier. Please be sure to complete and return the ANCO *Practice Staff Salary Survey* as soon as possible.

The Quality Oncology Practice Initiative (QOPI) is a practice-based quality improvement program developed by ASCO volunteers. QOPI includes a set of quality measures, a specified chart selection methodology, a secure system for data entry, automated data analysis and reporting, and a network of resources for improvement. Twice a year, staff at participating practices conduct a retrospective review of patient charts. Following every data collection period, the QOPI system generates a report for each practice. QOPI data can be used to satisfy the new practice performance improvement requirement for *ABIM Maintenance of Certification*. Register for QOPI at www.asco.org/QOPI.

Caring4cancer.com is a portal with all the specific coding and billing information a busy oncology practice manager needs. It includes cancer-specific Medicare regulations, forms, coding education pieces, and a subscription to a free newsletter from Bobbi Buell. Visit www.caring4cancer.com and select *Practice Management*.