

# ANCO FAX News

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

Vol. 15, No. 7

April 15<sup>th</sup>, 2016

The *ANCO FAX News* focuses on ANCO's core activities—advocacy, clinical and professional education, and *Association* and membership news. While membership mailings and e-mail/FAX broadcasts 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*. Find the *ANCO FAX News* online at [www.anco-online.org/pubs.html](http://www.anco-online.org/pubs.html).

#### In this issue:

- Milliman study on the costs of cancer care
- CMS Part B Drug Reimbursement Experiment
- ANCO legislative positions
- *Hematological Malignancies Updates*

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 April 29<sup>th</sup>. Send your comments or contributions to ANCO, P.O. Box 151109, San Rafael, CA 94915-1109; Voice: (415) 472-3960; FAX: (415) 472-3961; [execdir@anco-online.org](mailto:execdir@anco-online.org).

**The *ANCO FAX News* has information 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.

## ADVOCACY

[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 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 meets regularly with these and other 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, COA, and National Legislative & Regulatory Issues

A new *Milliman* study challenges the misplaced notion that growth in the costs of cancer care have outpaced the rest of health care spending in the *United States*. In fact, the research shows the opposite—the costs of active cancer care are in line with trends in cost increases for all other health care spending since 2004. Read the study at [www.communityoncology.org/pdfs/Trends-in-Cancer-Costs-White-Paper-FINAL-20160403.pdf](http://www.communityoncology.org/pdfs/Trends-in-Cancer-Costs-White-Paper-FINAL-20160403.pdf).

**CMS has proposed a Part B drug reimbursement experiment.** Under the CMS proposed experiment, half of all oncology practices will be placed in a control group and continue to receive ASP + 6% (less the *Federal* sequester) as drug reimbursement for physician-administered drugs. The other half of oncology practices will be placed in an experimental group and receive ASP + 2.5% + \$16.80/drug/patient/day (less the *Federal* sequester) as reimbursement for physician-administered drugs. The experiment is proposed to commence as early as the Fall 2016. Additional changes to drug reimbursement are proposed for as early as 2017. Read the CMS Fact Sheet at [www.accc-cancer.org/advocacy/pdf/2016-CMS-03-08-2016-FINAL-Medicare-Part-B-Demo-Technical-Fact-Sheet.pdf](http://www.accc-cancer.org/advocacy/pdf/2016-CMS-03-08-2016-FINAL-Medicare-Part-B-Demo-Technical-Fact-Sheet.pdf). Over 300 state and national oncology and other medical associations have already communicated their concern to CMS and *Congressional* leaders. Learn more about the proposed experiment by listening to ACCC's teleconference at [mynetwork.accc-cancer.org/communities/community-home/librarydocuments/viewdocument?DocumentKey=b7feffbe-f4e2-49dc-8dd7-6a8b4ecc1f40](http://mynetwork.accc-cancer.org/communities/community-home/librarydocuments/viewdocument?DocumentKey=b7feffbe-f4e2-49dc-8dd7-6a8b4ecc1f40) (log in required); *Avalere's* impact analysis is available at [avalere.com/expertise/managed-care/insights/proposed-medicare-part-b-rule-would-reduce-payments-to-hospitals-and](http://avalere.com/expertise/managed-care/insights/proposed-medicare-part-b-rule-would-reduce-payments-to-hospitals-and)

some-s; and, PhRMA's impact statement is at [www.accc-cancer.org/advocacy/pdf/PhRMAImpactStatement.pdf](http://www.accc-cancer.org/advocacy/pdf/PhRMAImpactStatement.pdf). Read the joint letters to *Congress*, CMS, and DHHS at [www.asco.org/advocacy/asco-more-300-advocacy-groups-request-withdrawal-medicare-part-b-drug-proposal](http://www.asco.org/advocacy/asco-more-300-advocacy-groups-request-withdrawal-medicare-part-b-drug-proposal). It is now time for all oncology practices to communicate their concerns to their *Congressional Representatives*. To do so:

- Use ASCO's ACT Network at <http://cqrcengage.com/asco/> to find your elected *Representatives* and Take Action Now to Stop the CMS Proposed Part B Drug Demonstration Project! ASCO has been modeling CMS's proposed experiment to determine its impact on practices and they have prepared a template which you can use to get an idea of how the experiment will affect you. Download their Excel template at <http://www.anco-online.org/ASCOTemplate.xlsx>, enter the requested data, and share the results with ASCO via e-mail at [elaine.towle@asco.org](mailto:elaine.towle@asco.org).
- Read ASH's analysis of the proposed experiment's implications for hematologists at [www.hematology.org/Advocacy/Policy-News/2016/5197.aspx](http://www.hematology.org/Advocacy/Policy-News/2016/5197.aspx).
- Use ACCC's advocacy portal at <http://cqrcengage.com/accc/app/onestep-write-a-letter?o&engagementId=181354> to communicate with your elected *Representatives*. Read ACCC's perspective about the proposed experiment at [http://accc-cancer.org/mediaroom/press\\_releases/2016/ACCC-Voices-Strong-Opposition-to-CMS-Part-B-Drug-Payment-Model-3.9.16.asp](http://accc-cancer.org/mediaroom/press_releases/2016/ACCC-Voices-Strong-Opposition-to-CMS-Part-B-Drug-Payment-Model-3.9.16.asp).
- Visit the *Community Oncology Alliance* (COA) at <http://www.communityoncology.org> > Breaking News to read about the CMS experiment. Watch and listen to a recent COA webcast at <http://can.communityoncology.org/site/forms.htm> (CAN Meeting Recording 3/17/2016). Download, complete, and submit COA's modeling tool at <http://can.communityoncology.org/site/forms.htm> (COA CMS Proposal April 16 - Version 2) to estimate the impact of CMS's experiment on your practice and share the data with COA for advocacy

with Congress. Go to [www.cancerexperiment.com](http://www.cancerexperiment.com) to contact Congress and to download resources for providers and patients (including an Advocacy Toolkit).

