

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 FAXed to Individual Member practices, and e-mailed to Group, Institutional, and Corporate (contacts) Members. The next *ANCO FAX News* will be published on September 12th. Send your comments or contributions to 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.]

Several pieces of cancer-related legislation have been introduced into the Congress recently. The *Oncology Care Quality Improvement Act of 2008 (HR6725)* would develop a pilot program to examine how evidence-based clinical pathways implemented using electronic medical records (EMRs) can improve Medicare patient care and

**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.

outcomes. A three-year voluntary program created by HR6725 includes the adoption of clinical, evidence-based cancer treatment protocols. The program will examine the benefits of using treatment protocols and EMRs for the Medicare program through the lens of at least six cancer sites, including colon, ovarian, lung, and breast cancer. The program implementation is expected to provide Medicare beneficiaries with better quality cancer care combined with the minimization of unnecessary treatments and services. Participating providers will be incentivized to reduce Medicare spending by at least 5% for these six diagnoses while increasing quality of care. Quality will be measured by adherence to evidence-based pathways. Providers that lower Medicare spending by 5% for the six cancers in the demonstration project will be paid a 5% bonus as an incentive. *The Comparative Effectiveness Research Act of 2008 (S3408) would create a public-private Health Care Comparative Effectiveness Research Institute* to “review evidence and produce new information on how diseases, disorders, and other health conditions can be treated to achieve the best clinical outcome for patients.” The *Institute* would be responsible for setting national priorities and would contract with NIH, the *Agency for Healthcare Research and Quality*, and private entities to conduct peer-reviewed research studies that answer the most pressing questions about what works in health care.

The United States Food and Drug Administration (FDA) has ordered AMGEN and Ortho Biotech to issue revised labels for ESAs. The FDA has mandated the following changes to the label:

- ESAs are no longer indicated for patients receiving myelosuppressive chemotherapy if the anticipated treatment outcome is cure. They remain indicated when myelosuppressive chemotherapy is intended for palliation.
- ESAs should not be initiated if the patient's hemoglobin is above 10g/dL.

Further, the label change specifies that ESA treatment should target the lowest hemoglobin concentration that will avoid transfusion, removes “...or exceeds 12g/dL” as an upper range for ESA use, and removes language that allowed

earlier initiation of ESAs, or treatment to higher hemoglobin targets, if the patient cannot tolerate anemia due to a co-morbid condition. **AMGEN and Ortho Biotech have finalized the FDA approved changes in the labeling information for the ESA class of drugs** including Aranesp (darbepoetin alfa), EPOGEN (Epoetin alfa), and Procrit (Epoetin alfa). These changes include modifications to the BOXED WARNINGS, INDICATIONS AND USAGE, and DOSAGE AND ADMINISTRATIONS sections for cancer patients on chemotherapy. *AMGEN and Ortho Biotech* are informing healthcare professionals about the revisions to the U. S. prescribing information through a joint *Dear Healthcare Professional* letter. In addition to communicating the changes in the labeling, the letter also includes information about the new FDA Medication Guide and Patient Instruction requirements for the ESA class of drugs. The letter, updated prescribing information, Medication Guide, and Patient Instructions are posted on www.aranesp.com and www.procrit.com.

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 may earn a lump sum bonus payment. CMS recently announced new reporting options and incentive payments for physicians participating in the PQRI (see www.cms.hhs.gov/MLNMattersArticles/downloads/MM6104.pdf). For complete information on PQRI, including teleconference materials, quick reference charts, user guides, tool kits for successful reporting, updated submission methodologies, beneficiary letters, fact sheets, and FAQs, visit www.cms.hhs.gov/pqri. The *American Medical Association (AMA)* has posted PQRI worksheets for the 2008 PQRI program on its website (www.ama-assn.org). In addition, **ASCO has updated its PQRI website (www.asco.org/pqri) to include relevant links and a table of oncology-related measures.**

