# ANCO FAX News

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# INTRODUCTION

The ANCO FAX News focuses on ANCO's core activities—advocacy, clinical and professional

education, membership benefits, and *Association* news. While membership mailings, FAX broadcasts, and ListServ postings continue, the *ANCO FAX News* summarizes this information in a regular forum of important news to members. Contact the ANCO office for additional information regarding any item published in the *ANCO FAX News* or to contribute items.

There is information in the ANCO FAX News for every member of your practice or organization. Pass it along!

Physician Members

□ Nurse & Office Managers

□ Office Staff

Colleagues & Representatives

# ADVOCACY

*[Editor's Note:* ANCO meets regularly with national, regional, and statewide organizations to discuss issues of importance to oncology practices and people 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) have

The ANCO FAX News is sent to member practices (via FAX) and Corporate Member contacts (via e-mail). The next regular ANCO FAX News will be published on December 16<sup>th</sup>.

Comments on and contributions to the *ANCO FAX News* are always welcome and encouraged at ANCO, P.O. Box 151109, San Rafael, CA 94915-1109; *Voice:* (415) 472-3960; *FAX:* (415) 472-3961; ExecDir@anco-online.org. agreed to share information with members. We regularly participate with these organizations on matters of national importance to oncology practices.]

With enrollment starting last November 15<sup>th</sup>, and coverage effective January 1<sup>st</sup>, 2006, Medicare Prescription Drug Plans (PDPs; MedicareRx; Part D) will be available to people who have Medicare. PDPs are offered through private companies. Medicare beneficiaries must enroll in a PDP to get their prescription drug coverage at the time of eligibility or they can be

The Association of Northern California Oncologists (ANCO) is an association of medical oncologists and hematologists dedicated to promoting high professional standards of oncology 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.

#### Page 2 of 9

charged an extra premium if they decide to enroll at a later time. Medicare beneficiaries who are interested in obtaining more information about enrollment, coverage, and more details should contact 800-Medicare (or 800-633-4227) or the *Health Insurance Counseling and Advocacy Program* (HICAP) at (800) 434-0222. Additional information is available at www.medicare.gov.

#### ACCC has posted a Medicare Part D

presentation by James Whitfield, DHHS *Regional Director*, at www.accc-cancer.org/edu/ whitfieldpresentation.pdf. This resource will help healthcare professionals get up to speed on the new drug benefit. Additional resources for healthcare professionals are available at the CMS/Medicare website, as follows:

• CMS's Toolkit for Healthcare Professionals (www.cms.hhs.gov/ medlearn/provtoolkit.pdf)

• CMS's Medicare Prescription Drug Coverage Information for Providers (www.cms.hhs.gov/medlearn/ drugcoverage.asp)

• Current list of California's PDPs (www.cms.hhs.gov/map/charts/ chart4ca.pdf)

CMS expects physician offices to answer general questions and to point beneficiaries to additional resources. However, physicians are not allowed to direct patients to a specific PDP. While **PDPs are not meant to substitute for Part B coverage** (i.e., coverage of drugs provided in the physician office setting), some injectable and/or oral anticancer drugs may be included in each plan's formulary. Nonetheless, injectable drugs administered in the office setting are billed under Part B. Finally, oral chemotherapy equivalents stay under Part B; but new oral anti-cancer drugs without an injectable equivalent will be covered under Part D.

ASCO has written a fact sheet with basic information about Medicare Part D and will be providing additional resources in the coming weeks. The fact sheet is available at www.asco.org/asco/downloads/ fact\_sheet\_medicare\_part\_d11-21-05.pdf.

*Bayer HealthCare Pharmaceuticals* and *Onyx Pharmaceuticals*, an ANCO Corporate

Member, is pleased to announce and support *Demystify Medicare Part D Prescription Drug Benefits*, a live web/audio conference. The program will take place on a number of dates/times, starting on December 7<sup>th</sup>. For additional information, please call Jennifer Laforest at (888) 996-6660, or visit nexavar.webex.com.

ACCC's Choosing Directions: Oncology Reimbursement at the Crossroads will explore what the Medicare Part D and the 2006 Medicare Physician Fee Schedule means for the bottom line of oncology practices. These free 90-minute webcasts are designed to help oncology practices respond to imminent changes in healthcare policies. The webcast will cover the following topics:

• The 2006 *Medicare Physician Fee Schedule*.

• The status of the *Competitive Acquisition Program* (CAP).

• Implementation of Medicare Part D and its relevance for oncology.

• Changes in coverage policy for off-label uses of oncology products.

• "Pay for Performance" and other developments in the broader health policy environment.