Grassroots action with respect to CMS's proposed experiment will be key to stopping CMS from implementing their plans in 2016!

**The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)** introduced significant changes, on an ambitious timeline, to how Medicare will pay oncologists for the care they provide—and now is the time to understand and prepare for these changes. Besides repealing the Sustainable Growth Rate formula for reimbursement related to the Medicare Physician Fee Schedule, MACRA's goal is to move Medicare toward a value-based practice environment that ensures high-quality, affordable health care. Learn more about MACRA at [www.asco.org/macra](http://www.asco.org/macra) and [www.hematology.org/Advocacy/Policy-News/2015/4702.aspx](http://www.hematology.org/Advocacy/Policy-News/2015/4702.aspx). Download ASCO's presentation on MACRA at [www.asco.org/sites/www.asco.org/files/macra\\_december\\_2015\\_webinar\\_slides.pdf](http://www.asco.org/sites/www.asco.org/files/macra_december_2015_webinar_slides.pdf). For an introduction to MACRA, read *MACRA: Transforming Oncology Practice* at [www.asco.org/advocacy/asco-action-brief-macra](http://www.asco.org/advocacy/asco-action-brief-macra). ASH staff have prepared a document that provides information about the Alternative Payment Model (APM) option included in MACRA at [www.hematology.org/Advocacy/Policy-News/2016/4855.aspx](http://www.hematology.org/Advocacy/Policy-News/2016/4855.aspx). The American Medical Association's (AMA) *Guide to Physician-Focused Alternative Payment Models* describes seven different APMs under MACRA that can help physicians in every specialty redesign the way they deliver care in order to improve patient care, manage health care spending, and qualify for APM annual bonus payments. Download the *Guide* at [download.ama-assn.org/resources/doc/washington/alternative-payment-models-physician-guide.pdf](http://download.ama-assn.org/resources/doc/washington/alternative-payment-models-physician-guide.pdf).

ASCO has submitted comments to CMS on developing episode groups to assess revenue use for medical oncology as required under MACRA. The comments offer eight fundamental principles for assessing resource use in medical oncology, including 1) staging, molecular markers and other risk adjustment considerations; 2) align resource management

with patient treatment goals and clinical realities; 3) adopt oncology clinical pathways; 4) evaluate oncology at the group practice level; 5) recognize that variations in clinical resource requirements among patients and providers will not "average out" in medical oncology; 6) clear and meaningful starting and ending points for episodes of oncology care; 7) fair and accurate attribution of patients to medical oncology providers; and, 8) recognize that cancer patients require more than just evaluation and management (E&M) and chemotherapy. ASCO's comments are at [www.asco.org/sites/www.asco.org/files/2016-resource-use-comment-letter.pdf](http://www.asco.org/sites/www.asco.org/files/2016-resource-use-comment-letter.pdf).

MACRA encourages the development of alternatives to the current Medicare fee-for-service payment system as a means to achieve higher quality and more affordable care. ASCO believes that its *Patient-Centered Oncology Payment* (PCOP) model meets MACRA's definition of an alternative payment model (APM) and will actively advance PCOP as a certified APM. ASCO is offering practices a unique opportunity to test PCOP and will provide tools and assistance in modeling data to help practices be successful. To learn more about this opportunity, please read *Transforming Oncology Payment* at [www.asco.org/sites/www.asco.org/files/2016-pcop-brochure.pdf](http://www.asco.org/sites/www.asco.org/files/2016-pcop-brochure.pdf).

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

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.

The ANCO *Board of Directors* has voted to sponsor AB2209 that would prohibit health insurance plans from developing and implementing clinical care pathways that do not meet specific standards. Additional legislative positions taken by ANCO are:

- AB1668, would permit a manufacturer of an investigational drug, biological product, or device to make the product available to eligible patients with an immediately life-threatening disease or condition—**OPPOSE**

- AB1763, would require a health plan contract to provide coverage for colorectal cancer screening examinations and laboratory tests—SUPPORT
- AB1795, would provide breast and cervical cancer screening and treatment to Medi-Cal patients for the duration of the period of treatment as long as the patient meets all other Medi-Cal eligibility requirements—SUPPORT
- AB1823, would increase access to cancer clinical trials and establish the *California Cancer Clinical Trials Program* at the *University of California*—SUPPORT
- AB2325, would make changes to the physician reporting requirements for the *California Cancer Registry*—SUPPORT IF AMENDED
- AB2588, would link the *California Cancer Registry*, a database of oncologists, and public and private payer claims data in order to report on the quality of cancer care in California—WATCH
- SB923, would prohibit health plans from changing any cost sharing requirements during the plan year or policy year—SUPPORT

**Physician Orders for Life-Sustaining Treatment (POLST) forms changed on January 1<sup>st</sup>, with the full implementation of a new law that allows nurse practitioners and physician assistants, under the supervision of a physician and within their scope of practice, to sign POLST forms and make them actionable medical orders.** For more information about POLST, see the *California Medical Association's* end-of-life resources page at [www.cmanet.org/about/patient-resources/end-of-life-issues/](http://www.cmanet.org/about/patient-resources/end-of-life-issues/) and obtain CMA's POLST kits at [www.cmanet.org/resource-library/list?filter&keyword=552&category=publications](http://www.cmanet.org/resource-library/list?filter&keyword=552&category=publications).