CMS is pleased to announce that 2007 PQRI Final Feedback Reports are available on a secure website. Two MLN Matters articles on accessing

the reports are now available that can assist individual eligible professionals and group practices that reported valid 2007 PQRI quality measures data to Medicare. The reports are organized by Tax Identification Number (TIN). For eligible professionals reporting measures for 2007 PQRI under a group practice TIN, the group practice determines who can access the *Final Feedback Report* for the group practice or organization. The first article, "Steps for Individual Eligible Professionals to Access Their 2007 PQRI Feedback Reports Personally", SE0830, can be accessed at www.cms.hhs.gov/MLNMattersArticles/downloads/SE0830.pdf. The second article, "Steps for Organizations to Access Their 2007 PQRI Feedback Reports", SE0831, is available at www.cms.hhs.gov/MLNMattersArticles/downloads/SE0831.pdf. Once you are registered in the Individuals Authorized Access to CMS Computer Services (IACS) system and have access to the PQRI feedback report application, any questions about the Feedback Report should be directed to the Report Delivery System Help Desk referenced at the end of the MLN Matters articles.

Electronic health records (EHRs) are powerful tools that can streamline practice management and reduce errors in patient care. Members of ASCO's *EHR Workgroup* have provided commentary on several EHR topics via PodCast, as follows:

- An Overview of ASCO's EHR Goals and Activities
- Using the EHR to Promote Quality of Care and Patient Safety
- EHRs in Practice and EHR Vendors
- Implementation Issues and Tips
- Promoting ASCO's Clinical Guidelines in EHRs
- Technology Advances and EHR Trends

Listen to these PodCasts at www.asco.org/ASCO/Practice+Resources/Electronic+Health+Records/EHR+Events/Electronic+Health+Records+%28EHR%29+Lab+at+the+2008+Annual+Meeting?cpsectcurrchannel=1. In addition, ASCO has developed *The Oncology Electronic Health Record Field Guide: Selecting and Implementing an*

EHR—the only oncology-specific consumer manual designed to guide oncology practices in selecting current and future oncology-specific EHRs for clinical practice management and quality-of-care measurement and improvement. The chapters in the *Field Guide* address the core functionalities desired in an oncology-specific EHR, including:

- Identifying an EHR project team
- Selecting an EHR
- Building a budget
- Using the EHR to support quality of care and patient safety
- Post-implementation management

The *Field Guide* is available in hard copy as well as PDF. Electronic users can print worksheets and forms as they go through the *Field Guide's* material. Both formats of the *Field Guide* can be purchased by e-mailing support@articleworks.com or calling (800) 804-1425. More information is available at www.asco.org/ehrfieldguide.

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 2008 PowerPoint* presentation.
- The July 2008 quarterly update for the *Average Sales Price (ASP) Medicare Part B drugs pricing file*.

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.]

Noteware Government Relations represents ANCO (and MOASC) in Sacramento. They report:

- AB1155 (Huffman) was recently vetoed by the *Governor*. This bill would have required enforcement actions by the *Department of Managed Health Care* (DMHC) to make physicians whole.

Where the DMHC has found that an HMO has underpaid a physician, the bill would have required the penalty amount to, at a minimum, equal the amount of the underpayment plus interest. The enforcement action would also have had to ensure that the physician is compensated by the HMO for the full amount of the underpayment plus interest.

The *California Oncology Political Action Committee* (or CalCancerPAC), formed by ANCO and MOASC, supports candidates sensitive to the needs of hematologists/oncologists and people living with cancer in California. ANCO membership dues include a contribution to CalCancerPAC.

A Federal judge has ordered a temporary halt in the state's 10% reduction in MediCal reimbursement rates, improving access to care for 6.5 million low-income patients but throwing a new wrench in already difficult budget negotiations. The decision forces the state to reimburse most MediCal providers at rates prior to the 10% cut, which lawmakers and the *Governor* made effective July 1st as a cost-cutting measure. The move increases reimbursement rates the state pays to doctors, dentists, pharmacists, adult day-care centers and other providers who serve MediCal patients.

