

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 September 25th. 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.]

ANCO and ASCO are deeply concerned with CMS's proposed Medicare Physician Fee Schedule for 2010. Analyses indicate that there could be reductions in overall payments to medical oncologists in the range of 6%, with steeper cuts in payments to radiation oncologists of 10% if all proposed changes are implemented. Payments for

**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.

IV chemotherapy infusion services would be cut by more than 20% if these proposals are finalized. CMS's proposed reduction is based on a survey that grossly underrepresents practicing oncologists and that in no way reflects the true costs to practices. In addition, CMS has proposed eliminating payments for consultation codes and instead classifying consultations as E&M visit codes without providing a full discussion of the impact of this decision on specialties like oncology. ACCC's, ASCO's, and ASH's analyses of the proposed fee schedule are available at www.anco-online.org/mma.html.

Please take the following actions to communicate how cuts to Medicare will hinder patient access to care:

- **Ask your *Congressional Representatives* to sign onto the González/Rogers "Dear Colleague" letter** (available at www.asco.org/ASCOv2/Department%20Content/Cancer%20Policy%20and%20Clinical%20Affairs/Downloads/Policy%20Issues/Medicare%20and%20Quality%20Care/Gonzalez%20Rogers%20Dear%20Colleague%20Letter%20073009.pdf) urging their colleagues to join them in signing a letter to *Health and Human Services Secretary Kathleen Sebelius* expressing deep concern about the proposed cuts to oncology in the Medicare fee schedule and asking CMS to abstain from using the flawed data that justify the cuts.
- **Complete the *Components of Care Study* survey** (available at www.communityoncology.org/components-of-care-example/) designed to identify and quantify the clinical and operational components of cancer care delivery. The results will be used to demonstrate the complexity of cancer care delivery, as well as provide specific data on appropriate payment for services. The survey was developed by *Avalere Health* with the *Community Oncology Alliance*.
- **Use the *Community Oncology Alliance* tool to estimate the impact of the changes on your practice.** The tool is

available at www.communityoncology.org/calculate-the-impact-of-planned-medicare-cuts-on-your-practice/. If you have any questions about using the tool, please contact Ricky Newton at rnewton@tidewatercancer.com.

- **Share your story with ASCO.** It will be very helpful to provide specific examples and real-life stories to *Congress*, CMS, and the media about the impact that the fee schedule cuts will have on your practice and your patients. Please send any comments you would like to share about the effects cuts to Medicare are having on your practice to publicpolicy@asco.org.

ANCO's letter to *Speaker Pelosi* reads, in part, as follows:

The *Association of Northern California Oncologists* (ANCO) urges you to sign on to the letter from *Representatives Gonzalez and Rogers* to *Secretary Sebelius* expressing serious concern with the proposal from the *Centers for Medicare and Medicaid* (CMS) to cut Medicare payments to physicians who manage the treatment of patients with cancer.

ANCO is the state oncology society for northern California. It represents the interests of 370 hematologists/oncologists throughout northern California, comprised of 144 community-based hematologists/oncologists; 135 academic hematologists/oncologists at *Stanford University*, *UC Davis*, and *UC San Francisco*; and, 83 hematologists/oncologists at *The Permanente Medical Group*. The 144 community-based hematologists/oncologists are located in communities throughout northern California. The average member practice size is 2.1 physicians per practice with 64 of the 75 practices having 3 or fewer physicians. Indeed, 50 of the 75 practices are solo practices.

CMS is proposing to cut services provided by hematologists/oncologists by

6% overall and as much as 20-40% for some services, including chemotherapy administration. Medicare patients represent approximately 50% on average of a community-based hematology/oncology patient population. If CMS's proposal stands, the ability of hematologists/oncologists to provide vital medical services to patients suffering from cancer will be placed at risk. Recent Medicare payment reform has already resulted in hematologists/oncologists having to pay more for drugs than they are reimbursed by Medicare due to the flawed Average Selling Price (ASP) formula. The proposed cuts will make it even harder to provide service to the patients they treat. Indeed, one ANCO member solo practice has already had to close and leave California in 2009. With increased expenses, decreased reimbursements, and lack of leverage to negotiate better service reimbursement from private payers and lower drug prices from manufacturers, small hematology/oncology practices simply cannot survive. Several other member practices have cut back their hematology/oncology services or left the specialty all together.