**The *California Medical Association* (CMA) has released guidance for prescribing lethal doses of medication under California's new physician-assisted death law (ABX2-15).** CMA's *The California End of Life Option Act* is available at [www.cmanet.org/resource-library/detail/?item=the-california-end-of-life-option-act](http://www.cmanet.org/resource-library/detail/?item=the-california-end-of-life-option-act). The *End of Life Option Act* becomes law on June 9<sup>th</sup>. The CMA guidance details the legal and medical steps physicians

must take before prescribing life-ending medications and physicians' legal rights to participate or opt out based on their moral or religious beliefs. The guidelines are written in a Q&A format and provide detailed information about the new law. However, they do not currently recommend the drug physicians should use to facilitate aid-in-dying and they state that physicians can choose not to assist patients to end their own lives.

**Under California law, all individuals practicing in California who possess both a state regulatory Board license authorized to prescribe, dispense, furnish, or order controlled substances and a Drug Enforcement Administration Controlled Substance Registration Certificate (DEA Certificate) must register for the Controlled Substance Utilization Review and Evaluation System (CURES) by July 1<sup>st</sup>.** The *California Medical Association* (CMA) recently co-hosted a webinar with the *Department of Justice* (DOJ) to help physicians navigate the CURES 2.0 registration process. The webinar is now available on demand at [www.cmanet.org/resource-library/detail/?item=cures-20-navigating-the-states-new0&r\\_search=&r\\_page=&return\\_to=list](http://www.cmanet.org/resource-library/detail/?item=cures-20-navigating-the-states-new0&r_search=&r_page=&return_to=list).

**Forthcoming CMA webinars include:**

- How to Reduce Overhead Expenses and Increase Profitability (April 20)
- Ensure Your Practice Is Ready and Won't Be Penalized Under New Provider Directory Accuracy Laws (April 27)
- Contract Renegotiations: How to Get Past No with a Payor (May 4)

Contact CMA's member help center at (800) 786-4262 or [memberservice@cmanet.org](mailto:memberservice@cmanet.org) for more information. Register online at [www.cmanet.org/events](http://www.cmanet.org/events).

**The *California Medical Association* (CMA) has published a guide and will host a webinar (see above) to help physicians prepare for payor contract negotiations.** The guide, entitled *Contract Renegotiations: Making Your Business Case*, is designed to help physicians review an existing contract to determine timing of the renegotiation, how to identify negotiating leverage and the uniqueness of your practice, how to pinpoint your "bread and butter" codes, how to draft an attention-getting written request for renegotiation, and how to understand what a fee change would mean to your practice. Download



the guide at [www.cmanet.org/resource-library/detail/?item=contract-renegotiations-making-your-business&r\\_search=&r\\_page=&return\\_to=list](http://www.cmanet.org/resource-library/detail/?item=contract-renegotiations-making-your-business&r_search=&r_page=&return_to=list).

**CMA Practice Resources (CPR)** is a monthly e-mail bulletin from CMA's *Center for Economic Services* that is full of tips and tools to help physicians and their office staff improve practice efficiency and viability. Subscribing to CPR is free and open to anyone, but CMA membership is necessary to access the resources, toolkits, forms, and tools that are located on the members-only CMA website. Please visit [www.cmanet.org/cpr](http://www.cmanet.org/cpr) to subscribe. The April 2016 edition includes:

- Health plan group pilots program to improve physician directories
- *UnitedHealthcare* to post patient satisfaction ratings in provider directory
- Last chance to appeal payments under ACA primary care physician rate increase
- CMA and AMA urge DOI to oppose *Anthem* and *Cigna* merger
- Reminder: Practices should be wary of virtual credit card fees
- The Coding Corner: The importance of documenting medical necessity

### **Noridian/JEMAC, DHCS/MediCal, & Private Payers**

**Noridian Administrative Services** is the Jurisdiction E (JE) *Medicare Administrative Contractor* (MAC). Jurisdiction E includes California. Regularly review postings at the *Noridian/JEMAC* website at [med.noridianmedicare.com/web/jeb](http://med.noridianmedicare.com/web/jeb). Recent updates include:

- MLN Connects Provider eNews *Announcements*—Advance Care Planning; New FAQs; 2016 PQRS GPRO Registration Open through June 30; 2015 Mid-Year QRURs Available; Find Information on the SNF Value-Based Purchasing Program; April Quarterly Provider Update; EHR Incentive Programs 2016 Program Requirements; New Resources; ICD-10 Coding Resources
- *Claims, Pricers, and Codes*—Updates to HCPCS Code Set; April 2016 Outpatient PPS Pricer File Update
- *Events*—2016 PQRS Reporting; Avoiding

2018 Negative Payment Adjustments Call-Last Chance to Register; How to Register for the 2016 PQRS Group Practice Reporting Option Call-Registration Now Open; 2015 Mid-Year QRURs Webcast-Registration Now Open

*Publications & Videos*—Basics of Medicare Series of Web-Based Training Courses-New; Long-Term Care Hospital Prospective System Booklet-Revised; Clinical Laboratory Fee Schedule Fact Sheet-Revised; Safeguard Your Identity and Privacy Using PECOS Fact Sheet-Reminder

- Colonoscopy, 45378-Widespread Service Specific Targeted Review Notification
- Initial Nursing Facility Care, 99306-Widespread Service Specific Probe Review Notification
- Subsequent Nursing Facility Care, 99309-Widespread Service Specific Targeted Review Notification
- Diagnostic Colonoscopy LCD-R5
- Non-Covered Services LCD-R8
- Corrected Remittance Advice Messages-Updates to Pub. 100-04, Chapters 3, 6, 7 and 15 CR9562
- New Waived Tests CR9563
- Changes to Laboratory NCD Edit Software-July 2016 CR9584
- CCI Edits, Version 22.2, Effective July 1, 2016-Quarterly Update CR9516

*Noridian/JEMAC's* Electronic Data Interchange Support Services (EDISS) invites you to subscribe to its e-mail distribution list to receive current information at [www.edissweb.com/cgp/news/index.html](http://www.edissweb.com/cgp/news/index.html).