NHIC/Medicare, Palmetto/J1MAC, MediCal, & Private Payors

[*Editor's Note:* ANCO communicates regularly with *National Heritage Insurance Company* (NHIC) that administers Medicare in California, *Palmetto* that will administer the J1MAC in California, and the *Department of Health Care Services* (DHCS) that administers MediCal in California.]

According to CMA, **Medicare payments for thousands of Northern California physicians are at risk due to NPI/PTAN matching problems.** Affected are physicians who work for or contract with groups in Northern California and need to submit an updated 855R form to reassign their Medicare payments to their group(s). CMA has learned that some physicians who have already submitted the proper paperwork are still not being paid, largely because of a backlog of reenrollment forms from Northern California

physicians. If your Medicare payments have been denied or delayed, first check the CMS's list of top NPI-related error codes (available at www.calphys.org/html/cc714.asp, including instructions on how to correct the errors.) If your payment problems are not related to these common billing errors, and you believe you are among those physicians affected by the group reassignment issue, please call CMA's Reimbursement Helpline, (888) 401-5911. CMA may be able to help expedite the enrollment process and get your payments back on track. **Palmetto/J1MAC will request your legacy identifier information when a one-to-one match is not found for your NPI and your PTAN** (or Medicare legacy number). When a one-to-one match for your NPI/PTAN combination cannot be determined, development letters are generated. For information on the Palmetto/J1MAC process, please visit www.palmettogba.com/palmetto/j1.nsf/DocsCat/NPI%20Development%20Letters%3A%20Rendering%20and%20Billing%20PTANs%20Needed?opendocument.

NHIC/Medicare is shifting full responsibility for Northern California Part B providers to Palmetto/J1MAC. From August 28th through September 1st, the system will experience "dark days." There will not be any online access, current claim information will not be provided via the IVR or Provider Contact Center, and claims will not be processed. Finally, the NHIC/Medicare California website will also shutdown. **Palmetto/J1MAC assumes operational responsibility for all Medicare claims (pending, in-process, and new) in California on September 2nd.** For the latest information on the transition from NHIC/Medicare to Palmetto/J1MAC, visit the Palmetto/J1MAC website at www.palmettogba.com/J1 or subscribe to Palmetto's e-mail ListServ at www.palmettogba.com/palmetto/j1.nsf/DocsCat/Home and follow the *E-Mail Update* links. Specific resources are highlighted below:

- **Transition updates at** www.palmettogba.com/palmetto/j1.nsf/DocsCat/Attention%20Part%20B%20Providers%20in%20California

%20-%20Segment%203%20Transition
%20Information?opendocument

- A **cutover article for Segment 3 (California) Part B providers** at [www.palmettogba.com/Palmetto/J1.nsf/files/Segment_3_Cutover_Article.pdf/\\$File/Segment_3_Cutover_Article.pdf?Open&cat=Publications](http://www.palmettogba.com/Palmetto/J1.nsf/files/Segment_3_Cutover_Article.pdf/$File/Segment_3_Cutover_Article.pdf?Open&cat=Publications)

- A **provider resource checklist** at [www.palmettogba.com/Palmetto/J1.nsf/files/ProviderResourceChecklist.pdf/\\$File/ProviderResourceChecklist.pdf](http://www.palmettogba.com/Palmetto/J1.nsf/files/ProviderResourceChecklist.pdf/$File/ProviderResourceChecklist.pdf)

- An **implementation timeline** at [www.palmettogba.com/Palmetto/J1.nsf/files/ImplementationTimeline.pdf/\\$File/ImplementationTimeline.pdf](http://www.palmettogba.com/Palmetto/J1.nsf/files/ImplementationTimeline.pdf/$File/ImplementationTimeline.pdf)

- A **transition manual** at www.palmettogba.com/palmetto/j1.nsf/docsCat/J1-Learning%20and%20Education-Manuals-Manuals?open&cat=J1-Learning%20and%20Education-Manuals-Manuals.
(Please note: If you obtained an early version of the transition manual, then you need to update pages 90-91 discussing off-label chemotherapy use. The current on-line edition has updated pages 90-91.)

