

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 November 30th. 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.]

Representatives from ASCO and ASH participated in a briefing sponsored by Representatives Dave Camp and Mike Rogers on Capitol Hill. The briefing, which was open to *Congressional* staff, gave ASCO and ASH the opportunity to discuss the newly updated *ASCO/ASH Clinical Practice Guideline on the Use*

**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.

of ESAs in Patients with Cancer and the effects that CMS's NCD on the use of ESAs would have on patients and clinicians. ASCO and ASH discussed the differences between the evidence-based clinical guidelines for treating patients and the coverage restrictions set forth in the NCD. Congressional staff who attended the briefing asked questions related to when a patient with cancer should receive an ESA, how the treatment would affect the patient's quality of life, whether FDA provides guidance on these issues, Congress's role in participating in FDA/CMS decision-making, and potential conflict-of-interest issues.

Members of Congress continue to weigh in with CMS on coverage of ESAs. Representatives Anna Eshoo and Mike Rogers have introduced HJRes54 disapproving CMS's ESA NCD. Senate Finance Committee Chair Max Baucus has introduced a companion bill in the Senate. If passed by both the House and Senate and signed by the President, this legislation would have the force of law and would prohibit CMS from implementing the coverage change. In addition, Representative Stephen Cohen has introduced HRes681 urging CMS to reconsider its coverage decision on ESAs and consult with members of the oncology community to make appropriate revisions to its policy. This resolution is a companion bill to the Senate resolution passed September 4th. ANCO and ASCO applaud Representatives Cohen, Eshoo, Rogers, and Senator Baucus for their action and their continued commitment to cancer care. Please contact your Representatives and Senators to discuss the effect this policy change is having on your practice and your patients, and urge them to co-sponsor these important pieces of legislation.

ASCO continues to outreach to CMS and has formally requested that they reconsider the ESA NCD. CMS responded with six questions that ASCO is currently addressing. At this point, CMS has neither accepted nor rejected ASCO's formal request for reconsideration.

A recording of ASCO's national audioconference and the presentation materials are available at www.asco.org/ESAAudiocall or via www.anco-online.org. CMS's ESA NCD and FAQs are also available at www.anco-online.org.

An updated ASCO/ASH Clinical Practice

Guideline on the Use of ESAs in Patients with Cancer has been released. The updated guideline was derived from systematic reviews and analysis of published clinical trials. It outlines the clotting risks of ESAs, makes recommendations on usage, and provides insights on disease progression and patient survival. Specifically, the guideline:

- Declares epoetin and darbepoetin equally safe and effective.
- Recommends the use of ESAs as a treatment option for cancer patients who become anemic as a result of chemotherapy when their hemoglobin approaches or falls below 10g/dL, as well as patients with low-risk myelodysplasia.
- Suggests that when using ESAs, hemoglobin can be raised to (or near) a concentration of 12 at which point the dosage should be titrated to maintain that level. Dose reductions are also recommended when hemoglobin rise exceeds 1g/dL in any two-week period or when the hemoglobin level exceeds 11g/dL.
- Recommends discontinuing use of ESAs beyond six to eight weeks if a patient has not responded to the drug.
- Recommends monitoring the iron levels of patients being treated with ESAs and providing supplements accordingly.
- Cautions against using ESAs for cancer patients not receiving chemotherapy since recent trials have shown increased thromboembolic risks and decreased survival under these circumstances.

The guideline was published ahead of print at bloodjournal.org and jco.org on October 22nd. The guideline will be published in print in both journals on December 1st.