### **Forthcoming Noridian/JEMAC meetings/workshops include:**

- Part B Ask the Contractor Teleconference (ACT; April 20)
- DME Documentation (April 27)
- In-Person Seminars (Sacramento, May 7)
- Open Public Meeting (June 2)

Visit [med.noridianmedicare.com/web/jeb/education/training-events](http://med.noridianmedicare.com/web/jeb/education/training-events) for more information and to register.

**Subscribe today to receive the DHCS/Medi-Cal Subscription Service (MCSS) via e-mail.** The MCSS is a free service that can help keep you up-to-date on the latest DHCS/MediCal news. Go to the MCSS Subscriber Form ([files.medi-cal.ca.gov/pubsdoco/mcss/mcss.asp](http://files.medi-cal.ca.gov/pubsdoco/mcss/mcss.asp)) to subscribe.

**A list of DHCS/MediCal webinars** is at [files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom\\_23149.asp?utm\\_source=iContact&utm\\_medium=email&utm\\_campaign=Medi-Cal%20NewsFlash&utm\\_content=23149](http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_23149.asp?utm_source=iContact&utm_medium=email&utm_campaign=Medi-Cal%20NewsFlash&utm_content=23149).

**Anthem (formerly Wellpoint)** is offering California oncologists a monetary incentive for each patient who receives treatment as specified by one of the insurer's recommended regimens. Learn more about the *Anthem* program at [www.cancercarequalityprogram.com](http://www.cancercarequalityprogram.com). ANCO members are encouraged to review *Anthem's Cancer Care Quality Program Treatment Pathways* and send their comments to ANCO at [execdir@anco-online.org](mailto:execdir@anco-online.org). ANCO's comments on the *Program* and *Anthem's* response are available online at [www.anco-online.org/index.html](http://www.anco-online.org/index.html).

**UnitedHealthcare's Network Bulletin** (April 2016) is now available online at [unitedhealthcareonline.com](http://unitedhealthcareonline.com) > Quick Links > Network Bulletin and includes an article entitled 2016 *UnitedHealthcare* Outpatient Grouper Exhibit Reimbursement Update—Effective July 1, 2016.

## EDUCATION

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

### **ANCO Hematological Malignancies Update**

ANCO is organizing a series of *Hematological Malignancies Update* in 2016. The first *Update* will take place on May 14<sup>th</sup> at the *San Francisco Hyatt Regency* with Charalambos Andreadis, M.D., *University of California, San Francisco*, Aaron Rosenberg, M.D., *University of California, Davis*, and Amar Patel, M.D., *University of California, San Francisco*. The latest research on novel treatment modalities for leukemias, lymphomas, and myeloma, along with case studies for these diagnoses will be presented. The program begins at 8:30AM with breakfast. This meeting is supported by *Janssen Biotech, Seattle*

*Genetics*, and *Takeda Oncology*. Space is limited to the first 50 physician or nurse registrants only. Meeting announcements were mailed in early April. To register for this meeting, please send your name, affiliation, and e-mail address to [execdir@anco-online.org](mailto:execdir@anco-online.org) (Subject: 2Q2016 Clinical Meeting) or download and FAX the registration form at [www.anco-online.org/2Q2016HemeMalig.pdf](http://www.anco-online.org/2Q2016HemeMalig.pdf).

### **ASCO Annual Meeting**

Registration and housing for the 2016 ASCO *Annual Meeting: Collective Wisdom—The Future of Patient-Centered Care and Research*, June 3<sup>rd</sup> - 7<sup>th</sup>, at *McCormick Place* in Chicago is now open. Reserve your room and register at [am.asco.org/](http://am.asco.org/).

### **Additional Education Meetings**

Other meetings of possible interest to ANCO member practices are:

April 20<sup>th</sup>  
*Treatment Update on Pancreatic Cancer*  
CancerCare  
Connect Education Workshop

April 26<sup>th</sup>  
*For Caregivers: Practical Tips for Coping with Your Loved One's Lung Cancer (Part II of Living with Lung Cancer)*  
CancerCare  
Connect Education Workshop

April 27<sup>th</sup>  
*Understanding the Role of Immuno-Oncology in Treating Cancer (Part I of Immuno-Oncology: A Promising New Approach to Treating Cancer)*  
CancerCare  
Connect Education Workshop

April 28<sup>th</sup>  
*Coping with the Stresses of Caregiving When Your Loved One Has Multiple Myeloma (Part II of Living with Multiple Myeloma)*  
CancerCare  
Connect Education Workshop

May 10<sup>th</sup>  
*Managing the Side Effects of Immuno-Therapy (Part II of Immuno-Oncology: A Promising New Approach to Treating Cancer)*  
CancerCare  
Connect Education Workshop

May 17<sup>th</sup>  
*Understanding Diagnostic Technologies and Biomarkers in the Treatment of Lung Cancer*