- **Workshops, webinars, and teleconferences** at www.palmettogba.com/palmetto/j1.nsf/DocsCat/Home (*Events*)

- **Coverage policies (LCDs)** at www.palmettogba.com/palmetto/j1.nsf/DocsCat/Future%20Effective%20Date%20-%20Part%20B%20LCDs%20for%20Northern%20and%20Southern%20California?opendocument (including LCDs for ESAs; filgrastim, sargramostin, and pegfilgrastim; gonadotropin releasing hormone analogs; IVIG; oncologic in vitro chemoresponse assays; and, Oncotype DX)

- The **self-administered drug exclusion list** at [www.palmettogba.com/palmetto/j1.nsf/DocsCat/2008%20Self%20Administered%20Drug%20\(SAD\)%20Exclusion%20List?opendocument](http://www.palmettogba.com/palmetto/j1.nsf/DocsCat/2008%20Self%20Administered%20Drug%20(SAD)%20Exclusion%20List?opendocument) (including octreotide, interferon, and leuprolide)

- **Claims processing changes and/or reminders** at www.palmettogba.com/palmetto/j1.nsf/DocsCat/Part%20B?opendocument

- **Electronic data interchange (EDI)** information, application, enrollment, and early boarding at www.palmettogba.com/Palmetto/J1.nsf/DocsCat/Home (*EDI*) and an EDI transition schedule is available at www.palmettogba.com/palmetto/j1.nsf/DocsCat/Urgent%20Information%20for%20J1%20NHIC%20EDI%20Submitters?opendocument

- **Electronic funds transfer (EFT)** information and enrollment agreement at www.palmettogba.com/palmetto/j1.nsf/DocsCat/Home (*Electronic Funds Transfer*)

- **Palmetto/J1MAC PowerPoint presentation** at www.palmettogba.com/Palmetto/J1.nsf/docsCat/Welcome%20to%20Palmetto%20GBA?opendocument?open&cat= (including background information on Palmetto, timelines and other important information regarding the J1MAC, and details regarding the transition period)

Beginning September 1st, DHCS/MediCal providers are encouraged to begin using the *National Drug Code* (NDC) for physician-administered drugs, in conjunction with the customary *Healthcare Common Procedure Coding System* (HCPCS) Level I, II, or III code, on all DHCS/MediCal claims. Claims for dates of service September 1st through March 31st, 2009 that do not include an NDC will not be denied. However, claims with dates of service on or after April 1st, 2009 that do not meet the NDC reporting requirements of a valid NDC present with the HCPCS code will be denied.

DHCS/MediCal currently accepts the NPI on all paper and electronic claims and transactions. To comply with the Federally mandated NPI utilization date of May 23rd, providers should be using their NPI instead of a legacy provider number. Providers who are not ready to submit DHCS/MediCal claims using an NPI are out of compliance. However, DHCS/MediCal will

continue to accept legacy provider numbers through September 30th. Providers that have registered their NPI but have not submitted claims using their NPI will not, at this time, experience interruption in payments for claims submitted with a legacy provider number. **Effective October 1st, claims submitted with a legacy provider number will be denied.** Additional information is included in an article entitled *Complete Implementation of NPIs* updated on the NPI webpage on July 25th at files.medic-cal.ca.gov/pubsdoco/npi/npi.asp. Please call the Telephone Service Center (TSC) at (800) 541-5555 for more information.

EDUCATION

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

Palmetto GBA General Transition Updates and Part B Claims Update

A playback recording of MOASC's *Palmetto General Transition Updates and Part B Claims Update* teleconference is now available. To listen to the playback recording, call (866) 212-0875 and enter passcode 737194#. Press *3 to enter the Recording Playback menu. Enter 062180# when prompted for the file number.

ANCO's ASCO/ONS Highlights 2008

ANCO's *ASCO/ONS Highlights 2008* will summarize the major research and treatment advancements presented at this year's *ONS Congress* and *ASCO Annual Meeting*. The program will focus on breast, gastrointestinal, genitourinary, gynecologic, and lung cancers as well as hematological malignancies. The faculty will place these developments in context as to their immediate clinical utility. A plenary talk on pharmacogenomics will also be presented. *ASCO/ONS Highlights 2008* will take place on Saturday morning, September 6th, at *The Claremont Resort* in Oakland. Meeting announcements were mailed in early July and can be downloaded at www.anco-online.org/ascohl2008.html.

