

# 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 regular *ANCO FAX News* will be published on October 21<sup>st</sup>. 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.]*

**CMS has published an article with billing, drug ordering, claims processing, and other information for participating *Competitive Acquisition Program (CAP)* physicians on the transition from CAP to the ASP "buy and bill" methodology for 2009.** This article is available at [www.cms.hhs.gov/MLNMattersArticles/](http://www.cms.hhs.gov/MLNMattersArticles/)

**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.

downloads/SE0833.pdf. Additional information on the CAP and the program's postponement for 2009 is available at [www.cms.hhs.gov/CompetitiveAcquisforBios/01\\_overview.asp](http://www.cms.hhs.gov/CompetitiveAcquisforBios/01_overview.asp).

**ASCO has developed additional guidance for oncologists on the recent FDA label changes to erythropoiesis stimulating agents (ESAs).**

ASCO's guidance is available at [www.anco-online.org/ASCO\\_ESA\\_Doc\\_092508.pdf](http://www.anco-online.org/ASCO_ESA_Doc_092508.pdf). The new ASCO resource is intended to provide oncologists with an overview of the August FDA label changes, explain the practical implications of these changes, and clarify how these changes relate to other guidance to physicians on the use of ESAs.

**CMS has completed its review of available and recognized sources to help determine coverage for anti-cancer chemotherapy drugs.** The acceptable compendia are:

- The *American Hospital Formulary Service Drug Information* (AHFS-DI; for Parts B, D, and Medicaid)
- *National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium* (for Part B)
- Thomson Micromedex *DrugDex* (for Parts B, D, and Medicaid)
- Elsevier Gold Standard's *Clinical Pharmacology* (for Part B)

ASCO sent [letters](#) (available at [www.asco.org/ASCO/ArticleASCO/Cancer%20Policy%20and%20Clinical%20Affairs/Policy/MMA%20Regulation%20&%20Resources/Off-Label%20Letter%20to%20Contractors.pdf](http://www.asco.org/ASCO/ArticleASCO/Cancer%20Policy%20and%20Clinical%20Affairs/Policy/MMA%20Regulation%20&%20Resources/Off-Label%20Letter%20to%20Contractors.pdf)) to all of the Medicare Part B *Carrier Medical Directors* (CMDs) and Part A/B *Medicare Administrative Contractor Medical Directors* (CMDs) on updates to the list of authoritative compendia used to determine off-label coverage of drugs used in anti-cancer chemotherapy regimens. ASCO urged the CMDs to start referencing the newly listed compendia without delay to ensure patient access to appropriate off-label therapies. According to ACCC, CMS will address the issue of guidance with regard to interpretation of the drug compendia but has offered no clear timeline and has not indicated what that guidance might look

like.

Beginning March 3<sup>rd</sup> and prior to March 1<sup>st</sup>, 2009 Medicare will accept either the current *Advance Beneficiary Notice* (ABN-G or L) or the revised ABN as valid notification. However, beginning March 1<sup>st</sup>, 2009, Medicare contractors will accept only a properly executed revised ABN (CMS R-131) as valid notification. Visit [www.cms.hhs.gov/bni/](http://www.cms.hhs.gov/bni/) for more information.

**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](http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6104.pdf)). For complete information on PQRI, including teleconference materials, 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](http://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](http://www.ama-assn.org)). In addition, **ASCO has updated its PQRI website ([www.asco.org/pqri](http://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](http://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/MLN MattersArticles/downloads/SE0831.pdf](http://www.cms.hhs.gov/MLN MattersArticles/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.

CMS has announced that a new self-service look-up tool is now available on the PQRI Portal at [www.qualitynet.org/pqri](http://www.qualitynet.org/pqri), which allows an eligible professional at the *Tax Identification Number* (TIN) level to see if their 2007 PQRI *Feedback Report* is available. Once on the site, go to the *Verify TIN Report Portlet*, enter the TIN, and a message appears that indicates if a 2007 PQRI *Feedback Report* is or is not available. This self-service look-up tool does not allow the eligible professional to view their 2007 PQRI *Feedback Report*. The availability of the 2007 PQRI *Feedback Report* is helpful for eligible professionals to know because it enables them to decide if they need to register for an IACS account at this time so that they can log into the PQRI Portal and view their 2007 PQRI *Feedback Report*. In addition, the eligible professional can call the *QualityNet Help Desk* in order to determine if a 2007 PQRI *Feedback Report* is available. The representatives at the *QualityNet Help Desk* can only inform the provider if a 2007 PQRI *Feedback Report* is available; they are unable to disclose the information on the 2007 PQRI *Feedback Report*. The *QualityNet Help Desk* can be reached via telephone at (866) 288-8912 from the hours of 7AM-7PM CST or via e-mail at [Qnetsupport@ifmc.sdps.org](mailto:Qnetsupport@ifmc.sdps.org).

