

# ANCO FAX News

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## INTRODUCTION

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

The *ANCO FAX News* is sent to member practices (via FAX) and Corporate Member contacts (via e-mail). The next regular *ANCO FAX News* will be published on February 29<sup>th</sup>. Comments on and contributions to the *ANCO FAX News* are always welcome and encouraged at ANCO, P.O. Box 151109, San Rafael, CA 94915-1109; Voice: (415) 472-3960; FAX: (415) 472-3961; execdir@anco-online.org.

## ADVOCACY

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

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

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

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

**ASCO has sent a letter to CMS asking it to clarify its instructions to carriers on how to implement the ESA NCD.** ASCO's primary concern is a statement in carrier instructions declaring that claims for ESA use should always be denied "when a hemoglobin of 10g/dL or greater or hematocrit of 30% or

**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.

greater is reported.” This instruction is not consistent with certain provisions in the NCD. ASCO is asking that the transmittal and related policy guidance issued by CMS be corrected as soon as possible to avoid further confusion.

**In a national poll of medical oncologists and hematologists conducted by *US Oncology* and the *KJT Group*, 91% reported the occurrence of adverse patient events in the 12-week period following the implementation of CMS’s ESA NCD. Among the adverse outcomes reported were:**

- 73% Potentially avoidable transfusions
- 65% Patient remained symptomatic of anemia despite ESA use according to the NCD
- 54% Interruption of chemotherapy, dose reduced or changed due to anemia
- 39% ESA treatment terminated due to failure to meet the mandated Hgb response rates within 8 weeks

Thirty percent of the respondents had found it necessary, under NCD-mandated ESA use, to reduce or modify chemotherapy treatments. On average, responding oncologists estimate that one of every five Medicare patients had their chemotherapy altered to a less than optimal regimen, and 43% reported that they had had to modify the chemotherapy regimens for as many as 30% of their Medicare patients. The physicians also voiced their strong consensus (78% completely or somewhat agreed) that the current NCD guidelines impact the quality of care they are able to deliver to their patients. Visit [www.legislink.com/site/DocServer/ESA\\_\\_12108\\_Final\\_Report.pdf?docID=5082](http://www.legislink.com/site/DocServer/ESA__12108_Final_Report.pdf?docID=5082) to read the full survey report.

**ASCO continues to seek member feedback on CMS’s ESA NCD and its implementation.** Please provide your input on the following questions:

- How has CMS’s ESA NCD affected your practice?
- How is your practice implementing the policy in terms of tracking and documentation?

- What concerns do you have about implementing the policy?
- What additional clarification on the policy is needed?

Please e-mail your responses to [practice@asco.org](mailto:practice@asco.org). For more information, please contact ASCO’s *Cancer Policy & Clinical Affairs Department* at (704) 299-1050 or [publicpolicy@asco.org](mailto:publicpolicy@asco.org).

**ANCO and ASCO continue to work towards ensuring that people with cancer have access to quality cancer care in the community.** Practice resources are available at [www.anco-online.org](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. (Also visit [www.asco.org/janaudiocall](http://www.asco.org/janaudiocall) for additional materials and a downloadable recording of the presentation.)
- The January 2008 quarterly update for the *Average Sales Price (ASP) Medicare Part B drugs pricing file*.

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

### ***CMA, MOASC, and State Legislative & Regulatory Issues***

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

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

- The staggering state budget problem has caused the *Legislature* to consider further cuts to FY2008’s budget, in addition to the massive cuts being negotiated for FY2009. This week, the *Assembly* and *Senate* discussed a 10% DHS/MediCal reimbursement rate reduction as part of the overall budget package. The *Budget Committees* of both *Houses* voted on two rounds of cuts and the full *Assembly* and

Senate are expected to vote on the cuts by the end of the week.