CancerCare  
Connect Education Workshop

May 18<sup>th</sup>  
*Updates in the Treatment of Estrogen Receptor (ER)  
Positive, Progesterone Receptor (PR) Positive &  
HER2 Positive Breast Cancer*  
CancerCare  
Connect Education Workshop

May 20<sup>th</sup>  
*Update on Clinical Trials: How They Work*  
CancerCare  
Connect Education Workshop

May 23<sup>rd</sup>  
*Advances in Treating Chemotherapy Induced  
Nausea and Vomiting*  
CancerCare  
Connect Education Workshop

May 25<sup>th</sup>  
*Update on Triple Negative Breast Cancer (Part II  
of Living with Breast Cancer: Treatment Updates)*  
CancerCare  
Connect Education Workshop

May 26<sup>th</sup>  
*Managing Symptoms and Treatment Side Effects of  
Multiple Myeloma (Part III of Living with  
Multiple Myeloma)*  
CancerCare  
Connect Education Workshop

May 27<sup>th</sup>  
*Treatment Update for Adults Living with Acute  
Lymphocytic Leukemia (ALL)*  
CancerCare  
Connect Education Workshop

May 31<sup>st</sup>  
*Advances in the Treatment of Metastatic Prostate  
Cancer (Part I of Living with Metastatic Prostate  
Cancer)*  
CancerCare  
Connect Education Workshop

June 1<sup>st</sup>  
*Precision Medicine in Breast Cancer (Part III of  
Living with Breast Cancer: Treatment Updates)*  
CancerCare  
Connect Education Workshop

June 8<sup>th</sup>  
*Managing the Costs of Living with Cancer*  
CancerCare  
Connect Education Workshop

June 9<sup>th</sup>  
*Highlights from the 2016 American Society of*

*Clinical Oncology (ASCO) Annual Meeting (Part I  
of Your Guide to the Latest Cancer Research and  
Treatment)*  
CancerCare  
Connect Education Workshop

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

## ASSOCIATION & MEMBERSHIP NEWS, RESOURCES, & BENEFITS

### Board of Directors

The ANCO *Board of Directors* teleconferenced on  
April 12<sup>th</sup> to discuss and/or act upon the  
following issues:

- CMS Part B drug reimbursement  
Experiment
- California legislation
- Future ANCO meetings

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

The ANCO *Board of Directors* meets by  
teleconference and occasionally in person to  
discuss issues affecting the *Association*, clinical and  
professional education, and ways to better serve  
the membership. *Board* teleconferences/meetings  
are open to individual physician members. The  
**next regularly scheduled ANCO *Board of  
Directors* teleconference is scheduled for June  
15<sup>th</sup>.** Please call José Luis González, ANCO  
*Executive Director*, at (415) 472-3960 if you wish  
to participate in a future teleconference/meeting.

### Individual Member News

A current *Directory of Members* is available online  
at [www.anco-online.org/pubs.html](http://www.anco-online.org/pubs.html) as a .pdf  
document. We urge all ANCO members to  
download their own edition of *The ANCO  
Directory of Members*. Please verify your *Directory*  
entry and contact the ANCO office at  
[execdir@anco-online.org](mailto:execdir@anco-online.org) with any corrections,  
additions, and/or deletions.

### 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 initiated a **Multi Site Group Membership** in 2010 to encourage all physicians (medical and radiation oncologists) from multi-site and multidisciplinary practices to join. ANCO thanks *Annadel Medical Group/St Joseph's Heritage Healthcare, California Cancer Associates for Research and Excellence, Diablo Valley Oncology & Hematology Medical Group, EPIC Care, Pacific Cancer Care, Palo Alto Medical Foundation, and Valley Medical Oncology Consultants* for their multi site group memberships.

### **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 Cancer Center*
- *University of California, Davis, Cancer Center*
- *University of California, San Francisco*

### **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:

*AbbVie • Alexion Pharmaceuticals • AMGEN  
Astellas Oncology • AstraZeneca  
Bayer Healthcare Pharmaceuticals  
Biodesix • Boehringer Ingelheim Pharmaceuticals  
Bristol-Myers Squibb Oncology  
Cardinal Health Specialty Solutions  
Celgene • Clovis Oncology • Daiichi Sankyo  
Dendreon • Eisai • Foundation Medicine  
Genoptix Medical Laboratory  
Genentech BioOncology • Genomic Health  
Gilead Sciences • Helsinn Oncology  
Heron Therapeutics • Incyte  
Infinity Pharmaceuticals  
Ipsen Biopharmaceuticals  
Janssen Oncology • Jazz Pharmaceuticals  
Lilly Oncology • Merrimack Pharmaceuticals  
Medivation • Merck  
nanoString • Novartis Oncology*

*Oncology Supply/ION • Onyx Pharmaceuticals  
Pfizer Oncology • Pharmacyclics  
Prometheus Therapeutics & Diagnostics  
Sandoz Biopharmaceuticals • Sanofi Genzyme  
Sargass Pharmaceutical Adherence  
& Compliance (SPAC) International  
Seattle Genetics • Taiho Oncology  
Takeda Oncology • Tesaro • TEVA Oncology*

We especially wish to thank and welcome *AbbVie, Biodesix, Clovis Oncology, Heron Therapeutics, Infinity Pharmaceuticals, Ipsen Pharmaceuticals, Jazz Pharmaceuticals, Merrimack Pharmaceuticals, Prometheus Therapeutics & Diagnostics, Sandoz Biopharmaceuticals, Taiho Oncology, and Tesaro* as new Corporate Members for 2016. Please visit [www.anco-online.org/assistance.html](http://www.anco-online.org/assistance.html) for **Corporate Member drug reimbursement and patient assistance program information**. ANCO encourages all member practices to use this resource and enroll all patients at the start of treatment in all available and appropriate patient assistance programs.