On November 8th, the **United States Food and Drug Administration approved revised boxed warnings and other safety-related product labeling changes for ESAs.** These new statements address the risks that the drugs Aranesp, Epogen and Procrit pose to patients with cancer and patients with chronic kidney failure. The labeling changes, which incorporate advice from FDA advisory committees and expand upon labeling

changes made in March 2007, also include a statement that symptoms of anemia, fatigue, and quality of life have not been shown to improve in patients with cancer who are treated with ESAs. For patients with cancer, the new boxed warnings emphasize that ESAs caused tumor growth and shortened survival in patients with advanced breast, head and neck, lymphoid, and non-small cell lung cancer when they received a dose that attempted to achieve a hemoglobin level of 12g/dL or greater. The boxed warnings also emphasize that no clinical data are available to determine whether there is a similar risk of shortened survival or increased tumor growth for patients with cancer who receive an ESA dose that attempts to achieve a hemoglobin level of less than 12g/dL. The new boxed warning also clarifies that ESAs should only be used in patients with cancer when treating anemia specifically caused by chemotherapy and not for other causes of anemia. Moreover, it states that ESAs should be discontinued once the patient's chemotherapy course has been completed. For more information, visit www.fda.gov/cder/drug/infopage/RHE/default.htm.

ASCO seeks member feedback on CMS's ESA NCD. Please provide your input on the following questions:

- How has CMS's ESA NCD 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 email your responses to practice@asco.org. For more information, please contact ASCO's *Cancer Policy & Clinical Affairs Department* at (704) 299-1050 or publicpolicy@asco.org.

CMS released the 2008 *Physician Fee Schedule* (PFS) on November 1st. Key highlights include:

Physician Payments. The conversion factor will be set at \$34.0682, a 10.1% reduction from the 2007 level of \$37.8975. *Congress* could reverse this reimbursement cut through legislation, as

it has done in the past. CMS continues to phase-in the new methodology for practice expense RVUs, which causes the practice expense RVUs for many services to change in 2008.

Off-label Drug Use. CMS does not revise the list of compendia used to determine covered off-label uses of drugs used in anticancer chemotherapeutic regimens. The final rule does, however, create a new process for considering requests for changes to the list. *DrugPoints* was not specifically named a successor publication to USP-DI. This does not mean it will not be a successor publication, but the issue was not discussed in the final rule.

IVIG Payment. CMS will continue to pay for preadministration services for IVIG furnished in physicians' offices in 2008 at rates based on the practice expense RVUs established in 2007.

ESAs. CMS will provide implementing instructions for the new requirement to report hemoglobin or hematocrit levels for cancer patients receiving anti-anemia drugs.

Quality Reporting. The 2007 *Physician Quality Reporting Initiative* (PQRI) is extended for all of 2008. In addition, the rule designates the fund that will pay for the bonus payment.

ACCC will host a teleconference on Monday, November 12th, at 3PM Eastern Time to discuss the 2008 *Physician Fee Schedule*. The teleconference will cover:

- Payment changes for oncology-related APCs in the hospital outpatient department.
- Payment for drug administration services.
- Payment for imaging services.
- Impact of final rule on high-volume oncology services in the office setting.

To participate, call (877) 858-1940 and provide conference ID#23764579. To read ASCO's analysis of the 2008 *Physician Fee Schedule*, visit www.anco-online.org/mma.html.

Several pieces of cancer-related legislation are being considered by Congress. HR3011 (*Revision of Payment Methodology for Drugs and Biologicals*) would refine the Medicare drug reimbursement system to ensure that critical chemotherapy drugs remain available to cancer patients by granting CMS the authority to increase payment amounts for oncology drugs when the reimbursement level equal to 106% of the *Average Sales Price* (ASP) does not cover the generally available price of the drugs. It would also exclude prompt-pay discounts offered to wholesalers and distributors in the calculation of ASP. HR1293/S1338 (*Access to Medicare Imaging Act of 2007*) seeks a two-year moratorium on the substantial Medicare reductions to in-office imaging included in the *Deficit Reduction Omnibus Reconciliation Act of 2005* (DRA) by delaying the DRA imaging cuts for two years while the *Government Accountability Office* (GAO) conducts a study on the effects of the cuts on Medicare beneficiaries. HR1078 (*Comprehensive Cancer Care Improvement Act of 2007*) would establish a new Medicare service for comprehensive cancer planning through the continuum of care. Finally, HR1108/S625 would give the *United States Food and Drug Administration* (FDA) the authority to regulate the tobacco industry for the first time. ASCO and ANCO urge you to contact your *Representatives* and *Senators* and ask them to support these pieces of legislation.