ACCC's 25th National Oncology Economics Conference

Mark your calendar for the *Association of Community Cancer Center's 25th National Oncology Economics Conference*, September 17-20th, *Hyatt Regency*, San Francisco. Are you prepared to weather the storm? Increased competition, reduced reimbursement, and rising demand require a solid plan. Learn how to protect and strengthen your cancer program. Sessions will cover increasing your revenue stream, economics of clinical trials, and how to best use NPs and PAs. Visit www.accc-cancer.org/mainevent for more information and to register.

4th Annual Oncology Congress



The *4th Annual Oncology Congress* takes place September 25-28th at the *Hilton San Francisco*. All content is programmed by a multidisciplinary board of 20 advisors and speakers are the thought leaders in their fields. The *Oncology Congress* engages you in productive peer-to-peer discussions about cancer prevention, diagnosis, and treatment options, giving you the practical knowledge, tools, and insight needed to improve care and quality of life for your patients today. The first 50 ANCO members to register attend for free; all others pay a discounted rate of \$395 for physicians or \$195 for nurses and physician assistants. Register at www.oncologycongress.com/anco and use priority code ANCO. For assistance, contact Jeannie Cook at (203) 840-5562 and ask about special attendance rates for partners.

Acute Lymphoblastic Leukemia (ALL) in Adults and the National Action Plan

ANCO will host an evening clinical education dinner meeting entitled *Acute Lymphoblastic Leukemia (ALL) in Adults and the National Action Plan* with W. Archie Bleyer, M.D., on Wednesday, October 1st, at *The Claremont Resort* in Oakland, and Thursday, October 2nd, at the

Hyatt Regency in Sacramento. Dr. Bleyer will discuss the disparity in progress of ALL therapy between children and adults; the primary reason for ALL deficit in adolescents and young adults; the basis for the new intergroup trial for 15-30 year-olds with B-precursor ALL; and, relate the deficit to ALL strategies underway in California, other states, and other countries. This meeting is being supported by *Enzon Pharmaceuticals*. The meeting announcement/registration form was mailed August 15th and may be downloaded at www.anco-online.org/bleyer.pdf.

Additional Education Meetings

Other meetings of possible interest to ANCO member practices are:

September 14-16th

2008 Annual Conference

California Hospice & Palliative Care Association
San Mateo

September 18th

Emerging Agents in the Treatment of Indolent Relapsed or Refractory Non-Hodgkin's Lymphoma

Community Cancer Foundation Monthly Distinguished Lecturer Series
Santa Clara County Medical Association
(FAX RSVP to (408) 378-4511)

September 26-28th

13th Annual North American Education Forum on Lymphoma for Lymphoma Patients, Survivors, and Loved Ones

Lymphoma Research Foundation
San Francisco

September 29th-October 2nd

Oncology: Clinical Issues and Trends
Contemporary Forums
Las Vegas

October 20th-21st

2008 Cancer Center Business Summit: Community Oncology at the Crossroads—Building a Balanced Future
Chicago

November 20th-21st

5th International Conference: Integration Across the Spectrum of Cancer Care
Society for Integrative Oncology
Atlanta

January 15-17th, 2009

Gastrointestinal Cancers Symposium

ASCO, American Gastroenterological Association Institute, American Society for Therapeutic Radiology and Oncology, Society of Surgical Oncology
San Francisco

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 Online

ANCO's website, 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, and Weblog.
- clinical trials information.
- links to affiliated organizations.
- updated physician, nurse, manager, and patient resources.