*Boehringer Ingelheim Pharmaceuticals* has many clinical and financial supports for patients prescribed Gilotrif. Their copay assistance program has recently been changed to reduce the out-of-pocket cost for patients to \$25 for commercially-insured patients. In addition, they now offer bridge medications for patients that experience a greater than 5-day payor-related delay in accessing their prescription. Learn more at [www.gilotrif.com/solutions\\_plus.html](http://www.gilotrif.com/solutions_plus.html).

*Genentech BioOncology* informs ANCO that the *United States Food and Drug Administration* has approved Venclexta for the treatment of people with chronic lymphocytic leukemia (CLL) with 17p deletion, as detected by an FDA approved test, who have received at least one prior therapy.

*Janssen Biotech* is hosting a series of dinner programs entitled *Value-Based Care and Quality Measures in Oncology: Current and Future Approaches* with Richard McGee, M.D., *First Choice Health Network*, in Sacramento on April 26<sup>th</sup> (meeting code 2016-01000), Berkeley on May 5<sup>th</sup> (meeting code 2016-01008), and San Jose on May 18<sup>th</sup> (meeting code 2016-00999). To register for these programs, visit [www.MyDomeProgramRegistration.com](http://www.MyDomeProgramRegistration.com).

*Jazz Pharmaceuticals* informs ANCO that the *United States Food and Drug Administration* has approved Defitelio for the treatment of adult and pediatric patients with hepatic vena-occlusive disease (VOD), also known as sinusoidal



obstructive syndrome, with renal or pulmonary dysfunction following hematopoietic stem-cell transplantation (HSCT).

**Merrimack Pharmaceuticals** informs ANCO that CMS has assigned C-code C9474 (1mg) to Onivyde effective April 1<sup>st</sup>. Onivyde is indicated, in combination with 5-FU and leucovorin, for the treatment of patients with metastatic adenocarcinoma of the pancreas after disease progression following gemcitabine-based therapy.

### **Clinical Trial News**

**The Spring 2016 edition (as well as past editions) of *Stanford's Clinical Research Newsletter* is now available** at [cancer.stanford.edu/trials/mdcommunity\\_newsletter/](http://cancer.stanford.edu/trials/mdcommunity_newsletter/). This edition focuses on the gastrointestinal oncology, cutaneous oncology, developmental therapeutics, sarcoma, and neuroendocrine tumor programs.

**Stanford Cancer Center brings the following oncology clinical trials (not previously listed or changed) to the attention of the ANCO membership:**

- A Phase III International Randomized Study of Transarterial Chemoembolization (TACE) versus Stereotactic Body Radiotherapy (SBRT)/Stereotactic Ablative Radiotherapy (SABR) for Residual or Recurrent Hepatocellular Carcinoma after Initial TACE. Principal Investigator: Daniel Change, MD; Contact: Rachel Freiberg, (650) 725-0438, [rachelf@stanford.edu](mailto:rachelf@stanford.edu)
- Prospective Randomized Phase II Trial of Pazopanib versus Placebo in Patients with Progressive Carcinoid Tumors [A021202, NCT01841736]. Principal Investigator: Pamela Kunz, MD; Contact: Martina Steffen, (650) 721-4077, [steffenm@stanford.edu](mailto:steffenm@stanford.edu)
- A Phase II Randomized, Open-Label Study of RRX-001 vs Regorafenib in Patients with Metastatic Colorectal Cancer [COR0012; [cancer.stanford.edu/trials/list.html#studyid=NCT02096354](http://cancer.stanford.edu/trials/list.html#studyid=NCT02096354)]. Principal Investigator: George Fisher, MD; Contact: Flordeliza Mendoza, (650) 724-2056, [floremend@stanford.edu](mailto:floremend@stanford.edu)

**UC Davis brings the following clinical trial (not previously listed or changed) to the attention of the ANCO membership:**

- Phase I Study of Stem Cell Gene Therapy for HIV Mediated by Lentivector Transduced, Pre-Selected CD34+ Cells (AMC#097). Principal Investigator: Mehrdad Abedi, M.D.; Contact: Kelly Jones, [kmjjones@ucdavis.edu](mailto:kmjjones@ucdavis.edu), (916) 703-9117

**UC San Francisco brings the following oncology clinical trials (not previously listed or changed) to the attention of the ANCO membership:**

