

ANCO FAX News

Association of Northern California Oncologists
Post Office Box 151109, San Rafael, California 94915-1109
Voice: (415) 472-3960 • FAX: (415) 472-3961
execdir@anco-online.org • www.anco-online.org

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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 26th. 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.]

ACCC, ASCO, and ASH have submitted comments on CMS's 2009 Medicare Physician Fee Schedule (MPFS) proposed rule. ASCO's comments include:

- CMS should continue the current payment for pre-administration services

**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.

related to intravenous immune globulin (IVIG) to maintain patient access.

- CMS should avoid applying payment penalties for so-called preventable conditions to situations involving cancer patients' conditions that might be preventable in patients with other diseases but may not be preventable in cancer patients.
- The standards applicable to independent diagnostic testing facilities should not be extended to physician offices.
- The current policy on the effective date of physician enrollment in Medicare should be retained.
- The anti-markup rules for diagnostic services should not be extended beyond their current scope.

Visit www.asco.org/ASCO/ArticleASCO/Cancer%20Policy%20and%20Clinical%20Affairs/Policy/MMA%20Regulation%20&%20Resources/Werms%20Final.pdf to read ASCO's comments. ACCC expressed thanks that *Congress* acted in July 2008 to eliminate the scheduled cuts caused by the *Sustainable Growth Rate* (SGR) formula, sparing hematologists and oncologists a nearly 15% decrease in Medicare reimbursement for the next 18 months. Unfortunately, according to ACCC's comments, physicians will face similar cuts in 2010 if *Congress* and CMS do not act again. ACCC encourages CMS to take the necessary steps to ensure that physicians are adequately reimbursed for the quality cancer care that they deliver to their patients by developing a permanent and stable update formula for the future. In addition to the items commented on by ASCO, ACCC recommends CMS make the following changes to the physician fee schedule:

- Expand the PQRI and revise the oncology measures to reflect appropriate use of oral and injectable chemotherapy.
- Exercise caution as it evaluates potentially misvalued services.
- Implement the changes it proposed to the *Competitive Acquisition Program* (CAP).

To read ACCC's comments, visit www.accc-cancer.org/public_policy/pdf/2009_physician_comments.pdf. Finally, ASH:

- Encouraged CMS to extend the alternative reporting period to providers participating in PQRI through claims-based reporting of individual measures.
- Did not support CMS's proposed public reporting of participants in the PQRI program.

Visit www.hematology.org/policy/testimony/ASH_2009_MPFS_Comments.pdf to read ASH's comments.

Several pieces of cancer-related legislation are before *Congress*. 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 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.

CMS's Physician Quality Reporting Initiative (PQRI) provides 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. There are several 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 (the next CMS PQRI national provider call takes place on September 18th), qualified registries for data submission, quick reference charts, user guides, tool kits for successful reporting, updated submission methodologies, beneficiary letters, fact sheets, and FAQs, visit the recently updated 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.**

The 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?cpsexcurrchannel=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/ehrfielguide.

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:

- *Senator Sheila Kuehl, Chair, Senate Health Committee*, has been the *Legislature's* strongest advocate for a single payer health care system. Her previous bills have been vetoed by the *Governor*. This year, *Senator Kuehl* introduced two bills—SB840 (legislation creating the single payer program) and SB1014 (legislation establishing a financing mechanism). SB840 passed through the *Legislature* and is awaiting the *Governor's* action. SB1014 would have imposed a new tax on taxable income above \$200,000, non-wage income, self-employment income, and payroll taxes in order to fund SB840. It died in the *Senate Revenue and Taxation Committee*.

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. However, the judge recently scaled back her order overturning the 10% cut in MediCal fees. **The amended ruling spares the state from tens of millions of dollars of reimbursements over seven weeks and requires repayment only for services performed on or after August 18th.** The move increases reimbursement rates the state pays to doctors, dentists, pharmacists, adult day-care centers and other providers who serve MediCal patients.