The 2008 physician election period for the Medicare Part B Drug Competitive Acquisition Program (CAP) began on October 1st and concludes on November 15th. The CAP is a voluntary program that offers physicians the option to acquire many injectable and infused drugs they use in their practice from an approved CAP vendor, thus reducing the time they spend buying and billing for drugs. The 2008 CAP program will run from January 1st to December 31st. Once a physician has elected to participate in CAP, they must obtain all drugs on the CAP drug list from the CAP drug vendor. Physicians can still continue to purchase and bill Medicare under the *Average Sale Price* (ASP) system for those drugs that are not provided by the physician's CAP vendor. *Noridian Administrative Services* (NAS), the designated carrier for the

CAP, offers interactive, online workshops about the CAP. These workshops train CAP vendors and elected physicians on a variety of CAP topics, and NAS staff can also answer questions. Interested parties may view additional information about and register for these workshops at www.noridianmedicare.com/cap_drug/train/workshops/index.html. Upcoming workshops will be held on the following dates:

- 11/14/07 at 10:00PM Central Time
- 12/12/07 at 2:00 PM Central Time
- 1/15/08 at 2:00 PM Central Time

Additional information about the CAP is available at www.cms.hhs.gov/CompetitiveAcquisforBios/01_overview.asp.

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 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'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.

ANCO and ASCO continue to work towards ensuring that people with cancer have access to quality cancer care in the community. Practice resources are available at www.anco-online.org and www.asco.org/mma, including:

- ASCO's *Adapting to Changes in Medicare 2007* PowerPoint presentation.
- The October 2007 quarterly update for the *Average Sales Price (ASP) Medicare Part B drugs pricing file*.

Members may also call/e-mail ASCO's billing and coding hotline at (703) 299-1054/practice@asco.org for up-to-date information on changes in coding for drug administration services, as well as billing and payments for drugs.

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.]

The CMA's House of Delegates reaffirmed its opposition to physician-assisted suicide (or physician-aid-in dying) despite several attempts to move its position to neutral. Oncology led the argument against changing CMA's opposition.

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.]

CMS has announced that it has awarded a contract to Palmetto GBA, headquartered in Columbia, South Carolina, to serve as the Jurisdiction 1 (J1) Medicare Administrative Carrier (MAC). J1 includes California, Hawaii, Nevada, American Samoa, Guam and the Northern Mariana Islands. MACs will serve as the primary point of contact for the processing and payment of fee-for-service claims from providers, such as hospitals, nursing facilities, physicians, and other practitioners. **Palmetto GBA will assume full responsibility for the work in its jurisdiction no later than June 2008.** Palmetto GBA currently serves Ohio, South Carolina, and West Virginia as a Part B carrier. State oncology societies in those states report that Palmetto is a "wonderful carrier" and that they "get along great with them." ANCO will be

working with its colleagues in Hawaii and Nevada to establish a working relationship with Palmetto in the very near future.

As of March 1st, 2008, all providers must include an NPI on their claims or the claims will reject. If providers have not yet applied for an NPI, they need to do this soon. Those who must complete a provider enrollment 855 form to have their legacy numbers properly cross-walk to their NPI should do so immediately. According to CMS, your Medicare fee-for-service claims must include an NPI in the primary fields on the claim (i.e., the billing, pay-to, and rendering fields). You may continue to submit NPI/legacy pairs in these fields or submit only your NPI on the claim. You may not submit claims containing only a legacy identifier in the primary fields. Failure to submit an NPI in the primary fields will result in your claim being rejected or returned as unprocessable. Until further notice, you may continue to include legacy identifiers only for the secondary fields.

The *Medicare B Resource (September 2007)* is available online at www.medicarenhic.com/news/provider_news/mbr_sept07.pdf. Please note that the ESA article does not reflect current CMS coverage policy.