**The House of Representatives Ways and Means Committee recently introduced legislation that would create a system of incentives for speedy adoption of health information technology and penalties for providers who delay.** The incentive system would offer up to \$41,000 per physician to use electronic technologies for health records, prescriptions, and sharing data. Two other *Congressional* committees are working on health IT legislation.

**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](http://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](mailto:support@articleworks.com) or calling (800) 804-1425. More information is available at [www.asco.org/ehrfieldduide](http://www.asco.org/ehrfieldduide).

**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](http://www.anco-online.org) and [www.asco.org/mma](http://www.asco.org/mma), including:

- ASCO's *Adapting to Changes in Medicare 2008 PowerPoint* presentation.
- The October 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:

- The *Governor* vetoed 415 bills, including AB2440 (Laird), cosponsored by ANCO, MOASC, and CMA, that would have required the California *Department of Health Care Services* to adopt the most current diagnosis (i.e., ICD-9) codes published by the *Centers for Medicare and Medicaid Services (CMS)* by October 1<sup>st</sup> of the year in which they are published. According to the *Governor's* veto message, "The historic delay in passing the FY2009 state budget has forced me to prioritize the bills sent to my desk at the end of the year's legislative session [and] I am only signing bills that are the highest priority for California. This bill does not meet that standard and I cannot sign it at this time."

**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.*]

**The transition from NHIC/Medicare to Palmetto/J1MAC is causing serious problems for all California physicians.** CMA is receiving a very high number of complaints from members centering on busy customer/provider service telephone lines, re-enrollment/NPI-PTAN applications, and lack of reimbursement for claims submitted both before and after the transition. Several CMA members have been forced to access credit lines to meet payroll and business expenses, and CMA is now hearing from physicians who are fearful that the situation may cost them their practice. While CMA has been very successful in getting resolution for physicians who contact their *Center for Economic Services*, doctors who are going directly to Palmetto/J1MAC for assistance are finding it impossible to get through on their phone lines. Practices that do get through are facing wait times of as much as three hours. CMA has compiled a list of common problems and fixes and posted it online at [www.cmanet.org/palmetto](http://www.cmanet.org/palmetto). Physicians who are still experiencing payment problems are encouraged to review this list to see if their issues are addressed. If after doing so you still have questions or problems, please contact CMA's Reimbursement Help Line at (888) 401-5911 for assistance.

**CMA continues to work with Palmetto/J1MAC and CMS on a global fix of the situation and has secured commitments from many Congressional offices to intervene in the situation. And, CMA is working with the media to publicize these problems and to put pressure on CMS to make many of the global changes to fix this crisis and to avoid all of the others that are, unfortunately, becoming commonplace in matters related to payment for Medicare services. CMA Vice President of Communication Ned Wigglesworth**

has asked that you share your horror stories with him (via e-mail to [nwigglesworth@cmanet.org](mailto:nwigglesworth@cmanet.org)) so that he can relay them to his media contacts.

**In response to concerns previously raised by CMA, CMS approved and Palmetto/J1MAC has added 35 additional staffed phone lines. In addition Palmetto/J1MAC has committed to take the following actions:**

- On October 2<sup>nd</sup> Palmetto/J1MAC added an additional 15 phone lines that are dedicated to provider enrollment issues.
- Inquires that require research will be done off line and Palmetto/J1MAC has committed to returning calls within 24 to 48 hours.
- Palmetto/J1MAC has added an issues update to its website at [www.palmettogba.com/J1B](http://www.palmettogba.com/J1B) > *Alerts* (under *Self Service Tools and Top Links*) > *J1 Part B Claims Issues*. These links provide an up-to-date listing of claims issues, their status, and other common problems.
- Palmetto/J1MAC is working on an e-mail question and answer process to divert traffic from their clogged phone lines.

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](http://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. These letters require specific information to be completed and returned to Palmetto/J1MAC in order for your claims to continue processing. For information on the Palmetto/J1MAC process, please visit [www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Jurisdiction%201%20Part%20B~Resources~NPI~NPI%20Development%20Letters:%20Rendering%20and%20Billing%20PTANs%20Needed?opendocument](http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Jurisdiction%201%20Part%20B~Resources~NPI~NPI%20Development%20Letters:%20Rendering%20and%20Billing%20PTANs%20Needed?opendocument).