To help physicians negotiate and manage complex third-party payor agreements, CMA has published a contracting tool kit entitled *Taking Charge: Steps to Evaluating Relationships and Preparing for Negotiations—A Focus on Payor Contracting* that is available free to CMA members at the members-only website. Nonmembers can purchase the tool kit for \$100 in the CMA bookstore (call (800) 882-1262). This tool kit joins several other CMA tool kits (i.e., *Back to Basics: A Step-by-Step Guide to Maximizing Your Cash Flow*, *Getting Paid: Strategies to Maximize Reimbursement*) aimed at empowering physician practices vis-à-vis their relationships with private payors.

Palmetto/J1MAC, MediCal, & Private Payors

[*Editor's Note: ANCO communicates regularly with Palmetto/J1MAC that administers the J1MAC (Medicare) 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 has shifted full responsibility for Northern California Part B providers to Palmetto/J1MAC. Palmetto/J1MAC assumed operational responsibility for all Medicare claims (pending, in-process, and new) in California on September 2nd. For the latest information from Palmetto/J1MAC, visit www.palmettogba.com/j1b.

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.medi-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.]

ANCO's ASCO/ONS Highlights 2008

ANCO's ASCO/ONS Highlights 2008

summarized the major research and treatment advancements presented at this year's *ONS Congress* and *ASCO Annual Meeting*. The program focused on breast, gastrointestinal, genitourinary, gynecologic, and lung cancers as well as hematological malignancies. The faculty placed these developments in context as to their immediate clinical utility. A plenary talk on pharmacogenomics was also presented. Meeting materials can be downloaded at www.anco-online.org/ascohl2008.html.

ACCC's 25th National Oncology Economics Conference

The *Association of Community Cancer Center's 25th National Oncology Economics Conference* takes place September 17-20th at the *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 evening clinical education dinner meetings 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. These meetings are 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 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. The following update(s) to the *Directory* were recently included in the online edition:

ALPHABETICAL DIRECTORY OF PHYSICIAN MEMBERS

Changed Dan Ben-Zeev, M.D., Esther Quijoy Catalya, M.D., Michael P. Sherman, M.D., Ph.D.

ALPHABETICAL DIRECTORY OF NURSE & OFFICE MANAGER CONTACTS

Changed Kristi Chatham, Petra Dittrich, Cindy Gin, R.N., Sandy Goldberg, Judi Sutton, R.N.

Added Deanna Myers, Stacy Novelozo

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.

UCSF's **8th Annual UCSF Clinical Cancer Update** takes place at Lake Tahoe on January 23rd-25th, 2009. Visit www.cme.ucsf.edu/cme/CourseDetail.aspx?coursenumber=MSU09006 for more information.

Stanford's 11th Annual Multidisciplinary Management of Cancers: A Case-based Approach (formerly the *Northern California Tumor Board at Silverado*) will be presented on March 20th-22nd, 2009. For more information, contact Jennifer Schafer at (650) 724-2288 or schafer@stanford.edu.

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
Spectrum Pharmaceuticals
US Oncology Physician Services
Wyeth BioPharma • Vidacare*

We especially wish to thank and welcome *Alaven, ImClone Systems, Spectrum Pharmaceuticals, 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.

Abraxis Oncology informs ANCO that the *NCCN Compendium* has updated its monograph for **Abraxane on September 2nd to include non-small-cell lung cancer.** The *Compendium* listing states Abraxane “may be substituted for either paclitaxel or docetaxel in patients who have experienced hypersensitivity reactions after receiving paclitaxel or docetaxel despite premedication, or for patients in whom standard hypersensitivity premedications are contraindicated.”

In light of the recent FDA label revision to ESAs, coupled with the release of the *Medication Guide* to be reviewed and furnished to all patients who are contemplating receiving ESAs, please find below links to **AMGEN and Ortho Biotech ESA resources:**

AMGEN's Medical Information Services are available at (800) 77-AMGEN; assistance with issues regarding reimbursement can be attained through their *Reimbursement Connection Services* at (800) 272-9376; and, www.aranesp.com will lead directly to the Aranesp package insert, *Medication Guide*, and an invitation to register for an educational webcast to be aired through September 18th.

Ortho Biotech's PIs, Medication Guides, and Patient Instructions for Use are available at www.procrit.com. *Medication Guides* are currently being printed and will be available by your Procrit *Product Specialist* starting in mid September.