### **NHIC/Medicare, DHS/MediCal, & Private Payors**

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

**Effective January 1<sup>st</sup>, there are new claims submission requirements for the administration of physician administered anti-anemia drugs or ESAs (J0881, J0882, J0885, J0886 or Q4081) used in the treatment of cancer. The hematocrit or hemoglobin level should be reported in item 19 of the Form CMS-1500. For electronic claims (837P), providers should report the hemoglobin or hematocrit readings in Loop 2400 MEA segment (i.e., MEA01=TR (for test results); MEA02=R1 (for hemoglobin) or R2 (for hematocrit); and, MEA03=the test results). The test results shall be entered as follows: TR=test results (slash), R1=hemoglobin, or R2=hematocrit (slash), and the most current numeric test result figure up to 3 numerics and a decimal point[xx.x]). For example, for hemoglobin tests, TR/R1/9.0; for hematocrit tests, TR/R2/27.0. Effective January 1<sup>st</sup>, all non-ESRD claims billing HCPCS J0881 and J0885 must also begin reporting one of the following modifiers:**

- Modifier EA—ESA, anemia, chemo-induced
- Modifier EB—ESA, anemia, radio-induced
- Modifier EC—ESA, anemia, non-chemo/radio

ESAs administered for more than one of the indicated therapies are to be billed as separate line items. Only one of the three ESA modifiers may be reported at the line item level. Providers should continue to utilize modifier EJ to report subsequent administrations of ESAs. According to NHIC/Medicare:

- They are now able to accept the new modifiers and billing information.
- Radio-induced anemia is not a covered indication for ESAs. Nonetheless, use the EB modifier if a beneficiary has

supplemental insurance that may pay for the use of ESAs for radio-induced anemia.

- Modifier EJ is not used on the initial dose of the ESA, but is used on any subsequent dose.
- NHIC/Medicare's ESA coding/billing article may be viewed at [www.medicarenhic.com/providers/articles/esacoverage\\_0108.pdf](http://www.medicarenhic.com/providers/articles/esacoverage_0108.pdf). It is listed under the Education Articles> Drugs, Biologicals, Pharmacology section.

**As of March 1<sup>st</sup>, all providers must include an NPI on their claims or the claims will reject.** If providers have not yet applied for an NPI, they need to do this soon. Those who must complete a provider enrollment 855 form to have their legacy numbers properly cross-walk to their NPI should do so immediately. Although over 95% of California Medicare providers have obtained their NPI, many are still not submitting claims with it. Current EDI informational statistics reflect that 25% of Northern California providers have not yet used their NPI. According to CMS, your Medicare fee-for-service claims must include an NPI in the primary fields on the claim (i.e., the billing, pay-to, and rendering fields). You may continue to submit NPI/legacy pairs in these fields or submit only your NPI on the claim. You may not submit claims containing only a legacy identifier in the primary fields. Failure to submit an NPI in the primary fields will result in your claim being rejected or returned as unprocessable. Until further notice, you may continue to include legacy identifiers only for the secondary fields. For complete NPI information, visit [www.cms.hhs.gov/NationalProvIdentStand](http://www.cms.hhs.gov/NationalProvIdentStand). To apply for an NPI online, visit [nppes.cms.hhs.gov](http://nppes.cms.hhs.gov) or call the NPI enumerator to request a paper application at (800) 465-3203.

**DHS/MediCal records indicate that almost 50% of providers have not registered their NPIs.** As a result, electronic claims submitted through Computer Media Claims (CMC) cannot be accepted for processing. **To ensure uninterrupted claim payments, all providers must register their NPI with DHS/MediCal as soon as possible.** Notifications are being made to the submitters, billers, and/or clearinghouses; however, it is the provider's responsibility to ensure that their NPI is registered with DHS/MediCal. Once NPI

registration is completed, claims previously submitted without NPIs must be submitted again. Providers can register their NPI with DHS/MediCal using the National Provider Identifier Collection (NPIC) tool on the DHS/MediCal website or through hardcopy or bulk registration. Providers who obtained subpart NPIs from NPPES must register each NPI with the appropriate DHS/MediCal provider number at a one-to-one ratio. Failure to use the corresponding NPI registered for a DHS/MediCal provider number may result in denial of claims. For more information or assistance please contact the NPI Helpdesk at (800) 541-5555 (option 16 and then option 18 for NPI registration).