**Palmetto/J1MAC and CMS will consider, in limited circumstances, an advance payment for Part B providers who are experiencing financial hardship due to claims that are unable to be processed within established time limits.** This applies to claims that have been submitted, but payment has not been made due to a system malfunction. This does not apply to claims that have not paid due to claims submission errors. For details, please visit [www.palmettogba.com/palmetto/j1.nsf/DocsCat/8525740200570223852574B4004E7114](http://www.palmettogba.com/palmetto/j1.nsf/DocsCat/8525740200570223852574B4004E7114).

**Palmetto/J1MAC processes "reopenings" (claim corrections) and redetermination requests (first level appeals) including requests related to claims that were processed by the previous contractors.** Visit [www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Jurisdiction%201%20Part%20B~Resources~Appeals~Claim%20Corrections%20and%20Appeals:%20Tips%20for%20Faster%20Service?opendocument](http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Jurisdiction%201%20Part%20B~Resources~Appeals~Claim%20Corrections%20and%20Appeals:%20Tips%20for%20Faster%20Service?opendocument) for tips for faster service. Include a copy of your original remittance notice and any other written communication from the previous contractor, such as an automated development request (letter), with all written requests for reopenings and redeterminations.

**ANCO encourages members to review the**

**Palmetto/J1MAC Local Coverage Determination (LCD) for filgrastim, sargramostim, and pegfilgrastim** for updated coding requirements. NHIC/Medicare did not have a policy; Palmetto/J1MAC has promulgated a policy (visit [www.cms.hhs.gov/mcd/viewlcd.asp?lcd\\_id=28259&lcd\\_version=10&show=all](http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd_id=28259&lcd_version=10&show=all)) that requires the use of ICD-9-CM diagnosis code V66.2 rather than 288.x.

**The ICD-9-CM coding guidelines have been updated and are now available** on the *National Center of Health Statistics Website* ([www.cdc.gov/nchs/dataawh/ftpser/ftp/cd9/ftp/cd9.htm#guidelines](http://www.cdc.gov/nchs/dataawh/ftpser/ftp/cd9/ftp/cd9.htm#guidelines)). Changes to ICD-9-CM went into effect October 1<sup>st</sup>. ASCO has compiled a list of oncology-related changes at [www.asco.org/ASCO/Downloads/Cancer%20Policy%20and%20Clinical%20Affairs/MMA%20Regulations%20and%20Resources/2009%20Oncology%20ICD-9-CM%20Code%20Updates.pdf](http://www.asco.org/ASCO/Downloads/Cancer%20Policy%20and%20Clinical%20Affairs/MMA%20Regulations%20and%20Resources/2009%20Oncology%20ICD-9-CM%20Code%20Updates.pdf).

**CMS will host a series of national provider calls that will provide an overview of ICD-10 and how it differs from ICD-9-CM.** The presentations will include the major impacts providers should consider when planning to update any systems with ICD-10 codes. For the provider, this overview will help them think about future reporting, system updates, and training, considering that ICD-10 may be implemented in the future. The national provider call for physicians is scheduled for November 17<sup>th</sup> (registration information forthcoming). For those who are unable to attend, a transcript will be posted at [www.cms.hhs.gov/ICD10](http://www.cms.hhs.gov/ICD10) shortly after the conference call.

**CMS has published most of the edits utilized in its *Medically Unlikely Edit (MUE) Program* to improve the accuracy of claims payments.** CMS established the MUEs to reduce payment errors for Medicare Part B claims. Claims processing contractors utilize these edits to assure that providers and suppliers do not report excessive services. The edits are applied during the electronic processing of all claims. View the MUEs at [www.cms.hhs.gov/NationalCorrectCodInitEd/08\\_MUE.asp#TopOfPage](http://www.cms.hhs.gov/NationalCorrectCodInitEd/08_MUE.asp#TopOfPage).