Visit www.medicarenhic.com/cal_prov/updates.shtml to learn **the latest information (updated weekly) from NHIC/Medicare.**

New versions of DHS/MediCal proprietary forms are available from DHS/MediCal. Providers are strongly encouraged to start placing orders for the updated proprietary forms as soon as possible in preparation for full implementation of the NPI. The old versions of the proprietary forms may still be used during the dual use Provider Identifier period, which has been extended beyond the original November 26th cutoff date, and will continue until further notice. When the supply of old forms runs out, providers may begin using the new forms. Only the DHS/MediCal provider number is required on the old or new forms during the extended dual use Provider Identifier period. For a listing of the proprietary forms that have been revised to accommodate use of the 10-digit NPI, please visit files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_8831.asp. Please contact the

Telephone Service Center (TSC) at (800) 541-5555 for additional information.

ANCO recently e-mailed the *Department of Managed Health Care* (DMHC) with regard to *Blue Shield's* cost-based formulary preferences. In summary:

Several of our members have made ANCO aware of *Blue Shield of California's* (BS CA) cost-based formulary preferences with respect to aromatase inhibitors (AIs) to treat breast cancer and erythropoietin stimulating agents to treat anemias of cancer chemotherapy. In summary, BS CA prefers one manufacturer's drug over other manufacturer's drugs in each of these classes of pharmaceuticals despite, and often in contradiction to, FDA labeling and/or clinical evidence.

The BS CA coverage policy for AIs flies in the face of the FDA's approved indications for these drugs. Specifically, Aromasin is specifically approved for the adjuvant treatment of breast cancer in post-menopausal women with hormone-receptor positive disease following tamoxifen. Arimidex is not.

So, why does BS CA prefer Arimidex over Aromasin? Quite clearly it is for economic reasons. BS CA receives economic advantages by preferring one AI over the others. In other words, BS CA is doing exactly what it has claimed physicians, to their purported dismay, have done in the past—making clinical decisions for economic gain. ANCO objects to BS CA's behavior in this respect, especially given the clinical evidence for each of the AIs and the FDA's indications for these drugs.

In addition, ANCO believes that BS CA grants permission to use Aromasin over Arimidex upon a final appeal so as to avoid an Independent Medical Review (IMR). We believe that BS CA uses this tactic to coerce physicians (and patients) into using their preferred drugs, which have economic advantages for them, rather than those most clinically indicated according to the judgment of the

physician. They know that many physicians will succumb to their will so as to get patients on treatment sooner and to avoid appeals hassles. ANCO wants to bring this situation to DMHC's attention because if BS CA continues to follow their strategy, then DMHC will never have an opportunity to review BS CA's AI coverage policy via IMR.

ANCO hopes that bringing this situation to DMHC's attention will cause DMHC to review BS CA's AI coverage policy which we believe would ordinarily be overturned by independent medical review.

A similar situation exists with regard to BS CA's ESA coverage policy and its preference for one ESA over the other. They require providers to use Procrit over Aranesp despite the therapeutic equivalence of these two products. When challenged with relatively unimportant, non-clinical arguments (e.g., we don't routinely inventory Procrit, it is more convenient for the patient to obtain Aranesp), BS CA allows the use of the non-preferred ESA. While we wonder what the point of a therapeutic preference in such a situation becomes, we believe it is to steer providers towards using the ESA that provides economic advantage to BS CA.

ANCO opposes economically-based clinical decision making AND coverage policy development regardless of the drugs involved. Coercing clinical decisions based on economic factors is inappropriate and should be investigated by the DMHC.

EDUCATION

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

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:

November 14th
For Caregivers: Coping with a Loved One's Cancer During the Holidays
CancerCare
Telephone Education Workshop

November 15-17th
4th International Conference: Expanding Horizons in Collaborative Cancer Care
Society of Integrative Oncology
San Francisco

November 16th
Living with Colon Cancer
CancerCare
Telephone Education Workshop

December 1st
1st Annual Cancer Survivorship Conference: Now What? The New Normal of Cancer Survivorship After Treatment
Northern California Cancer Center
San Francisco

December 5th
Advances in the Treatment of Renal Cell Cancer
CancerCare
Telephone Education Workshop

December 7th
Medical Update on Pancreatic Cancer
CancerCare
Telephone Education Workshop

December 8-11th
49th Annual ASH Annual Meeting & Exposition
American Society of Hematology
Atlanta

December 13th
Update on the Treatment of Liver Cancer
CancerCare
Telephone Education Workshop

December 19th
The Latest Developments Reported at the 30th Annual San Antonio Breast Cancer Symposium
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.]