The proposed CMS payment cuts are based on a flawed survey that comes to the erroneous conclusion that the cost of hematology/oncology services dropped substantially over the last five years. This is simply not the case. This flawed survey had a sample size of only 55 hematologists/oncologists and is not representative of the realities of a hematology/oncology practice. In fact, CMS admits that the survey failed to meet fundamental standards established by CMS for the use of such surveys. Why, then, would CMS use flawed data to make payment cuts to hematologists/oncologists?

CMS's proposed cuts will profoundly hurt hematology/oncology's ability to provide care for people with cancer. In northern California, the proposed cuts

will likely threaten the existence of additional solo/small hematology/oncology practices and, thereby, threaten the access to cancer care of people with cancer in suburban and rural areas. With an increasing number of people being diagnosed with cancer, any threat to reduce the number of hematologists/oncologists cannot stand.

ANCO urges you to sign the Gonzalez/Rogers letter to *Secretary Sebelius* strongly recommending against finalizing the CMS proposal.

ASCO's *Cancer Policy and Health Care Priorities*, webpage (available at www.asco.org/policypriorities) provides information on action ASCO is taking to fight the fee schedule cuts and to make the voice of the oncologist heard in health care reform debates.

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 reporting options and incentive payments for physicians participating in the PQRI. 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 www.cms.hhs.gov/pqri. The "Spotlight" section on the PQRI webpage is updated frequently and alerts eligible professionals to the newest program information available on the PQRI webpage. **The *American Medical Association (AMA)* has posted **PQRI participation tools**** at www.ama-assn.org/ama/pub/physician-resources/clinical-practice-improvement/clinical-quality/participation-tools-individual.shtml. In addition, ASCO's PQRI website (www.asco.org/pqri) includes relevant links and a table of oncology-related measures.

The *Medicare Improvements for Patients and Providers Act (MIPPA)* authorizes an incentive

program for eligible professionals who are successful electronic prescribers, or “e-prescribers”. The incentive program, which began in January, offers bonuses for e-prescribers, including a 2% increase in Medicare payment in 2009 and 2010, a 1% increase in 2011 and 2012, and a 0.5% increase in 2013. To be eligible for the e-prescribing bonus, the services linked to e-prescribing measures must make up at least 10% of your Medicare charges for the year. After 2013, the bonus program will be phased out and penalties will be assessed for physicians who have not adopted e-prescribing, including a 1% deduction of covered Medicare Part B charges in 2012, a 1.5% deduction in 2013, and a 2% deduction in 2014 and beyond. CMS will post updates to e-prescribing quality measures, such as specifications or reporting instructions, at www.cms.hhs.gov/ERXIncentive/. Medicare’s *Practical Guide to the E-Prescribing Incentive Program* is available at www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Current%20News~Medicare%20Practical%20Guide%20to%20the%20E-Prescribing%20Incentive%20Program%20is%20now%20available%20online!%3Fopendocument. The *Guide* explains the e-prescribing incentive program, how eligible professionals can participate, and how to choose a qualified e-prescribing system. Additional information is available at *eHealth Initiative’s Clinician’s Guide to Electronic Prescribing* at www.ehealthinitiative.org/erx/clinicians.msp (a how-to guide to help physicians make informed decisions about how and when to transition from paper to e-prescribing systems). For additional oncology-specific information, visit ASCO’s e-prescribing website at www.asco.org/eprescribing.

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 at [www.asco.org/ASCO/Practice+Resources/Electronic+Health+Records/EHR+Events/Electronic+Health+Records+\(EHR\)+Lab+at+the+2008+Annual+Meeting?cpsextcurrchannel=1](http://www.asco.org/ASCO/Practice+Resources/Electronic+Health+Records/EHR+Events/Electronic+Health+Records+(EHR)+Lab+at+the+2008+Annual+Meeting?cpsextcurrchannel=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 *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/ehrfieldduide. Finally, ASCO has developed a new EHR social networking site (ehr.ascoexchange.org/) to help oncologists and their practice staff connect and collaborate with other users of EHRs, as well as find information on EHRs and other health information technology tools.