## EDUCATION

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

### *Additional Education Meetings*

Other meetings of possible interest to ANCO member practices are:

October 20<sup>th</sup>-21<sup>st</sup>

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

November 4<sup>th</sup>

*Mantle Cell Lymphoma: Advances in Biology and Treatment*  
Cancer Care  
Telephone Education Workshop

November 20<sup>th</sup>-21<sup>st</sup>

*5<sup>th</sup> International Conference: Integration Across the Spectrum of Cancer Care*  
Society for Integrative Oncology  
Atlanta

January 15-17<sup>th</sup>, 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](http://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*

ANCO suffered an interruption to its website, e-mail, and ListServ at the end of September. We have moved to a new host and reestablished an operational website ([www.anco-online.org](http://www.anco-online.org)), e-mail address ([execdir@anco-online.org](mailto:execdir@anco-online.org)), and ListServ. However, the e-mail addresses of all previous ListServ subscribers were deleted. Therefore, **you must re-subscribe to the ListServ in order to continue e-receiving messages from ANCO. To resubscribe, visit [www.anco-online.org](http://www.anco-online.org) and follow the links or visit [www.anco-online.org/ListServ/mail.cgi/list/anco](http://www.anco-online.org/ListServ/mail.cgi/list/anco).** Thank you for your patience during this interruption of service.

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](http://anco-online.blogspot.com) (see below). **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](http://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](http://anco-online.blogspot.com) (or subscribe to [anco-online.blogspot.com/feeds/posts/default](http://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 16<sup>th</sup>. Please call José Luis González, *ANCO Executive Director*, at (415) 472-3960 if you wish to participate in a future meeting.

### *Individual Member News*

Peter Paul Yu, M.D., a past ANCO *President*, has been nominated to the ASCO *Board of Directors*. In addition, Barbara L. McAneny, M.D., has been nominated to the ASCO *Nominating Committee*. ANCO urges you to vote for Drs. McAneny and Yu during the ASCO *Board* election.

*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 7<sup>th</sup>. Additional copies are available from the ANCO office upon request. **An updated online (.pdf) edition is available at [www.anco-online.org/pubs.html](http://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* Klaus Hoffmann, M.D.

## ALPHABETICAL DIRECTORY OF NURSE & OFFICE MANAGER CONTACTS

*Changed* Stevi Dale, Pam Mayhew, Deb Shearer,  
Catherine Stormo

### 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](http://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.

**The Kaiser Permanente Oncology Trials Program is sponsoring a Research Symposium on Saturday, November 8<sup>th</sup> at 8AM** at the Jack London Square (Oakland) *Waterfront Plaza Hotel*. The *Symposium* features faculty from TPMG as well as the Mayo Clinic, NCI, Stanford, and UCLA. For additional information and to register (\$75 for non-TPMG MDs; \$50 for non-TPMG RNs), please contact Desiree Goldstein, R.N., at (707) 651-2798 or [desiree.goldstein@kp.org](mailto:desiree.goldstein@kp.org).

### 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](http://med.stanford.edu/seminars/cmecalendar.do)
- [www.ucdmc.ucdavis.edu/cme/conferences](http://www.ucdmc.ucdavis.edu/cme/conferences)
- [www.cme.ucsf.edu/cme](http://www.cme.ucsf.edu/cme)

The **10<sup>th</sup> Annual UCSF/UCD Thoracic Oncology Conference** takes place in San Francisco on November 8<sup>th</sup>. Visit [www.cme.ucsf.edu/cme/CourseDetail.aspx?coursenumber=MSU09004](http://www.cme.ucsf.edu/cme/CourseDetail.aspx?coursenumber=MSU09004) for more information.

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

UCSF's **Innovations in Prostate Cancer: What's New, What's Next** takes place at San Francisco on February 13<sup>th</sup>-14<sup>th</sup>, 2009. Visit [www.cme.ucsf.edu/cme/CourseDetail.aspx?coursenumber=MUR09001](http://www.cme.ucsf.edu/cme/CourseDetail.aspx?coursenumber=MUR09001) for more information.

**Stanford's 11<sup>th</sup> Annual Multidisciplinary Management of Cancers: A Case-based Approach (formerly the Northern California Tumor Board at Silverado)** will be presented on March 20<sup>th</sup>-22<sup>nd</sup>, 2009. For more information, to register, or to submit a case study, visit [cancer.stanford.edu/calendar/events/2008/ammc.html](http://cancer.stanford.edu/calendar/events/2008/ammc.html) or contact Jennifer Schafer at (650) 724-2288 or [schafer@stanford.edu](mailto: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 • OneOncology*  
*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.