ANCO On-Line

ANCO's independent website at www.anco-online.org features:

- a general description and introduction to the *Association*, its activities, leadership, and membership benefits.
- advocacy information (including ANCO and ASCO Medicare resources).
- clinical and professional education meeting announcements and distributed materials.
- survey reports, publications, and ListServ.
- clinical trials information.
- links to affiliated organizations.
- updated physician, nurse, manager, and patient resources.

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 *Oncology Supply (OS)/International Oncology Network (ION)*, *McKesson Specialty Oncology*

Services (formerly *National Oncology Alliance* or NOA), and OTN/*Onmark*. Contact your local OS/ION (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.

- **Oncology Pharmaceutical Services (OPS)**, a division of *US Oncology*. Contact Sean Taylor at (415) 235-4673 or sean.taylor@usonology.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.

Onmark presents a webcast entitled *A Treatment Continuum in mCRC: A Strategic Approach to Extend Survival* on Friday, November 16th. Enroll today at www.onmarkservices.com (Events).

Onmark's second annual National Payor/Provider Forum took place on September 28th and provided a unique opportunity for community-based oncologists, practice administrators, health plan executives, and pharmaceutical company representatives to collaboratively discuss opportunities to improve performance in oncology care. Pay for performance programs, evidence-based treatment guidelines, information technology tools that support clinical quality initiatives, and the use of specialty pharmacies for efficient distribution of oral cancer agents and patient compliance were among the solutions that were addressed.

OTN has entered into an exclusive agreement with *Altos Solutions* that adds electronic medical record (EMR) functionality to OTN's current integrated Lynx technology platform. Lynx EMR provides broad oncology-specific electronic medical record capabilities and integrates directly with Lynx' existing automated charge capture, inventory management, and practice management tools.

ASSOCIATION NEWS

Annual Election

Four seats on the ANCO *Board of Directors* are up for election in 2007. ANCO seeks nominations for candidates for these seats. This year's election will be conducted via mail ballot in December. Candidates with the top four vote totals will serve for three years (i.e., from 2008-2010, inclusive). Nominate an ANCO member (including yourself) to stand for election to the *Board* via FAX to the ANCO office at (415) 472-3961 no later than November 16th.

Board of Directors

The ANCO *Board of Directors* meets regularly by teleconference and occasionally in person to discuss issues affecting the *Association*, clinical and professional education, and ways to better serve the membership. *Board* meetings are open to individual physician members. The next regularly scheduled ANCO *Board of Directors* teleconference will take place on November 13th. Please call José Luis González, ANCO *Executive Director*, at (415) 472-3960 if you wish to participate in a future meeting.

Individual Member News

ASCO is assembling a panel that will develop a clinical practice guideline on the clinical management of breast cancer during pregnancy. The panel co-chairs are looking for a community-based oncologist who would be willing to serve on the panel. Volunteers do not necessarily need to have extensive personal experience with this issue but should have an interest in the topic. If you would like to volunteer or if you would like to recommend a peer for the guideline panel, please contact the

ANCO office at execdir@anco-online.org.

ANCO member Barbara McAneny, M.D., has been nominated for an open position (undesigned specialty) on the ASCO Board of Directors. The ASCO *Annual Election* opens on January 2nd, 2008 and ANCO urges all members to vote prior to the close of the election on February 15th, 2008.

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):

ALPHABETICAL DIRECTORY OF PHYSICIAN MEMBERS

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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*

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

UCSF's Donald Abrams, M.D., is the *Program Co-Chair* for the *Society of Integrative Oncology's 4th International Conference: Expanding Horizons in Collaborative Cancer Care* taking place November 15-17th at the *Renaissance Parc 55 Hotel* in San Francisco. For additional information and to register, visit www.integrativeonc.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.