**UnitedHealthcare has announced that, effective March 15<sup>th</sup>, it will base its benefit coverage for chemotherapy drugs used in outpatient settings on the National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium.**

Previously, UnitedHealthcare based its chemotherapy-drug policies on a range of medical literature resources. UnitedHealthcare will update its chemotherapy-drug policies in conjunction with monthly updates made by the NCCN to its Compendium. UnitedHealthcare is currently communicating this change in drug policy regarding use of the Compendium to its network of physicians. Complete information is available on the company's physician portal at [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com). In response to several ANCO & CMA inquiries, Lee Newcomer, M.D., United Healthcare provided the following additional information:

1. Does the NCCN Compendium supersede all of UHC's coverage policies or will it only be used to adjudicate "off-label" coverage or cases where no policy currently applies? *It supersedes all coverage policies for cancer chemotherapy. If a policy fails to meet the NCCN criteria, a medical reviewer will then consider state insurance mandates and the employer policies before making a final decision. However, the NCCN Compendium covers about 87% of the chemotherapy claims we receive today.*
2. If a physician starts treating a patient with one NCCN protocol and then the Compendium is updated and that protocol

is no longer "covered", will the physician need to change that patient's treatment? *No. The coverage determination is made at the time of initial treatment and will be continued until the patient shows progression. The attending physician, however, may want to reconsider the treatment recommendation if NCCN removes the recommendation. NCCN rarely removes any recommendation and if they do so it's because the literature suggests some harm from therapy.*

3. Will new drugs not be covered until the NCCN Compendium is updated? Will physicians not be able to use new FDA-approved drugs until they are listed in the compendium? *We could not find a single example of an FDA approval that wasn't already recommended in the Compendium. The panels are usually considering the evidence far ahead of the FDA. Any FDA indication would be approved by UHC regardless of the NCCN Compendium recommendation, but we believe this will never happen. Off label indications will not be approved until the NCCN recommends usage. The NCCN Compendium updates their recommendations faster than any other source according to a recent CMS review of all compendia.*

4. Checking the NCCN database does not provide a guarantee of payment or benefits. So, in addition to verifying the drug classification through NCCN, the physician will also want to continue to verify eligibility and benefits through UHC. The policy change adds an extra step to the administrative process. *Incorrect. This policy will make the process faster. Eligibility can be confirmed online without wait times. Chemotherapy coverage policy previously required a phone call with wait times—it can now be confirmed online at [www.nccn.org](http://www.nccn.org) in less than one minute. We expect a significant reduction in the number of phone calls for oncologists with this policy.*

5. When asked whether UHC had solicited feedback from the oncology community regarding this change, we

were advised that they had run it through their *Scientific Advisory Board* for oncology issues. UHC stated that several ANCO and ASCO members participate on the UHC *Scientific Advisory Board*. We did discuss this with our *Oncology Scientific Advisory Board* and the larger UHC *Physician Advisory Board*. We also discussed this policy twice with the national staff at ASCO who viewed the change favorably (we do not ask for endorsements).

## EDUCATION

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

### ASH Highlights 2007

ANCO's *ASH Highlights 2007* took place on Wednesday evening, February 6<sup>th</sup> at the *Hotel Nikko* in San Francisco. Faculty from *UC Davis* (Joseph M. Tuscano, M.D.) and *UC San Francisco* (Lloyd E. Damon, M.D., Lawrence D. Kaplan, M.D., and Charles A. Linker, M.D.) reviewed the clinically most important research results presented at December's *ASH Annual Meeting*. This meeting was moderated by Jeffrey L. Wolf, M.D., *UC San Francisco*, and accredited by *Indiana University*. The presentations are now available at [www.anco-online.org/ash.html](http://www.anco-online.org/ash.html).

### Breast Cancer: Finding Answers to your Questions

ANCO is a collaborating partner in the 7<sup>th</sup> *Annual Allison Taylor Holbrooks/Barbara Jo Johnson Breast Cancer Conference for Survivors, Family, Friends, and Medical Professionals* entitled *Breast Cancer: Finding Answers to your Questions*. This meeting will take place on Saturday, March 1<sup>st</sup>, at the *Golden Gate Club* (The Presidio), San Francisco. New and practical information about living with a diagnosis of breast cancer will be presented. For more information and to register, visit [www.nccc.org](http://www.nccc.org).