• Oncology in the hospital outpatient setting.

• Coding for oncology services in 2006.

The first webcast will be on December 15<sup>th</sup> at 12PM Eastern Time. For additional information, dates/times, and to register, visit www.accc-cancer.org/EDU/edu\_webeducation.asp. The webcast and series of regional courses are sponsored by Sanofi-Aventis, an ANCO Corporate Member.

ANCO and ASCO continue to work towards ensuring that people with cancer have access to quality cancer care in the community. Here is the latest with regard to the *Medicare Prescription Drug, Improvement, and Modernization Act of* 2003 (MMA):

• CMS released the new G-codes established for the 2006 Oncology Demonstration Program. ASCO has developed an easy-to-read listing of the codes available at www.asco.org/asco/ downloads/2006\_onco\_demo\_project\_ codes-1.pdf. The complete 2006 HCPCS coding update is also available at www.asco.org/asco/downloads/ 2006\_HCPCS\_update\_112905.pdf.

To qualify for the additional \$23 demonstration payment, hematologists/oncologists must report <u>one</u> G-code from each of the following three sections in conjunction with a level 2, 3, 4, or 5 established patient office visit:

Primary focus of visit (select from 6 codes)

∠ Practice guideline adherence (select from 7 codes)

∠ Current disease state (select from 68 codes)

The 2006 *Program* focuses on the physician's evaluation and management service; therefore, there is no longer a requirement that the patient encounter be related to chemotherapy to qualify for the demonstration payment.

ASCO's clinical practice guidelines and technology assessments can be accessed at www.asco.org/guidelines, and NCCN's guidelines can be accessed at www.nccn.org. ASCO is also developing tools to help make the clinical practice guidelines that are relevant to the *Program* more easily accessible to members.

CMS has developed a fact sheet with more information about the *Program* (available at www.asco.org/asco/ downloads/2006\_Chemo\_Demo\_ Factsheet.pdf), and ASCO anticipates that CMS will provide additional guidance on billing and documentation in the upcoming weeks. In addition, ASCO has asked CMS to clarify several of the published G-codes for current disease state that may be potential sources of confusion (for example, two pairs of codes in the non-Hodgkin's lymphoma section have almost identical descriptors). Finally, ASCO's spreadsheet tool to help you determine the impact of the new demonstration project on yoru practice is available at www.asco.org/asco/ downloads/Demo\_Impact\_ Spreadsheet111005.xls.

• CMS released the 2006 Medicare Physician Fee Schedule. It can be viewed at www.cms.hhs.gov/physicians/pfs/ CMS-1502-FC.pdf. (NHIC/Medicare has also posted the schedule on its website; see below.) Also visit www.cms.hhs.gov/physicians for more information about the final rule (in the *Highlights* section). Under the statutory Sustainable Growth Rate (SGR) methodology, the conversion factor will decrease by 4.4% in 2006 compared to 2005. The 2006 conversion factor is \$36.1770. In addition, CMS confirmed the following revisions to Medicare reimbursement policy:

🖉 2006 drug administration CPT codes are available on the American Medical Association website (www.amaassn.org/ama/pub/category/3113.html; select What's New). The 2006 Medicare Physician Fee Schedule eliminates the 3% transitional payment for drug administration. New CPT code descriptor language is generally similar to the G-code descriptions. There are some entirely new CPT codes, however. ASCO's cross-reference sheet between the 2006 CPT codes, Medicare's 2005 G-codes, and the 2005 CPT codes for drug administration is available at www.asco.org/asco/downloads/ 2006\_CODING\_CROSS\_ REFERENCE\_SHEET\_final.pdf.

CMS has decided not to revise the method of calculating **practice expense relative value units**. Practice expense RVUs will remain essentially the same in 2006.

Drug reimbursement will remain at ASP plus 6%. However, in response to concerns about the availability of intravenous immunoglobulin (IVIG) at the Medicare payment level, CMS has

Page 4 of 9

established G0332 valued at 1.90 RVUs, that can be billed once per day when IVIG is administered. Practices should bill the J <u>and</u> G codes for IVIG.

• CMS has refined its *Competitive* Acquisition Program (CAP). CAP will be implemented on July 1<sup>st</sup>, 2006. Refinements include an improved bidding process for vendors, an increase in the number of drugs that can be furnished under CAP, and improved access to newly approved drugs. Unresolved issues remaining include reimbursement for additional administrative work with ordering and tracking of drugs, wastage, ceasing shipment of drugs for patients with outstanding copayments, and adaptability to dynamic clinical decisions. CAP remains a voluntary program. For more information, visit www.cms.hhs.gov/providers/drugs/ compbid/default.asp (select *Highlights*). CMS anticipates that the physician election process will take place in early to mid-Spring 2006 (i.e., April 15th through May 30<sup>th</sup>, 2006). Finally, in a related ruling, CMS announced that drug prices paid by CAP vendors do not have to be included in ASP calculations.