UCSF's *7th Annual UCSF Clinical Cancer Update* takes place at Lake Tahoe on January 25-27th, 2008. Visit www.cme.ucsf.edu/cme/CourseDetail.aspx?coursenumber=MSU08006 for more information.

Stanford's *10th Annual Multidisciplinary Management of Cancers: A Case-based Approach* (formerly the *Northern California Tumor Board at Silverado*) will be presented by the *Stanford University School of Medicine* on March 14-16th, 2008. Contact Jennifer Schafer at (650) 724-2288 or schafer@stanford.edu or visit cancer.stanford.edu/calendar/events/2007/ammc.html for more information.

Stanford's Branimir (Brandy) Sikic, M.D., has been nominated for an open position (undesigned specialty) on the ASCO Board of Directors. The ASCO *Annual Election* opens on January 2nd, 2008 and ANCO urges all members to vote prior to the close of the election on February 15th, 2008.

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:

*Abraxis Oncology • Alexion Pharmaceutical
AMGEN • AstraZeneca*

*Bayer Healthcare Pharmaceuticals
biogenIDEC*

Bristol-Myers Squibb Oncology

Celgene • Cephalon Oncology

Clariant Diagnostics • Eisai

Enzon Pharmaceuticals

Genentech BioOncology

Genitope Corporation • Genomic Health

Genzyme Oncology

Lash Group Healthcare Consultants

Lilly Oncology

McKesson Specialty Oncology Services

MGI Pharma • Millennium

Novartis Oncology

Oncology Pharmaceutical Services

Oncology Supply/ION • Onmark

Ortho Biotech • OSI Pharmaceuticals • OTN

Pfizer Oncology • Pharmion

Roche Oncology • Sanofi Aventis Oncology

Schering-Plough Oncology • Vidacare

Renewal packages for ANCO 2008 Corporate Memberships were mailed to Corporate Member contacts in early October.

We especially wish to thank and welcome *Alexion Pharmaceuticals, Celgene, Eisai, Genzyme Oncology, and Vidacare* as new Corporate Members in 2007. We regret to announce that *GlaxoSmithKline, Matrix Oncology, and SuperGen* are no longer Corporate Members of ANCO.

Pharmion is sponsoring a live CME webcast entitled *Today's MDS Patient: Practical Approaches to New Therapeutic Options* on Thursday, November 15th at 10AM and 5PM Eastern Time with Harry P. Erba, M.D., Ph.D., *University of Michigan*, and Erin P. Demakos, R.N., *Mount Sinai Hospital*. For more information and to register visit www.focusonmds.org.

Vidacare informs ANCO that it has launched OnControl Aspiration System for hematology/oncology bone marrow aspiration procedures. Vidacare's system represents the first

effort in decades to improve the speed, control, and patient comfort of the bone marrow aspiration procedure. For more information, please contact Chris Paino, *West Regional Oncology Manager*, at (951) 642-1521 or chris.paino@vidacare.com.

Publications, Services, & Surveys

You may already be familiar with ASCO's *Clinical Practice Guidelines*, but did you know they are accompanied by easy-to-use clinical tools? These tools include slide sets, and summaries of the guidelines, and may also include patient chart tools, such as flow sheets. In the midst of a busy practice, these tools enable oncologists to use the latest guidelines on emerging issues in clinical oncology. All of these tools are free of charge and available online through www.asco.org/guidelines. ASCO's **most recently promulgated/updated guidelines** cover updated recommendations for the **use of tumor markers in breast cancer**, adjuvant chemotherapy and adjuvant radiation therapy for stages I-IIIa resectable **non-small cell lung cancer**, an update on the use of **epoetin and darbepoetin**, and recommendations for **venous thromboembolism prophylaxis and treatment** in patients with cancer.

ANCO recently distributed (via FAX and e-mail) a brief **ANCO Member Survey on Private Payor Claims Processing**. If you did not received the survey, then please download one from www.anco-online.org. The ANCO *Board of Directors* wishes to pursue details of ANCO member experience with regard to routine claims processing hassles encountered with private carriers. They will use the findings of the survey in developing more effective advocacy positions and strategies.