With the American Recovery and Reinvestment Act of 2009 (ARRA) signed into law, now is the time to implement electronic health records (EHR) into your practice. A CMS website (www.cms.hhs.gov/Recovery/11_HealthIT.asp) is now available where you can find information pertaining to the Medicare and Medicaid incentives for EHR adoption, including:

- a CMS fact sheet and questions/answers pertaining to the incentive programs.
- a link to the press release pertaining to the process of defining meaningful use.
- resources on health IT and privacy & security (HIPAA).

ASCO is hosting its 2nd EHR Symposium: Harnessing the EHR—From Incentives to Sustainability, October 6-7th at the San Francisco Marriott. The *Symposium* will prepare you with the knowledge and tools for successful selection and implementation. Program highlights include:

- Budgeting for the EHR
- Personal Health Records
- Implementation and Project Management
- Incentives: Planning for the ARRA Stimulus Package
- EHRs as a Quality Tool

- ROI and Costs
- Physician Compliance

Registration is now open at www.asco.org/ehrsymposium.

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) Council on Legislation, House of Delegates, and specialty delegation. ANCO and MOASC coordinate advocacy activities in California.]

The 2009 Federal economic stimulus package includes \$19B for health information technology (HIT), the vast majority of which will be directed to physicians to subsidize the purchase and usage of electronic health record (EHR) systems. Beginning in 2011, qualifying Medicare providers stand to gain up to \$44,000 under the program; qualifying MediCal providers stand to receive as much as \$64,000. CMA advises physicians to begin the process of assessing their EHR needs, with an eye on what will work best for their specialty, the size of their practice, the stage in their career, and their comfort level with technology. CMA has established a *Health Information Technology (HIT) Resource Center* on the CMA website designed to educate physicians about the HIT subsidies for physicians in the recent Federal stimulus package. Visit www.cmanet.org/hit/ for the latest information focusing on materials to help physicians assess their HIT needs and begin the process of choosing an EHR system that works best for their practices and qualifies them to receive the Federal funds. CMA will also provide materials for physicians and practices that currently use EHR systems to help them know how to qualify for the funds as well.

Palmetto/J1MAC, DHCS/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 DHCS/MediCal in California.]

The Medicare Modernization Act of 2003 established the Medicare Recovery Audit Contractor (RAC) program to identify fraud and

waste in the Medicare system. While the California RAC program officially rolled out on August 9th, CMS has said that physician services will not be targeted for audits until October. Audit contractors are expected to focus on companies and individuals whose billings for these Medicare services are higher than the majority of providers in their communities. Auditors cannot request more than 10 patient records from a practice in any 45-day period. The California Medical Association (CMA) has developed a toolkit to help physicians understand the program and, if necessary, navigate the audit process. The toolkit is available free to CMA members. Palmetto/J1MAC has published an article entitled *Recovery Audit Contractor (RAC) Program* and added a new RAC category under Articles on the Palmetto/J1MAC web site. Visit www.palmettogba.com/palmetto/providers.nsf/vMasterDID/7T6K7W3608?opendocument or www.anco-online.org/MedicareRACs.pdf for more information on the RAC program.

HealthDataInsights (HDI), the Medicare RAC for Region D (that includes California), recently launched its RAC website (at racinfo.healthdatainsights.com) and posted the first group of CMS-approved audit issues for RAC review, including:

- Pegfilgrastim claims not billed with the 6mg unit of service
- Excessive units (IV hydration)

The September edition of the Palmetto/J1MAC Medicare Advisory is now available at [www.palmettogba.com/Palmetto/Providers.nsf/files/J1_Medicare_Advisory_September_Web.pdf/\\$File/J1_Medicare_Advisory_September_Web.pdf](http://www.palmettogba.com/Palmetto/Providers.nsf/files/J1_Medicare_Advisory_September_Web.pdf/$File/J1_Medicare_Advisory_September_Web.pdf). Of specific relevance to oncology, this edition features:

- October 2009 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
- Quarterly Update to Correct Coding Initiative (CCI) Edits
- Part B LCD Updates
- Medicare Part B Medical Records: Signature Requirements, Acceptable and Unacceptable Practices

DHCS/MediCal's eTAR is an easy, effective, fast and free way to submit TARs. Providers that utilize the eTAR application are generally more successful when submitting TARs. Most DHCS/MediCal providers have been activated to use eTAR. To verify access, go to www.medi-cal.ca.gov, select the Transactions tab, and log in with your NPI and PIN. A free DHCS/MediCal seminar where eTAR will be taught is scheduled for Santa Rosa (September 10-11). For more information about Training seminars, please visit the DHCS/MediCal website.

