

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 November 6th. 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.]

The *United States Senate* rejected S1776, legislation that would repeal the *Sustainable Growth Rate* (SGR) formula, which exposes physician payments to substantial cuts each year. This legislation would have prevented the looming 21% cut to physician payments scheduled for January 1st, 2010. Opposition to

**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.

S1776 was based on its 10-year, \$247M addition to the *Federal* deficit. Proponents of S1776 said they are committed to a one-year payment fix included in the *Senate Finance Committee's* health reform legislation (S1796) that would establish a .5% increase in Medicare physician payments in 2010. Two-year fixes are also under discussion.

ANCO and ASCO are deeply concerned with CMS's proposed *Medicare Physician Fee Schedule for 2010*. ACCC's, ASCO's, and ASH's analyses of and comments on the proposed *Fee Schedule* are available at www.anco-online.org/mma.html. ASCO comments express concerns about cuts to oncology services in the proposed *Medicare Physician Fee Schedule*, as follows.

- CMS should not use flawed data from AMA's *Physician Practice Information Survey* to determine practice expense relative value units for oncology practices. Data from this methodologically flawed survey will reduce payments for chemotherapy administration by more than 20% making it difficult for oncologists to continue providing office-based chemotherapy and adversely affecting care for Medicare beneficiaries with cancer.
- CMS should not reduce the malpractice relative value units assigned to chemotherapy administration codes, as proposed.
- CMS should remove physician-administered drugs from the sustainable growth rate methodology, both prospectively and retroactively.
- CMS should not eliminate consultation codes. This would disadvantage physicians, who must provide significant additional documentation for a consultation and should receive additional payment for this work.

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

- 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/.

- **Share your story with ASCO.** Please send any comments you would like to share about the effects cuts to Medicare are having on your practice to publicpolicy@asco.org.

- **Ask your *Congressional Representatives* to contact *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.

- **Ask your patients to contact their *Congressional Representatives*** as well.

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.

The *United States Department of Health and Human Services* (HHS) recently implemented regulations that require health care providers, health plans, and other entities covered by the *Health Insurance Portability and Accountability Act* (HIPAA) to notify patients when their health information is breached. These regulations were mandated under the *Health Information Technology for Economic and Clinical Health* (HITECH) *Act*, passed as part of *American Recovery and Reinvestment Act of 2009* (ARRA). The regulations require HIPAA covered entities to promptly notify affected individuals of a breach and, in cases where a breach affects more than 500 individuals, the HHS and the media must also be notified. Breaches affecting fewer than 500 individuals must be reported to HHS on an annual basis. California law already requires any person or business that conducts business in California, including physicians and physician groups, to disclose any security breach to any California resident whose unencrypted computerized personal information was or is reasonably believed to have been acquired by an unauthorized person. To help physicians understand their obligations under this new

Federal regulation, as well as existing *State* law, the *California Medical Association* (CMA) has published On-Call document #1144, *Security Breach of Health Information*. On-Call documents are free to members at the members-only website. Nonmembers can purchase On-Call documents for \$2 per page in the CMA bookstore (at 800-882-1262). In addition, HHS has posted forms for the reporting of a personal health information breach at www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brinstruction.html.

The *Federal Trade Commission* (FTC) has delayed until November 1st enforcement of its ruling that would consider physicians who regularly bill their patients (including co-payments and coinsurance) to be creditors. This rule would compel physicians to develop and implement written identity theft prevention and detection programs for their practices in order to be in compliance with the FTC's *Red Flag Rule*. The *American Medical Association* has developed guidance material (available at www.ama-assn.org/ama/no-index/physician-resources/red-flags-rule.shtml) to help physicians comply with the *Rule*. The *California Medical Association* (CMA) has published a tool kit to help physicians and their staffs understand the scope and requirements of the *Red Flag Rule*. The tool kit provides guidance on designing and implementing an identity theft detection and prevention program for the physician practice. CMA's *Red Flag Rule Tool Kit* is free to members at the members-only website. For a primer on the FTC's *Red Flag Rule*, please see the article at www.anco-online.org/RedFlagRule.pdf. ANCO has also arranged for *Risk Mitigation Solutions* to offer compliance services to members (visit www.anco-online.org/RiskMitigationSolutions.pdf).

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/ASCOv2/Public+Policy/Policy+Issues/Medicare+%26+Quality+Care/Regulations+%26+Resources/Information/Physician+Quality+Reporting+Initiative+%28PQRI%29+General+Information?cpsextcurrchannel=1) includes relevant links and oncology-specific information.