- Phase 1/2, Open-Label, Dose-Escalation, Safety and Tolerability Study of INCB054329 in Subjects with Advanced Malignancies (CC#15958). Contact: Ilaria Mastroserio, (415) 514-6245, [ilaria.mastroserio@ucsf.edu](mailto:ilaria.mastroserio@ucsf.edu)
- Phase I Study of TAS-102 (Lonsurf) and Radioembolization with 90Y Resin Microspheres for Chemo-refractory Colorectal Liver Metastases (CC#16452). Contact: Curt Johanson, (415) 353-2310, [curt.johanson@ucsf.edu](mailto:curt.johanson@ucsf.edu)
- A Phase II Study of Pembrolizumab (MK-3475) as Monotherapy in Subjects with Advanced Hepatocellular Carcinoma who Progressed on or Were Intolerant to First-Line Systemic Therapy (CC#16456). Contact: Claire Greene, (415) 514-6258, [claire.greene@ucsf.edu](mailto:claire.greene@ucsf.edu)
- Protocol I3O-MC-JSBF Randomized, Double-Blind, Phase 2 Study of Ramucirumab or Merestinib or Placebo plus Cisplatin and Gemcitabine as First-Line Treatment in Patients with Advanced or Metastatic Biliary Tract Cancer (CC#16457). Contact: Claire Greene, (415) 514-6258, [claire.greene@ucsf.edu](mailto:claire.greene@ucsf.edu)
- A Phase Ib/II Safety and Efficacy Trial of Ibrutinib Combined with Gemcitabine and Nab-Paclitaxel in Patients with Metastatic Pancreatic Adenocarcinoma (CC#144525). Contact: Hannah Mills, (415) 353-7792, [hannah.mills@ucsf.edu](mailto:hannah.mills@ucsf.edu)
- A Phase 2, Multicenter Study of FOLFIRINOX Followed by Ipilimumab in Combination with Allogeneic GM-CSF Transfected Pancreatic Tumor Vaccine (GVAX) in the Treatment of Metastatic Pancreatic Cancer (CC#14455). Contact: Hannah Mills, (415) 353-7792, [hannah.mills@ucsf.edu](mailto:hannah.mills@ucsf.edu)
- A Phase I, Open-Label, Dose Finding Study of CC-90002, A Monoclonal Antibody Directed Against CD47, in Subjects With Advanced Solid and Hematologic Cancers [CC#15956]. Contact: Khanh Cao, (415) 353-7084, [khanh.cao@ucsf.edu](mailto:khanh.cao@ucsf.edu)
- A Phase II Study of Oral ENMD-2076 for the Treatment of Patients with Advanced Fibrolamellar Carcinoma (FLC; CC#154514). Contact: Samantha Maisel, (415) 502-3310, [samantha.maisel@ucsf.edu](mailto:samantha.maisel@ucsf.edu)
- A Phase I Open-Label, Dose-Finding Study Evaluating Safety and Pharmacokinetics of FPA144 in Patients with Advanced Solid Tumors (CC#154515). Contact: Samantha Maisel, (415) 502-3310, [samantha.maisel@ucsf.edu](mailto:samantha.maisel@ucsf.edu)

Further information is available at [cancer.ucsf.edu/clinical-trials](http://cancer.ucsf.edu/clinical-trials).

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

ASCO's CancerLinQ is a cutting-edge health IT platform that securely connects and powerfully analyzes real-world cancer care data from many data sources. Guided by ASCO's expertise and mission to support all cancer physicians—in every community and every setting—and powered by the SAP HANA platform, CancerLinQ equips oncologists with a vast network of information to improve the quality of patient care and maximize outcomes. CancerLinQ will improve the care for all cancer patients and provide valuable tools to enhance practice efficiencies. We hope you can join this effort to empower oncologists everywhere to deliver high-quality care to their patients. When your practice joins CancerLinQ, designated users will have access to view, query, and visualize:

- Data for individual patients they are treating
- Data specific to their practice
- Aggregated de-identified data on all patients from all CancerLinQ practices

Between now and June 1<sup>st</sup>, if your practice signs a participation agreement, you will receive the following additional benefits:

- Waived connection fee (a \$50,000 minimum value)
- Waived user fees for 5 years
- Opportunity for national recognition alongside your professional society (ASCO)
- Open line of communication to help develop the next wave of CancerLinQ functionality

Watch a CancerLinQ presentation at [www.asco.org/advocacy/watch-cancerlinq-llc-ceo-kevin-fitzpatrick's-presentation-during-sap's-big-data-webinar](http://www.asco.org/advocacy/watch-cancerlinq-llc-ceo-kevin-fitzpatrick's-presentation-during-sap's-big-data-webinar). For additional information, please see the FAQs at [www.asco.org/sites/www.asco.org/files/cancerlinq\\_frequently\\_asked\\_questions.pdf](http://www.asco.org/sites/www.asco.org/files/cancerlinq_frequently_asked_questions.pdf) and the Practice Kit at [www.asco.org/sites/www.asco.org/files/clq\\_practice\\_kit.pdf](http://www.asco.org/sites/www.asco.org/files/clq_practice_kit.pdf). To set up an informational meeting, please contact Duane Heitkemper at (571) 344-9499 or [duane.heitkemper@cancerlinq.com](mailto:duane.heitkemper@cancerlinq.com) or Jeff Szykowny at (571) 242-9499 or [jeff.szykowny@cancerlinq.org](mailto:jeff.szykowny@cancerlinq.org).

ASCO has launched a new certificate program that offers nurse practitioners, physician assistants, and pharmacists an opportunity to choose from three certificate programs that are designed to address varying levels of experience and familiarity with oncology. Learn more at [www.asco.org/press-center/new-certificate-program-advanced-practice-providers-launched-asco-university](http://www.asco.org/press-center/new-certificate-program-advanced-practice-providers-launched-asco-university).

ASCO's *Clinical Affairs Department* is dedicated to providing services, education, and resources to support oncology practices. It offers hands-on assistance in areas such as practice management, quality care assessment and improvement, and efficiency and business intelligence to meet the needs and demands of the current oncology landscape. Resources on the business of oncology, practice management (staffing, technology), practice transformation, and market analysis are available from the *Department*. For more information, visit [www.asco.org/practice-research](http://www.asco.org/practice-research).

ASCO's PracticeNET is a collaborative network in which practices share and receive insights to enhance their business operations and quality of care. PracticeNET is the first initiative of ASCO's *Clinical Affairs Department*. This new initiative uses existing data from your practice management system to offer customizable reports that measure practice-wide and individual performance against a national database of other PracticeNET participants. Go to [www.asco.org/PracticeNET](http://www.asco.org/PracticeNET) for more information.