Anthem Blue Cross informs ANCO that it has new or updated policies and clinical utilization management guidelines for:

- GENE.00014: Analysis of KRAS Status in Metastatic Colorectal Cancer (revised to consider this analysis to be medically necessary as a way of predicting treatment response to the anti-EGFR monoclonal antibody cetuximab or panitumumab in patients with metastatic colorectal cancer prior to initiation of cetuximab or panitumaumab. All other applications are considered investigational and not medically necessary including but not limited to routine testing at initial diagnosis)
- CG-DRUG-25: IV versus Oral Drug Administration in the Outpatient and Home Setting (guideline states the IV route of administration for medications that have oral preparations which are bio-equivalent and the individual can tolerate oral intake is considered not medically necessary)

United Healthcare (UHC) has maximum dosage edits for Avastin, Herceptin, Neulasta, Remicade, Rituxan, and Zometa, as follows:

- Avastin: *For treatment of non-small-cell lung cancer only. Maximum dosage per administration of 15mg/kg (158 units)
- Avastin: **For treatment of colorectal or other non-lung cancers. Maximum dosage per administration of 10mg/kg (105 units)

- Herceptin: Maximum dosage per administration of 8mg/kg (84 units)
- Neulasta: Maximum dosage per administration of 6mg (1 unit)
- Remicade: Maximum dosage per administration of 10mg/kg (105 units)
- Rituxan: Maximum dosage per administration of 1,000mg (10 units)
- Zometa: Maximum dosage per administration of 4 mg (4 units)

Avastin, Herceptin, and Remicade edits are dosed on body size. The policy defines the maximum body size as a weight of 105kg and a surface area of 2.22m² (the 95th percentile in the United States). Claims submitted above the maximum dosage for Avastin, Herceptin, and Remicade will be pended for medical claim review to determine whether the dosage is eligible for coverage under the member's benefit plan. Height, weight, and additional clinical information will be requested from the physician and reviewed by the UHC clinical review team.

Did you know that the California has a quick, easy, and free way for physicians to get help with claims payment problems? The *Department of Managed Health Care's (DMHC) Provider Complaint Unit (PCU)* has recovered more than \$16M in additional payments owed by health plans to physicians since it was created in 2005. The DMHC PCU was created as an alternative way for physicians to resolve claims payment issues without having to go to court. An online *Provider Complaint System* evaluates claim reimbursement disputes such as timely submission and payment of claims, failure to pay according to contracts, coding disputes, and enforcement of the provider bill of rights. The PCU investigates and addresses individual claims problems and also systemic unfair payment or billing patterns among health plans. The DMHC is the *State* agency that regulates all California HMOs, and *Anthem Blue Cross* and *Blue Shield* PPOs. If you are a physician and would like to report a problem regarding claims payment, please contact DMHC at (877) 525-1295 or visit www.healthhelp.ca.gov.

EDUCATION

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

ASCO/ONS Highlights 2009

ANCO's *ASCO/ONS Highlights 2009* took place on Saturday morning, August 29th, at *The Claremont Resort* in Oakland and 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 immunotherapy was also presented. Download the presentations at www.anco-online.org/ASCOHL2009.html.

5th Annual Oncology Congress



The *5th Annual Oncology Congress* will take place September 24-26th at the *Hilton San Francisco*. This event is an interactive CME conference providing practicing oncologists with the latest clinical data, best practices, and new technologies that are directly applicable to the practice of oncology today. The *Congress* agenda, faculty, and registration information are available at www.oncologycongress.com. ANCO members can use registration code ANCO09 to activate a special discounted registration rate of \$100. (Please note that in a recent mailing to ANCO members, the *Oncology Congress* incorrectly indicated that registration for this meeting would be complimentary.)