### Additional Education Meetings

Other meetings of possible interest to ANCO member practices are:

February 19<sup>th</sup>  
*I Have Had Many Treatments for Metastatic Breast Cancer: What's New For Me?*  
CancerCare  
Telephone Education Workshop

February 20<sup>th</sup>  
*Medical Update on Bladder Cancer*  
CancerCare  
Telephone Education Workshop

March 5<sup>th</sup>  
*Living with Metastatic Colorectal Cancer: Update from the 2008 American Society of Clinical Oncology (ASCO) Gastrointestinal Cancers Symposium*  
CancerCare  
Telephone Education Workshop

March 7<sup>th</sup>  
*Advances in the Treatment of Dry Mouth (Xerostomia)*  
CancerCare  
Telephone Education Workshop

March 11<sup>th</sup>  
*Caring for Your Bones When You Have Prostate Cancer*  
CancerCare  
Telephone Education Workshop

March 13<sup>th</sup>  
*Treatment Update on Glioblastoma*  
CancerCare  
Telephone Education Workshop

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

## ASSOCIATION NEWS

### ANCO President's Notes

[Editor's Note: ANCO President Richard Bohannon, M.D., will regularly contribute his thoughts on ANCO's current activities and services.]

*Executive Director* José González and I recently visited staff and toured *Genomic Health* in Redwood City. Staff at *Genomic Health* analyze fixed breast cancer tissue preparations for Oncotype Dx which enables oncologists to know if ER+, LN- breast cancer patients treated with Tamoxifen are at high or low risk for recurrent disease. Low risk category patients may be

exempted from receiving cytotoxic chemotherapy. ASCO clinical practice guidelines now include use of Oncotype Dx (where appropriate). Reimbursement for Oncotype Dx is now a covered benefit for patients with *Medicare*, *Medicaid*, *Blue Shield*, *Kaiser*, and other health plans that insure an estimated 145M women. However, it is unclear why Oncotype Dx's coverage is severely limited for *Blue Cross/Wellpoint* (California) beneficiaries. ANCO will address *Blue Cross's* limited coverage policy in the near future.

### Board of Directors

The ANCO *Board of Directors* teleconferenced on February 13<sup>th</sup> to discuss and/or act upon the following issues:

- ANCO's *Private Payor Claims Processing Survey* results
- Breast Disease Screening legislation
- UHC & NCCN *Compendium*
- Group Membership for *Kaiser Permanente Medical Group* hematologists/oncologists
- ASCO *Clinical Practice Committee & ACCC Presidents Retreat*
- Transitioning to all e-mail communication with members.

Contact the ANCO office for additional information on any of these items.

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 April 15<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

ANCO member Sarah Conlon, M.D., *University of California, Davis*, has received an *ASCO 2008 Genitourinary (GU) Cancers Symposium Merit Award* for her notable

research contributions in genitourinary cancers. The *ASCO Cancer Foundation Merit Awards* are designed to further promote clinical research by young scientists.

*The ANCO Directory of Members 2007* was published and mailed to ANCO physician members; nurse and office manager contacts; and, Corporate Member representatives at the end of June 2007. Additional copies are available from the ANCO office upon request. Please verify your *Directory* entry and contact the ANCO office with any corrections, additions, and/or deletions. The next *Directory* will be published in June 2008.

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

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Navneet Dhillon, M.D.

Anne Finkbeiner, M.D.

Terence Friedlander, M.D.

Andrew Hsieh, M.D.

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**DRUG REIMBURSEMENT  
 ASSISTANCE PROGRAMS**

**Genentech BioOncology**

*Genentech Access Solutions*  
[www.biooncologyaccessolutions.com](http://www.biooncologyaccessolutions.com);  
*Avastin, Herceptin, Rituxan, Tarceva*  
*Genentech Access Solutions* provides one-stop access to a broad array of reimbursement information, and support and services for patients so that they can focus on treatment. In addition to providing information about co-pay assistance through independent public charities, *Genentech Access Solutions* can also help with common reimbursement challenges, insurance appeals and coverage denials, and referrals to the

*Genentech Access to Care Foundation*. For coverage and reimbursement services, visit [www.genentechaccessolutions.com/docs/av/ASEEnrollment.pdf](http://www.genentechaccessolutions.com/docs/av/ASEEnrollment.pdf) for patient assistance, visit [www.genentechaccessolutions.com/docs/av/GATCFEnrollment.pdf](http://www.genentechaccessolutions.com/docs/av/GATCFEnrollment.pdf).