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. You must also use a certified e-prescribing system. 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!?"opendocument. The *Guide* explains the e-prescribing incentive program, how eligible professionals can participate, and how to choose a qualified e-prescribing system. **For additional oncology-specific information, visit ASCO's e-prescribing website at www.asco.org/eprescribing.**

CMS has developed a number of on-line tools surrounding PQRI and ERx, including a web-based training course on the two programs. The course provides information on the completion, submission, and maintenance of the documentation that is required to successfully participate in the PQRI and ERx programs. To access the on-line tools, visit www.cms.hhs.gov/MLNGenInfo, scroll down to "Related Links Inside CMS," select "Web Based Training (WBT) Modules," and then select the "Physician Quality Reporting Initiative and Electronic Prescribing Incentive Program" from the list provided.

Electronic health records (EHRs) are powerful tools that can streamline practice management and reduce errors in patient care. 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/ehrfieldguide. In addition, 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. Finally, 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.

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.]

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

- AB830, ANCO/MOASC's sponsored legislation to update California's off-label law, was signed by the *Governor*. ANCO/MOASC appreciate the efforts of *Assemblymember Cook* in authoring and navigating this very important legislation. Cook is a two-time survivor of leukemia whose successful treatment depended on his oncologist's ability to use off-label drugs. AB830 requires California third-party payers to recognize all CMS-approved off-label drug compendia ensuring patient access to care to these vital anti-cancer therapies. We look forward to working with *Assemblymember Cook* on future legislation that will ease the burden of practicing state-of-the-art cancer care in California. The updated off-label coverage law can be viewed at www.leginfo.ca.gov/pub/09-10/bill/asm/ab_0801-0850/ab_830_bill_20091011_chaptered.pdf (see pages 2, 4).
- ANCO/MOASC co-hosted a policy briefing at the *Capitol* entitled *Legislating at the End-of-Life*. The briefing was also co-hosted by the *Legislative Latino Caucus*, the *Disability Rights Education and Defense Fund*, and the *League of United Latin American Citizens*. The panel discussion focused on the social, medical, and ethical repercussions of physician-assisted suicide. While the most recent attempts at legalizing physician-assisted suicide in California were in 2005, it is anticipated that new legislation on this issue will be introduced in 2010.

The *California Oncology Political Action Committee* (or CalCancerPAC), formed by

ANCO and MOASC, supports candidates sensitive to the needs of hematologists/oncologists and people living with cancer in California. ANCO membership dues include a contribution to CalCancerPAC.

Sacramento can be a dangerous place for doctors. Many bills impacting medicine wind their way through the *Capitol* on their journey to the *Governor's* desk. And, many of these bills threaten the medical profession with the backing of powerful lobbyists and PACs. It's critical that **physicians have an advocate at work for them every day and who knows how to speak on their behalf. That advocate is the *California Medical Association* (CMA).** While physicians keep a close eye on their patients, CMA is keeping a close eye on those bills...and more. **Got payment delays? Feeling victimized by payors and overwhelmed by the process? Don't let the health plans mistreat you.** The CMA's *Center for Economic Services* has a team of reimbursement specialists available to assist ANCO's CMA members experiencing payment problems with third-party payors. For membership, contact Ron Lopp at (916) 551-2042 or rlopp@cmanet.org; for reimbursement assistance, call CMA's *Reimbursement Helpline* at (888) 401-5911.

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. CMA members are invited to participate in their EHR *Best Practice Series*. Please call (800) 786-4262 for your unique coupon code to use when registering if a coupon code has not already been provided to you from your county medical society. Visit www.ehrbestpractice.com/register/regWebinar_CMA.php for more information and to register.

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.]

Palmetto/J1MAC has issued and/or updated *Local Coverage Determinations* (LCDs; coverage policies) for Implantable Infusion Pump For Treatment of Chronic Intractable Pain (L28268), MammaPrint Test–Breast Cancer Prognosis (L30376), and Erythropoietin Stimulating Agents (ESAs; L29888). Visit www.palmettogba.com/palmetto/providers.nsf/vMasterDID/7WLNLS0502?opendocument for more information. Specifically, Palmetto/J1MAC's ESA LCD (*Limitations of Coverage, Subheading G, Anemia of Chronic Disease*) was recently revised by replacing the phrase "less than 10-12/30%-36%" with "between 10-12/30%-36%." As a result, some ESA claims may have been erroneously denied under the previous language. If you have a denied claim due to the old language, then you should submit an appeal based on the new language.

ICD-9-CM diagnosis code changes effective October 1st are available at www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp.

Palmetto/J1MAC will mail 2010 Medicare participation enrollment and fee schedule information in November. For more information, visit www.palmettogba.com/palmetto/providers.nsf/vMasterDID/7X2L3Y4207?opendocument.