Multiple Myeloma: New Treatment Strategies

ANCO invites hematologists/oncologists to two talks by Rafael Fonseca, M.D., *Mayo Clinic Cancer Center*, on Tuesday, September 29th, *Hotel Nikko*, San Francisco, and Wednesday,

September 30th, *Hyatt Regency*, Sacramento. Meeting announcements will be mailed over the Labor Day weekend and are available online at www.anco-online.org/Fonseca.html.

Additional Education Meetings

Other meetings of possible interest to ANCO member practices are:

September 11-12th
4th Annual Congress: Hematologic Malignancies
National Comprehensive Cancer Network
New York

September 12-16th
Oncology: Clinical Issues and Trends
Contemporary Forums
Washington, D.C.

September 12-16th
Mind-Body Medicine Professional Training Program
Center for Mind-Body Medicine
Washington, D.C.

September 22nd
Medical Update on Metastatic Prostate Cancer
CancerCare
Telephone Education Workshop

September 22nd-25th
26th National Oncology Economics Conference
Association of Community Cancer Centers
(www.accc-cancer.org/meetings/meetings_noed2009.asp)
Minneapolis

September 24th
Update on the Treatment of Liver Cancer
CancerCare
Telephone Education Workshop

October 3rd
San Francisco Lymphoma Workshop
Lymphoma Research Foundation
San Francisco

October 4-7th
29th Annual Oncology Nurses Symposium
Scripps Cancer Center
San Diego

October 8th
Helping Teachers and Educators Support Siblings of Children with Cancer

CancerCare

Telephone Education Workshop

October 8-10th*Breast Cancer Symposium*

American Society of Clinical Oncology

(www.asco.org/ASCOv2/Meetings/Breast+Cancer+Symposium)

San Francisco

December 2nd-8th*51st Annual Meeting*

American Society of Hematology

(www.hematology.org/meetings/2009/program/index.cfm)

New Orleans

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

MEMBERSHIP RESOURCES & 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, ListServ, and Weblog.
- clinical trials information.
- links to affiliated organizations.
- updated physician, nurse, manager, and patient resources.
- updated Corporate Member drug reimbursement and patient assistance program information.

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. To subscribe to the ANCO *Online ListServ*, send an e-mail to ListServ@anco-online.org. The ANCO *Online Weblog* posts and archives important news sent on the *ListServ* for hematology/oncology practices on an almost daily basis.

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 September 15th. Please call José Luis González, *ANCO Executive Director*, at (415) 472-3960 if you wish to participate in a future meeting.

Individual Member News

If you have completed your final subspecialty training between 2000 and 2005 and are interested in becoming a future leader in both ASCO and the practice of oncology, ASCO's *Leadership Development Program* is for you. Participants in the *Program* will learn valuable leadership skills and gain exposure to the roles and mission of ASCO and the *Society's* powerful place in developing the future of cancer care. To apply or learn more about ASCO's *Leadership Development Program*, visit www.asco.org/leadership. All applications must be received by October 13th.

The ANCO Directory of Members 2009 was mailed to ANCO physician members; nurse and office manager contacts; and, Corporate Member representatives the week of August 3rd. Additional copies are available from the ANCO office upon request. A **regularly 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 July 2010.

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.

Kaiser Permanente's cancer trial program in Northern California is 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 initiated an **Institutional Membership** in 2002. *Department(s) of Hematology and/or Oncology* of accredited, degree-granting teaching universities or research institutions are eligible for institutional membership. 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

UCD's **10th Annual Advances in Oncology** takes place at the *Hyatt Regency* in Sacramento on September 12th. Visit www.cancerlearning.com/index.cfm/fuseaction/conference.showOverview/id/5/conference_id/343 for more information.

The **11th Annual UCSF/UCD Thoracic Oncology Conference** takes place in San Francisco on

November 21st. Visit www.cme.ucsf.edu/cme/CourseDetail.aspx?coursenumber=MSU10004 for more information.