***Avastin Patient Assistance Program***

(888) 249-4918;  
 FAX (888) 249-4919;  
 6:00AM-5:00PM Pacific Time  
 The *Avastin Patient Assistance Program* is designed to limit the overall annual cost of *Avastin* for eligible patients receiving treatment for FDA-approved indications. Participation in the *Program* provides a voluntary opportunity for physicians and eligible patients who reach an annual charge of 10,000mg to receive free *Avastin* from *Genentech* for the remainder of the 12-month period. The *Program* is open to all patients receiving *Avastin* (regardless of insurance coverage) with a household adjusted gross income of up to \$100,000. Patients must be receiving *Avastin* for an FDA-approved indication.

***Institutional Member News***

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

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

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

- [med.stanford.edu/seminars/cme-all.jsp?qcme=on](http://med.stanford.edu/seminars/cme-all.jsp?qcme=on)
- [www.ucdmc.ucdavis.edu/cme/conferences](http://www.ucdmc.ucdavis.edu/cme/conferences)
- [www.cme.ucsf.edu/cme](http://www.cme.ucsf.edu/cme)

Stanford's **10<sup>th</sup> Annual Multidisciplinary Management of Cancers: A Case-based Approach** (formerly the *Northern California Tumor Board at Silverado*) will be presented by the *Stanford University School of Medicine*

on March 14-16<sup>th</sup>. Tumor boards and panels on breast, gastrointestinal, genitourinary, gynecological, and thoracic cancers; hematological malignancies and lymphoma; and, dilemmas in patient management, ethics, and supportive and palliative care will be presented by faculty from *Stanford University, UC Davis, UC San Francisco*, and the community. 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 • Alexion Pharmaceutical  
AMGEN • AstraZeneca  
Bayer Healthcare Pharmaceuticals  
biogenIDEC  
Bristol-Myers Squibb Oncology  
Celgene • Cephalon Oncology  
Clariant Diagnostics • Eisai  
Enzon Pharmaceuticals  
Genentech BioOncology  
Genitope Corporation • Genomic Health  
Genzyme Oncology • Hospira  
ImClone Systems  
Lash Group Healthcare Consultants  
Lilly Oncology  
McKesson Specialty Oncology Services  
MGI Pharma • Millennium  
Novartis Oncology  
Oncology Pharmaceutical Services  
Oncology Supply/ION • Onmark  
Ortho Biotech • OSI Pharmaceuticals • OTN  
Pfizer Oncology • Pharmion  
Roche Oncology • Sanofi Aventis Oncology  
Schering-Plough Oncology • Vidacare*

We especially wish to thank and welcome *ImClone Systems* as a new Corporate Member in 2008.

**Genentech BioOncology** informs ANCO that **Herceptin** has received an updated indication for the adjuvant treatment of HER2+ breast cancer. In addition to its previous indications, Herceptin is now indicated as a single agent, for the adjuvant treatment of HER2-overexpressing node-negative (ER/PR-negative or with one high-risk feature) or node-positive breast cancer, following multi-modality anthracycline-based therapy. In addition to once weekly dosing in combination with chemotherapy, Herceptin is now indicated for once every three week dosing as a single agent.

**Oncology Pharmaceutical Services (OPS)** invites ANCO members to their next *Oncology Practice Education Series* webcast at 11AM on February 21<sup>st</sup>. *Value of a Pharmacist in an Oncology Practice* will discuss the positive financial impact of a pharmacist in a practice, present community oncology case studies, and allow for open discussion. For more information and to register, please visit [www.opspharmacist.com/opes/](http://www.opspharmacist.com/opes/).

**Onmark** has launch of its *Integrated Quality (IQ) Program* with the goal of helping community-based oncology practices improve the quality of patient care. The *Onmark IQ Program* helps practices track internal regimen utilization, compare their clinical treatment patterns to national standards such as *American Society of Clinical Oncology (ASCO)* and *National Comprehensive Cancer Network (NCCN)* guidelines, and benchmark quality outcomes against peer practices. As a result, practices can identify opportunities to enhance the quality of care they provide to patients and improve the overall efficiency of their practice.