ANCO Online ListServ & Weblog

The ANCO *Online ListServ* is available to all ANCO physician members, nurses, practice managers, and Corporate Member representatives. It is a source for the latest ANCO news and other information impacting hematology/oncology practices. These postings are digested in the ANCO *Online Weblog* at anco-online.blogspot.com (see below). All ANCO physician members and their staffs are encouraged to subscribe to the ANCO *Online ListServ* to receive ANCO information electronically. To subscribe, send your e-mail address to the ANCO office at execdir@anco-online.org. Please note that the ANCO *Online*

ListServ is no longer interactive (i.e., subscribers may no longer post items) due to the inability of some subscribers to follow our instructions regarding auto-reply e-mails.

The ANCO *Online Weblog* posts and archives important news for hematology/oncology practices on an almost daily basis. Among the additional news topics covered at anco-online.blogspot.com are:

- ACCC Alerts
- ANCO Meeting Announcements
- ASCO e-News and Cancer Policy Today
- ASH Practice Updates
- CMA Alerts
- CMS/Medicare Website Updates
- Palmetto/J1MAC Website Updates

ANCO urges its members to bookmark anco-online.blogspot.com (or subscribe to anco-online.blogspot.com/feeds/posts/default using your favorite news reader software; e.g., RssReader for Windows or NetNewsWire for Macintosh) and refer to it often.

ASSOCIATION NEWS

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 October 16th. Please call José Luis González, *ANCO Executive Director*, at (415) 472-3960 if you wish to participate in a future meeting.

Individual Member News

The ANCO Directory of Members 2008 was mailed to ANCO physician members; nurse and office manager contacts; and, Corporate Member representatives the week of July 7th. Additional copies are available from the ANCO office upon

request. An updated online (.pdf) edition is available at www.anco-online.org/pubs.html. 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 2009.

Group Member News

ANCO initiated a **Group Membership** in 2008 based on a mutual set of perceived values and benefits and a mutual set of interests. The ANCO *Board* believes that the *Association* and *The Permanente Medical Group* (TPMG) will each receive value from Group Membership. ANCO thanks *The Permanente Medical Group* for joining ANCO. A complete roster of TPMG physicians that are now ANCO members is available at www.anco-online.org/pubs.html (under *ANCO FAX News*, Vol. 7, No. 5).

Kaiser Permanente's cancer trial program in Northern California has become a full-fledged member the Southwest Oncology Group, one of the largest cancer clinical-trial cooperative groups in the nation. *Kaiser* has participated in the SWOG cooperative for the last 17 years as an affiliate of *UC Davis*, providing its members with access to clinical trial through SWOG.

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/cmecalendar.do
- www.ucdmc.ucdavis.edu/cme/conferences
- www.cme.ucsf.edu/cme

The **10th Annual UCSF/UCD Thoracic Oncology Conference** takes place in San Francisco on

November 8th. Visit www.cme.ucsf.edu/cme/CourseDetail.aspx?coursenumber=MSU09004 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:

*Abraxis Oncology • Alaven
Alexion Pharmaceutical • AMGEN
AstraZeneca
Bayer Healthcare Pharmaceuticals/
Onyx Pharmaceuticals
biogenIDEC
Bristol-Myers Squibb Oncology
Celgene • Cephalon Oncology • Eisai
Enzon Pharmaceuticals
Genentech BioOncology
Genomic Health • Genzyme Oncology
GlaxoSmithKline Oncology • Hospira
ImClone Systems
Lash Group Healthcare Consultants
Lilly Oncology • Millennium
Novartis Oncology
Oncology Supply/ION • Ortho Biotech
OSI Pharmaceuticals
OTN/Onmark, McKesson Specialty
Companies
Pfizer Oncology • Roche Oncology
Sanofi Aventis Oncology
US Oncology Physician Services
Wyeth BioPharma • Vidacare*

We especially wish to thank and welcome *Alaven*, *ImClone Systems*, and *Wyeth BioPharma* as new Corporate Members in 2008. *Clariant Diagnostics*, *Genitope Corporation*, and *Schering-Plough Oncology* did not renew their Corporate Memberships for 2008.