**ANCO has learned that *Genentech BioOncology* and *OSI Pharmaceuticals* have notified healthcare professionals that cases of hepatic failure and hepatorenal syndrome, including fatalities, have been reported during use of Tarceva, particularly in patients with baseline hepatic impairment. Patients with hepatic impairment receiving Tarceva should be closely monitored during therapy and the product should be used with extra caution in patients with total bilirubin >3x ULN.**

***Lilly Oncology* informs ANCO that it has received approval from the *United States Food and Drug Administration* (FDA) for the use of Alimta, in combination with cisplatin, in the first-line treatment of locally-advanced and metastatic non-small cell lung cancer (NSCLC), for patients with nonsquamous histology. Alimta is not indicated for treatment of patients with squamous cell non-small cell lung cancer. This marks the third indication for Alimta (in combination with cisplatin as a treatment for patients with malignant pleural mesothelioma**

whose disease is unresectable or who are otherwise not candidates for curative surgery, and as a single agent for the second-line treatment of patients with locally-advanced or metastatic non-small cell lung cancer after prior chemotherapy treatment).

***Pfizer Oncology* will host a meeting entitled *Integrating Clinical Pathways in Oncology Practice* with *Linda Bosserman, M.D., President, Wilshire Oncology Medical Group*, on November 13<sup>th</sup> at the *Hotel Nikko* in San Francisco. Dr. Bosserman will provide a rationale for clinical pathways; describe their development and implementation; and, discuss the evaluation and outcomes associated with clinical pathways in oncology practice. Resources for oncologists to use to integrate clinical pathways into their practice will also be described and discussed. For more information and to register, please contact your *Pfizer Oncology* representative.**

***US Oncology Physician Services* invites ANCO members to participate in the *Importance of Oral Therapies in Oncology* webcast scheduled for October 17<sup>th</sup> at 9AM. The interactive webcast will discuss the impact of oral oncolytics on the practice and patient, managing oral medications, patient adherence and safety, and strategies for enhancing quality care. Visit [www.opspharmacist.com/opes](http://www.opspharmacist.com/opes) for more information and to register.**

***US Oncology Physician Services* 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 25<sup>th</sup>, in San Francisco. Visit [comp08.eventcenterlive.com/cfm/ec/register/reg.cfm?BID=18&RegID=04DF1F7A](http://comp08.eventcenterlive.com/cfm/ec/register/reg.cfm?BID=18&RegID=04DF1F7A) for more information and to register.**

### ***Publications, Services, & Surveys***

**The *Association of Community Cancer Centers* (ACCC) and *Covance Market Access Services*, have released *Impact of Payer Coverage and Reimbursement Policies on Off-Label Use of Anticancer Therapies*. The *Pharmaceutical Research and Manufacturers of America* (PhRMA), and the *Biotechnology Industry Organization* (BIO) also helped develop the survey. 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](http://www.accc-cancer.org/public_policy/pdf/off-label_survey_report_2008.pdf) to read the entire report.

**ASCO has expanded its tools to improve documentation and coordination of cancer treatment and survivorship care by developing a "generic" chemotherapy treatment plan and summary template that can be customized for almost any cancer diagnosis.** Developing a generic template was an important step for community practices that see patients with a variety of diagnoses. The new generic cancer treatment plan and summary template joins breast and colorectal cancer treatment templates, which have been available online at [www.asco.org/treatmentsummary](http://www.asco.org/treatmentsummary) since 2007. ASCO is continuing to develop and test treatment plans and summaries for additional cancer diagnoses, including several lung cancer

templates that will be available this summer. The goal of all of the cancer treatment plans and summaries is to improve patient treatment across health care settings by facilitating communication among oncologists, patients, and other care providers. Some of the core elements of every treatment plan and summary include:

- The patient's diagnosis, including the cancer site, histology, and stage.
- A summary of the chemotherapy and other treatment that is planned and actually delivered.
- The reason treatment was stopped or modified, if relevant.
- Information on appropriate follow-up care and relevant providers.
- Information on evidence-based survivorship and surveillance guidelines from ASCO.

The oncologist should complete the chemotherapy treatment plan before the patient begins receiving chemotherapy, to map out the patient's planned treatment. After treatment is complete, the treatment summary will describe what care the patient actually received. The patient can keep these documents and share them with the doctors and other medical professionals who provide their follow-up care. Oncologists who are currently using the templates in their practices report positive results, indicating that patients like receiving the treatment plans and summaries because it helps them to better understand the treatment they have received, as well as clearly outlining the steps they need to take for their follow-up care. ASCO also is developing strategies to incorporate these templates into oncology electronic health record (EHR) systems. All ASCO treatment plan and summary templates are published in modifiable forms, allowing oncologists to customize and adapt them to suit their own practices. The treatment plan and summary are not intended to replace detailed chart documentation, including complete patient histories or chemotherapy flow sheets. No single treatment plan can be appropriate for all patients; treating oncologists assume responsibility for tailoring the treatment summary to meet individual patient's needs.