**Sanofi Aventis Oncology** informs ANCO that the *National Comprehensive Cancer Network (NCCN)* has added the docetaxel/cyclophosphamide (TC) regimen to their *Breast Cancer Practice Guidelines* (v.2.2008, BINV-J). In addition, **Sanofi Aventis Oncology** informs ANCO that the *United States Food and Drug Administration* has granted an expanded indication to Taxotere in combination with cisplatin and fluorouracil for the induction treatment of patients with locally advanced squamous cell carcinoma of the head and neck.

## Clinical Trial News

Neil Shah, M.D., UCSF, seeks participants for a Phase 1 dose-escalation study of the safety, pharmacokinetics, and pharmacodynamics of XL228, a new multi-kinase inhibitor that has potent, low-nanomolar activity against BCR-Abl, including the T315I mutation, which has been associated with resistance to imatinib. This is a first in human study aimed at patients with a confirmed pathologic diagnosis of CML (any phase) or Ph+ ALL. Eligible patients will have one of the following: known T315I Bcr-Abl mutation, known resistance to or intolerance of imatinib and dasatinib, or at least one prior anti-leukemia therapy, including, but not limited to, interferon, imatinib, or dasatinib. XL228 is administered as a once-weekly, 1-hour IV infusion. If you have a potentially eligible patient, please contact Dr. Shah's research coordinator at (415) 502-1564.

**CMS has discontinued the QA, QR, and QV modifiers and created two new modifiers to be used solely to differentiate between routine and investigational clinical services** for dates of service on and after January 1<sup>st</sup>:

- Q0 replaces QA and QR for investigational clinical services provided in a clinical research study that is in an approved clinical research study.
- Q1 replaces QV for routine clinical services provided in a clinical research study that is in an approved clinical research study.

Q1 plus V70.7 serves as the provider's attestation that the service meets the Medicare coverage criteria (i.e., was furnished to a beneficiary who is participating in a qualifying clinical trial and represents a routine cost of patient care, including the treatment of complications arising from participation in a qualifying clinical trial). Q1 is reported at the line-item level, and V70.7 (Examination of participant in clinical trial) is reported as the primary diagnosis. In addition, **CMS will modify claims forms to accommodate the 8-digit clinical trial number for claims that Medicare receives on or after April 1<sup>st</sup>.** Reporting this number is voluntary, and claims submitted without the clinical trial number will be paid the

same as claims containing a number.

## Publications, Services, & Surveys

***Oncology Metrics* invites you to participate in the first annual *National Practice Benchmark*.**

This survey will provide important and meaningful data for you to use to manage your oncology practice. All participants that complete Sections 2 and 3 of the survey will receive an electronic version of the complete survey report. Practices that complete Sections 1, 2 and 3 will also receive a personalized practice benchmarking report, the *Oncology Practice Barometer*. Download and review the survey data requirements at [www.oncomet.com](http://www.oncomet.com) before logging on to the survey website at [https://www.surveymonkey.com/s.aspx?sm=ZE03fumFrk5oNvgzrcdlPQ\\_3d\\_3d](https://www.surveymonkey.com/s.aspx?sm=ZE03fumFrk5oNvgzrcdlPQ_3d_3d). The individual data that you provide in the survey is absolutely confidential and will never be disclosed. If you have additional questions, please call *Oncology Metrics* at (817) 333-0142.

The January/February (Vol. 23, No. 1) issue of ACCC's *Oncology Issues* features three perspectives (i.e., from an oncologist, an oncology practice administrator, and a payor) on the future of cancer care. Visit [www.accc-cancer.org/ONIS/onis\\_archives.asp](http://www.accc-cancer.org/ONIS/onis_archives.asp) to view these articles.

## Membership Dues for 2008

**Second notices of membership renewal were mailed the week of February 11<sup>th</sup>. If you have not yet done so, then please return your 2008 membership dues to ANCO now to ensure your inclusion in *The ANCO Directory of Members 2008*. Be sure to provide ANCO with the name(s) of office and/or nurse manager contact(s).** Those not renewing their membership by June 1<sup>st</sup> will be deleted from the *Directory of Members*, and will no longer be eligible for any ANCO benefits. Contact the ANCO office if you did not receive or misplaced your membership dues renewal notice.