AMGEN informs ANCO that United States Food and Drug Administration (FDA) approved Nplate for the treatment of thrombocytopenia in patients with chronic immune (idiopathic) thrombocytopenic purpura (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. Nplate should

be used only in patients with ITP whose degree of thrombocytopenia and clinical condition increases the risk for bleeding. Nplate should not be used in an attempt to normalize platelet counts.

Celgene informs ANCO that Vidaza has received expanded FDA approval to reflect new overall survival achieved in the AZA-001 survival study of patients with higher-risk myelodysplastic syndromes (MDS) in its prescribing information. This expanded indication supplements the 2004 FDA authorization of Vidaza as the first therapy approved in the United States for the treatment of patients with all five French American British (FAB) subtypes of MDS..

Eisai informs ANCO that the United States Food and Drug Administration (FDA) has approved a new capsule form of Aloxi, its medicine to prevent nausea and vomiting caused by surgery or chemotherapy. Aloxi has been available in the United States as an injection since 2003. The new capsules cleared by the FDA would be easier for patients to take and as effective as injections.

OTN/Onmark, McKesson Specialty Companies, found that the number of patients community oncologists see has increased for the second straight year, according to the results of its 3rd Annual Office-Based Oncology Benchmarking Survey. At the same time, the number of oncologists per practice increased while the profit generated by each oncologist decreased. The full survey results are made available to OTN/Onmark member practices that participated in the study. Key results are also featured in leading industry publications.

Clinical Trial News

UCSF would like to call your attention to the following two new clinical trials for peripheral T-cell Lymphoma and CLL:

- **First-line Treatment of Peripheral T-cell Lymphoma.** This multi-center trial uses the combination of gemcitabine/vinorelbine/doxil and augmented CHOP/high-dose methotrexate as induction therapy followed by stem cell mobilization/consolidation with high-

dose cytarabine, etoposide and denileukin diftitox (Ontak) as in vivo purge. This is followed by high-dose chemotherapy and auto-transplant. A short course of post-transplant maintenance Ontak is then administered. Most patients with untreated alk-1-negative peripheral T-cell lymphomas are eligible.

- **Phase II study of Flavoperidol for refractory CLL.** Requires a brief hospital stay in ICU for prevention and monitoring of tumor lysis syndrome. This is a highly active drug and one of the few agents active in patients with 17p deletions. Most patients with relapsed/refractory CLL who have received one or more prior therapies will be eligible. Patients must have received prior alkylating agents and be fludarabine refractory.

If you have a patient who might be helped by one of these protocols, please call Lawry Kaplan, M.D., at (415) 353-2661 or Beth Davis, *Research Office Manager*, at (415) 502-3176.

ANCO members can search information about Institutional Member's clinical trials at www.anco-online.org/trials.html.

Publications, Services, & Surveys

The *Association of Community Cancer Centers (ACCC)* and *Covance Market Access Services* have released a final report on the *Impact of Payer Coverage and Reimbursement Policies on Off-Label Use of Anticancer Therapies*. Nearly half of the respondents report that their practice's frequency of off-label use of anticancer therapies has decreased over the past five years. Coverage and reimbursement challenges were the overwhelming reason cited by oncology practices for their decreased use of anticancer therapies for off-label uses. Oncology practices that report an increase in off-label use attribute their increased utilization to the availability of more drugs that have been shown to be effective in uses that are not yet FDA-approved. Among other highlighted findings:

- Off-label use is extremely important to 50% of oncology practices surveyed, and

is at least somewhat important to 79% of oncology practices.

- Approximately 87% of oncology practices have prescribed at least one anticancer drug for an off-label use.
- More than half of oncology practices surveyed consider drug compendia extremely important to their practice's use of off-label anticancer therapies; 81% consider drug compendia at least somewhat important.
- For nearly 40% of oncology practices, 25% or less of off-label use is supported by drug compendia.

Oncology practices rely on a variety of sources of information to make off-label treatment decisions for anticancer therapies. Visit www.accc-cancer.org/public_policy/pdf/off-label_survey_report_2008.pdf to read the entire report.

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 practice performance improvement requirement for *ABIM Maintenance of Certification*. Register for QOPI at www.asco.org/QOPI.