For information on **Institutional Member clinical trials**, please visit:

- cancertrials.stanford.edu/
- ccresources.ucdmc.ucdavis.edu/csr/content/clinicaltrialspublicreport.csr
- clinical-trials.ucsf.edu:8000/trials/index.php

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 • Agendia • Alaven
Alexion Pharmaceuticals • Allos Therapeutics
AMGEN • AstraZeneca
Bayer Healthcare/Onyx Pharmaceuticals
biogenIDEC
Bristol-Myers Squibb Oncology
Celgene • Centocor Ortho Biotech
Cephalon Oncology • Eisai
Enzon Pharmaceuticals
Genentech BioOncology
Genomic Health • Genzyme Oncology
GlaxoSmithKline Oncology • ImClone Systems
Lash Group Healthcare Consultants
Lilly Oncology • Merck • Millennium
Novartis Oncology
Oncology Supply/ION • OSI Pharmaceuticals
Onmark,
a McKesson Specialty Care Solutions Company
Pathwork Diagnostics • Pfizer Oncology
Response Genetics • Roche Oncology
Sanofi Aventis Oncology
Spectrum Pharmaceuticals
US Oncology Physician Services
Wyeth Pharmaceuticals • Vidacare*

We especially wish to thank and welcome *Allos Therapeutics*, *Merck*, *Pathwork Diagnostics*, and *Response Genetics* as new Corporate Members in 2009. *Hospira* and *OneOncology* did not renew their Corporate Memberships for 2009.

Please visit www.anco-online.org/assistance.html for **updated Corporate Member drug**

reimbursement and patient assistance program information.

Lilly Oncology informs ANCO that it has adjusted the income eligibility for its most widely used patient assistance programs to allow enrollment of eligible patients with incomes at or less than 300% of the U.S. Federal poverty level. Visit www.lilly.com/responsibility/programs for more information.

Clinical Trial News

ANCO member Robert Weber, M.D., wants to bring the following clinical trial to the attention of the membership:

A Randomized Phase 3 Clinical Trial to Evaluate the Efficacy and Safety of Treatment with OncoVEX^{GM-CSF} Compared to Subcutaneously Administered GM-CSF in Previously Treated Melanoma Patients with Unresectable Stage IIIb-c and IV Disease

Visit www.melanomacenter.com for further information.

Patient News

The *Stanford University School of Medicine* is sponsoring an online program and study with support from the *Stanford Cancer Center* that teaches the skills needed in the day-to-day management of life after cancer and gives patients skills to take control of their health. Patients will learn ways to manage fatigue, difficult emotions, and after effects of cancer treatment. The program/study is now recruiting and enrolling patients. Visit cancersurvivors.stanford.edu for more information and to enroll (or call Katy Plant, Study Manager at 800-366-2624, cancersurvivors@stanford.edu).

Publications, Resources, Services, & Surveys

ANCO's 2009 staff salary survey was mailed to all ANCO community-based physician members and their office/nurse managers at the end of August. Completed surveys (one per practice) should be returned to the ANCO office no later than November 27. Visit [\[online.org/salsrvy.html\]\(http://online.org/salsrvy.html\) to download the survey instrument.](http://www.anco-</p>
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ASCO's *Oncology Practice Insider* is an interactive biweekly communication specifically devoted to oncology practice management issues and for practice managers. Subscribe to the *Oncology Practice Insider* via e-mail to practice@asco.org. Recent issues featured:

- Five Ways to Proactively Prepare Your Staff for the Current List of RAC Targets

The Journal of the National Comprehensive Cancer Network (Volume 7, Number 8) features the *NCCN Clinical Practice Guidelines in Oncology for Colon Cancer and Rectal Cancer*. Visit www.nccn.org/JNCCN/toc/2009september.asp for more information.

NCCN has updated their *Clinical Practice Guidelines in Oncology*, as follows:

- *for Cancer- and Chemotherapy-Induced Anemia* to add references to new meta-analyses that further confirm increased mortality risks associated with ESAs.
- *for Myelodysplastic Syndromes (MDS)* to change the category of evidence and consensus for recommending azacytidine for the treatment of higher risk MDS patients (IPSS risk category INTERMEDIATE-2 and High) to Category 1. Updates also include the addition of azacytidine, decitabine, or participation in a clinical trial as recommended options for higher risk patients who relapse following allogeneic hemopoietic stem cell transplant.
- *for Prevention and Treatment of Cancer-Related Infections* to add doripenem to the Antibacterial Agents Tables and tenofovir DF to the Antiviral Agents Tables. Updates regarding seasonal and pandemic strains of influenza, including H1N1, were also added.

Visit www.nccn.org for the latest NCCN guidelines.