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 specific 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 tool kit to help physicians understand the program** and, if necessary, navigate the audit process. The tool kit 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 website. 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 **October edition of the Palmetto/J1MAC Medicare Advisory is now available** at www.palmettogba.com/Palmetto/Providers.nsf/files/J1_Medicare_Advisory_October2009.pdf/\$File/J1_Medicare_Advisory_October2009.pdf.

DHCS/MediCal's fiscal intermediary (FI), EDS, was acquired by HP (*Hewlett-Packard*) in August 2008. One of the final stages in the transition plan involves "retiring" the EDS name and logo, and replacing them with the new corporate division name, "HP Enterprise Services," and the HP logo. This transition will take place in the coming weeks. No changes in

personnel, mailing addresses, or telephone numbers used by providers, including the *Telephone Service Center* number (800-541-5555), will occur as a result of this transition.

Anthem Blue Cross has notified physicians of changes to its Prudent Buyer physician fee schedule that will take effect January 1st, 2010.

In a letter to physicians, *Blue Cross* informed physicians that it would be modifying payment levels for many CPT codes, some being decreased and others being increased. The new fee schedule also incorporates a site of service rate differential. Physicians are reminded that before accepting a new health plan contract or a material change to an existing contract, it is important to know what value it will bring to their practice. You do not have to accept contracts that are not mutually beneficial. If you have questions about the new contract terms, contact *Blue Cross Provider Relations* at (800) 933-6633. Physicians are urged to calculate the financial impact the fee schedule changes will have on their practices.

The new rates are available at www.anthem.com/ca/ (log in to *ProviderAccess* and select the "Prudent Buyer Fee Schedule Update Effective 1/1/2010" link under the "What's New" section). You can also request the new rates via FAX (visit www.cmanet.org/upload/pricing_request_form.pdf for the request form or call *Blue Cross Provider Relations*). You should also be aware that you have the right to terminate an agreement if any "material change" to the contract terms is not acceptable to your practice. If you choose to terminate, you must do so before November 11th (for a termination date of January 1st, 2010). Termination letters can be mailed to *Anthem Blue Cross*, Prudent Buyer Plan Contract Processing, Mail Station 8A, P.O. Box 4330, Woodland Hills, California 91365-4330.

UnitedHealthcare has recently reviewed the clinical evidence supporting the safety and effectiveness of certain medical technologies. New or revised medical policies resulting from this review and effective October 30th include:

- IVIG
- Rituximab
- High cost drugs and injectables

Visit unitedhealthcareonline.com > Tools &

Resources > Policies and Protocols > Medical Policies for more information. In addition, **UnitedHealthcare has informed ANCO that it recently sent a letter to providers informing them of an Avastin Assistance Program.** This *Program* is intended to provide a benefit for the patient, the oncologist, and *UnitedHealthcare*. *UnitedHealthcare* is asking oncologists to voluntarily enroll patients that have received more than 10,000mg of Avastin in the past year in the *Genentech Avastin Patient Assistance Program*. In return, *UnitedHealthcare* will pay for the infusion fees and an additional 21% of the CMS reimbursement for each dose administered under the *Program*.

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. DMHC is especially interested in current preauthorization/certification, claims processing, and payment problems facing the hematology/oncology community. Visit www.anco-online.org/Resources.pdf for specific instructions on how to report your issues to DMHC.

EDUCATION

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

The Mastery of Myeloma Course

ANCO invites hematologists/oncologists to *The Mastery of Myeloma Course* at the *San Francisco Marriott Union Square* on Saturday, November 7th. This meeting features a national faculty including ANCO member Thomas G. Martin, M.D., *UCSF*. For more information and to register, visit www.managingmyeloma.com/meetings/regionals.

Additional Education Meetings

Other meetings of possible interest to ANCO member practices are:

November 4th

Advances in the Treatment of Metastatic Melanoma CancerCare

Telephone Education Workshop

November 5th

Medical Update on Colon Cancer: Understanding K-RAS

CancerCare

Telephone Education Workshop

November 12-13th

6th International Conference: Revitalizing Cancer Care—Comprehensive Interdisciplinary Programs and Whole Systems Research

Society for Integrative Oncology

New York

November 12-14th

2009 Annual Conference

California Hospice and Palliative Care Association

San Francisco

November 13th

NCCN Clinical Practice Guidelines in Oncology Symposium: Non-Small Cell Lung Cancer

National Comprehensive Cancer Network

Palo Alto

(www.nccn.org/professionals/meetings/symposia.asp)