Bristol Myers Squibb Oncology informs ANCO that it will discontinue the production of **Cytoxan.** *OTN/Onmark, McKesson Specialty Companies,* informs ANCO that it will now be distributing Cyclophosphamide from *Baxter.* In addition, the *NCCN Compendium* has added **Erbix** as a **first-line therapy for recurrence or metastasis** in combination with vinorelbine and cisplatin for performance status 0-2 patients at least 18 years of age with **non-small cell lung cancer** IIIB (pleural effusion)/IV, EGFR expression by immunohistochemistry (at least 1 positive tumor cell), no known brain metastases, and no prior chemotherapy or anti-EGFR therapy.

Genentech BioOncology informs ANCO that ***United HealthCare* and *Humana*** have implemented additional claims submission processes for **Herceptin.** *United HealthCare* has implemented a *Herceptin Pathology Report FAX Sheet* for Herceptin claims. To view their Herceptin Drug Policy, visit unitedhealthcareonline.com (Clinical Resources>Cancer-Oncology>Herceptin Drug Policy). Effective July 1st, *Humana* has implemented a prior authorization requirement for Herceptin. Visit www.humana.com/providers/tools/prescription_tools/prior_authorization.asp for more information. Call Jennifer Fraga, *Genentech BioOncology Reimbursement Manager*, at (415) 740-5445 for additional information.

Lilly Oncology informs ANCO that the *NCCN Compendium* has added **Alimta** as a **first-line therapy for recurrence or metastasis in combination with cisplatin for performance status 0-1 patients with nonsquamous cell histology in patients with non-small cell lung cancer.** In addition, the *Compendium* now lists Alimta has a maintenance therapy until disease progression in performance status 0-2 patients with nonsquamous cell histology who have achieved tumor response or stable disease following recurrence or metastases.

OTN/Onmark, McKesson Specialty Companies, invite ANCO physicians, nurses, and practice staff to their monthly legislative teleconferences taking place on Tuesday, September 16th at 1PM or Wednesday, September 17th at 10PM. To

participate, call (877) 856-1956.

Spectrum Pharmaceuticals informs ANCO that it has launched Fusilev. Fusilev rescue is indicated after high-dose methotrexate therapy in osteosarcoma. Fusilev is also indicated to diminish the toxicity and counteract the effects of impaired methotrexate elimination and of inadvertent overdosage of folic acid antagonists.

US Oncology Physician Services will host a dinner event during the ACCC's 25th National Oncology Economics Conference at the Waterfront Restaurant in San Francisco on Thursday, September 18th at 7:30PM. If interested in attending, please RSVP by calling (866) 216-5053 (option 2). **US Oncology Physician Services also invites ANCO physician and nurses to the Healthcare Provider Conference 2008: Collaboration for Advancing the Quality of Community Cancer Care** taking place on Saturday, October 25th, in San Francisco. Visit comp08.eventcenterlive.com/cfm/ec/register/reg.cfm?BID=18&RegID=04DF1F7A for more information and to register.

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.

Patient News

IMPACT (*IMProving Access, Counseling and Treatment For Californians With Prostate Cancer*) is a state funded program whose mission it is to provide high quality prostate cancer treatment to Californians who are low income and uninsured. In order to qualify for free prostate cancer treatment through IMPACT, a patient must have a positive biopsy for prostate cancer; have no current insurance coverage except CMSP (including Medicaid or Medicare); and, be low income. Potentially eligible patients may be referred to IMPACT at (800) 409-8252. Please contact Rick Edmiston, MPH, at (415) 353-7390 or rick.edmiston@ucsfmedctr.org, to discuss referrals. For more information, visit www.california-impact.org

Publications, Services, & Surveys

The September/October (Vol. 23, No. 5) issue of ACCC's *Oncology Issues* features articles on *ASCO Meeting Studies That May Change Your Practice* and *Strategic Planning for Practices*. Visit oi.accc-cancer.org for more information.

The September 2008 issue of *Oncology Business Review* features articles on off-label communications, targeting cancer therapies, aligning quality care and reimbursement, and *Onmark's* 2008 benchmarking survey. Visit www.oncbiz.com for more information.