The *American Cancer Society* has released a new guideline providing clinicians with recommendations on key areas of clinical follow-up care for survivors of head and neck cancer. Read the guidelines at [onlinelibrary.wiley.com/doi/10.3322/caac.21343/abstract](http://onlinelibrary.wiley.com/doi/10.3322/caac.21343/abstract).

The *American Board of Internal Medicine* (ABIM) has approved *Maintenance of Certification* (MOC) points for physicians whose practices have received accreditation through ASCO's *Quality Oncology Practice Initiative* (QOPI) *Certification Program* (QCP). In addition, MOC points are available for physicians whose practices are participating in QOPI if the individual oncologist attests that he or she has been part of the quality improvement effort.

CMS has approved ASCO's *Quality Oncology Practice Initiative* (QOPI) as a qualified clinical data registry (QCDR), a pathway for oncologists to meet the agency's current quality reporting

**requirements.** Oncology practices registered with QOPI will have the opportunity to fulfill CMS's PQRS or QCDR reporting requirements through QOPI. Go to [www.asco.org/advocacy/cms-approval-new-platform-making-qopi-participation-easier](http://www.asco.org/advocacy/cms-approval-new-platform-making-qopi-participation-easier) for more information. QOPI is designed to promote excellence in cancer care by helping oncologists create a culture of self-examination and improvement. ASCO offers the *QOPI Certification Program* to recognize QOPI participants who achieve rigorous standards for cancer care. The *QOPI Certification* designation can be used by certified practices to demonstrate an advanced commitment to quality.

**ACCC is excited to announce a complete redesign of its annual *Trends in Cancer Programs Survey*.** This year ACCC is rolling out four surveys, one each of cancer program administrators, oncology nurses, pharmacists, and medical directors/physician leaders. Just launched are the cancer program administrators and oncology nurses survey at [www.accc-cancer.org/surveys/CancerProgramTrends-2016-Overview.asp](http://www.accc-cancer.org/surveys/CancerProgramTrends-2016-Overview.asp).

**ACCC's online *Oncology Drug Database* provides quick access to information on oncology drug coding, billing, and reimbursement** at [www.accc-cancer.org/drugdatabase/](http://www.accc-cancer.org/drugdatabase/).

**ACCC's enhanced set of *Financial Advocacy Network* resources** are at [www.accc-cancer.org/resources/FinancialAdvocacy-Overview.asp](http://www.accc-cancer.org/resources/FinancialAdvocacy-Overview.asp). This "one-stop" destination for comprehensive financial advocacy information includes online training materials, practical financial advocacy tools, peer-to-peer networking, and more.

**ACCC's 2016 *Patient Assistance and Reimbursement Guide* is an essential tool for cancer program staff to use in helping patients with issues related to the cost of treatment and in meeting reimbursement challenges.** The *Guide* features a list of pharmaceutical and non-pharmaceutical patient assistance programs (PAPs), including directions on how to apply and links to enrollment forms. New for 2016 are tips for optimizing co-pay assistance programs and new financial advocate skills for the new healthcare environment. Visit [www.accc-cancer.org/publications/pdf/Patient-Assistance-Guide-2016.pdf](http://www.accc-cancer.org/publications/pdf/Patient-Assistance-Guide-2016.pdf) to access this resource. In addition, ACCC has developed a tool for accessing patient assistance and reimbursement programs for use on a desktop, table, or mobile

device. The *Financial Advocacy Network* (FAN) app is available at [accc-fan-app.org](http://accc-fan-app.org). **ASH also has a webpage (at [www.hematology.org/Clinicians/Drugs/Programs/](http://www.hematology.org/Clinicians/Drugs/Programs/)) that provides a consolidated list of resources for hematologists and patients trying to access high cost hematologic drugs.** And, at NCCN's **Reimbursement Resource Room** ([www.nccn.org/reimbursement\\_resource\\_room/default.asp](http://www.nccn.org/reimbursement_resource_room/default.asp)) **you can select a cancer diagnosis or supportive care indication and learn about reimbursement help and services available to you.** Finally, *assistPoint* is your **website for complimentary one-stop cancer Patient Assistance.** You can search by generic, brand name, manufacturer, or diagnosis for the enrollment forms you need; get enrollment form PDFs for 113 cancer drugs; get NDC numbers for all of those drugs; find the HCPCS J-code for each drug; get coding and billing guidelines for many drugs; and, learn more about the drugs you give. Go to [www.assistpoint.com](http://www.assistpoint.com) to learn more.

**NCCN has updated their *Clinical Practice Guidelines in Oncology* and/or *Drugs & Biologics Compendium* for gastric cancer (V1.2016).**

*Oplinc* is a national organization that was founded with the purpose of developing a collaborative environment within the oncology community. The *Oplinc Best Practices Review Newsletter*, sponsored by *Lilly Oncology* and written by Risë Cleland, provides an in-depth look at the issues and challenges facing oncology practices. Download the latest edition (focusing on Medicare's Proposed *Physician Fee Schedule* for 2016) at [oplincc.com/newsletter/BestPracticesReviewSept2014.html](http://oplincc.com/newsletter/BestPracticesReviewSept2014.html).

### ***Individual Membership Dues for 2016***

**Third notices of membership renewal for 2015 were mailed in early April.** If you have not yet done so, then please return your 2016 membership dues to ANCO now to ensure your inclusion in *The ANCO Directory of Members*. Be sure to provide ANCO with your e-mail address and the name(s) and e-mail address(es) of office and/or nurse manager contact(s). Those not renewing their membership by June 30<sup>th</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 do not receive or misplaced your membership dues renewal notice.