November 14th
3rd Annual Cancer Survivorship Conference
 Northern California Cancer Center
 San Francisco
 (www.nccc.org)

November 19th-22nd
Food As Medicine: Professional Nutrition Training Program
 Center for Mind Body Medicine
 Miami

December 5-8th
51st ASH Annual Meeting and Exposition
 American Society of Hematology
 New Orleans
 (www.hematology.org/meetings/annual-meeting)

December 9th
Clinical Trials: Improving Treatment Options and Care for People Living with Cancer
 CancerCare
 Telephone Education Workshop

December 10th
Update on Chronic Myelogenous Leukemia (CML) from the 2009 ASH Annual Meeting
 CancerCare
 Telephone Education Workshop

December 16th
The Latest Developments Reported at the 32nd Annual San Antonio Breast Cancer Symposium
 CancerCare
 Telephone Education Workshop

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

MEMBERSHIP RESOURCES

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

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.

ASSOCIATION NEWS

Annual Election

Four seats on the ANCO *Board of Directors* are up for election in 2009. ANCO seeks nominations for candidates for these seats. This year's election will be conducted via mail ballot in December. Candidates with the top four vote totals will serve for three years (i.e., from 2010-2012, inclusive). Nominate an ANCO member (including yourself) to stand for election to the *Board* via e-mail/FAX to the ANCO office at execdir@anco-online.org/(415) 472-3961 no later than November 20th.

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 November 18th. Please call José Luis González, ANCO Executive Director, at (415) 472-3960 if you wish to participate in a future meeting.

Individual Member News

The ANCO Directory of Members 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

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.

GlaxoSmithKline Oncology informs ANCO that the United States Food and Drug Administration has granted approval for the use of Votrient for the treatment of patients with advanced renal cell carcinoma. Full prescribing information, including clinical trial information, safety, dosing, drug-drug interactions and contraindications is available at www.accessdata.fda.gov/drugsatfda_docs/label/2009/0224651bl.pdf.

Sanofi Aventis Oncology informs ANCO that the United States Food and Drug Administration has granted approval for the use of Elitek for the initial management of plasma uric acid levels in adult patients with leukemia, lymphoma, and solid tumor malignancies who are receiving anticancer therapy expected to result in tumor lysis and subsequent elevation of plasma uric acid. Full prescribing information, including clinical trial information, safety, dosing, drug-drug interactions and contraindications is available at www.accessdata.fda.gov/drugsatfda_docs/label/2009/103946s50831bl.pdf.

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 27th. Visit www.anco-online.org/salsrvy.html to download the survey instrument.

ASCO and ONS have released a set of national, consensus-driven standards to guide oncologists in the safe administration of chemotherapy to adult patients in the outpatient setting. The standards, which were published in the online edition of the *Journal of Oncology Practice* on

September 28th, are intended to reduce the risk of errors when providing patients with chemotherapy and provide a framework for best practices in cancer care. To help practices achieve compliance with the standards, ASCO has developed an online guide available at www.asco.org/safety.

The Journal of the National Comprehensive Cancer Network (Volume 7, Number 9) features the updated *Clinical Practice Guidelines in Oncology* for Multiple Myeloma and Chronic Myelogenous Leukemia. Visit www.nccn.org/JNCCN/toc/2009october.asp for more information. **NCCN has updated their *Drugs & Biologics Compendium for Bladder Cancer*. Need instant access to the NCCN *Compendium* and NCCN *Guidelines* updates as they happen? Subscribe to NCCN *Flash Updates* to have changes delivered straight to your inbox. NCCN *Flash Updates* provide immediate notification of changes and updates to published NCCN *Drugs & Biologics Compendium* chapters and NCCN *Clinical Practice Guidelines in Oncology*. Subscribers receive an e-mail as soon as updates or changes occur. Visit www.nccn.org/network/business_insights/flash_updates/default.asp to learn more about NCCN *Flash Updates*. NCCN has also created a new educational initiative designed to quickly communicate updates to the NCCN *Clinical Practice Guidelines in Oncology* via 45-minute webinars. The NCCN *Guidelines Update Webinar Series* will provide participants with an inside look to recent NCCN *Guidelines* updates hosted by a faculty member from the corresponding NCCN *Guidelines Panel* and followed by a live Q&A session. The online format allows for a convenient learning platform with no associated travel fees. The inaugural NCCN *Guidelines Update Webinar Series* will focus on recent updates to the NCCN *Guideline for Kidney Cancer* featuring Robert A. Figlin, M.D., from *City of Hope Comprehensive Cancer Center*. Registration and participation in these webinars are free of charge. Please check www.nccn.org for more information.**