• CMS estimates that there will be a 10% reduction in revenue to oncology practices from Medicare as a result of changes to the demonstration project and other fee schedule provisions.

• ASCO, in conjunction with the Administrators in Oncology/Hematology Assembly (AOHA) of the Medical Group Management Association (MGMA), is seeking help with an important survey on the costs associated with providing supportive care services to patients with cancer. The survey was sent last month to a random sample of oncology practices throughout the country. As no study currently documents the prevalence and resource expenditures for support services furnished by oncology practices, participation by practices that received the survey is crucial. Please contact ASCO at (703) 299-1050 with any questions.

Visit www.asco.org/mma, www.ancoonline.org/mma.html, or call/e-mail ASCO's billing and coding hotline at (703) 299-1054/practice@asco.org for up-to-date information on changes in coding for drug administration services, as well as billing and payments for drugs. And, join ASCO's Grassroots Advocacy Network at www.asco.org/grassroots\_survey.

#### CMA, MOASC, and State Legislative/Regulatory Issues

[Editor's Note: ANCO and the Medical Oncology Association of Southern California (MOASC) are members of the California Medical Association's (CMA) House of Delegates and Council on Legislation. ANCO and MOASC cooperate on several joint ventures and coordinate activities in the advocacy and membership benefit arenas. Each is represented at the Board meeting of the other.]

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

• The fierce partisan nature of the Special Election made many voters in California forget Governor Schwarzenegger is actually a political moderate. The Governor's appointment of a top Democrat as his Chief of Staff may signal an effort to remind voters of his bipartisan ways. The new Chief of Staff, Susan Kennedy, was Deputy Chief of Staff and Cabinet Secretary for Governor Davis. Kennedy has also been a top official in the California Democratic Party. As Schwarzenegger's Chief of Staff, she replaces Pat Clarey, a Republican who had worked for Governor Wilson and who hired may other Republicans to serve in the top ranks of the Schwarzenegger administration.

ANCO and MOASC have agreed to form the *California Oncology Political Action Committee* or CalCancerPAC. Organizational steps have been completed and ANCO will launch fund-raising efforts for CalCancerPAC in December. CalCancerPAC's goal will be to support candidates sensitive to the needs of oncologists and their patients in California.

**CMA urgently needs your help to fight Medicare reductions**. Medicare payments will be cut by 4.4% on January 1<sup>st</sup>, 2006. Over the next five years, Medicare physician payments will be cut a total of 26% while medical practice costs increase 15%. *Congress* is adjourning for the year this month and they will not be back until after January 2006. There is one more chance to stop the Medicare physician payment cuts by calling your *Member* of *Congress* immediately. Call (800) 833-6354 and enter your zip code, and your call will automatically be forwarded to your *Representative*'s office. Please urge your *Representative* to ask the members of the *Budget Conference Committee* to:

1. Stop the Medicare physician payment cuts.

2. Be fair to physicians. Institute a comparable cost-of-living increase for physicians. All other Medicare providers have already been granted increases for 2006 (e.g., health plans, +4.8%; home health, +3.3%; hospitals, +3.7%; nursing homes, +2.7%).

3. Protect California's senior citizens, and make sure they have access to doctors. If these cuts take effect, doctors will be forced to stop taking Medicare patients.

Inform your *Representatives* of just how serious this situation is for patients and physicians. In addition to phone calls, visit your local *Congressional* office and tell them you have patients waiting and that you need just 5 minutes of your *Representative's* time. Your county medical society office is ready to help you coordinate with other doctors in your area. Or simply arrange to go with your medical staff colleagues.

# NHIC/Medicare & DHS/MediCal

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

NHIC/Medicare has posted the 2006 Medicare Physician Fee Schedule on its website at www.medicarenhic.com/cal\_prov/ fee\_sched.shtml#60. You will also find the *Medicare Participation Agreement*, the cover letter, and *Key Medicare News for 2006* at this webpage. If you download the PDF file version of the fee schedule, you will see a "Find by Code" quick link in the upper right hand corner to assist you in locating a particular code.

The *Medicare B Resource* (December 2005) is available online at www.medicarenhic.com/news/ provider\_news/mbr\_dec05.pdf.

NHIC/Medicare reports that G0357 was added to the *Correct Coding Initiative* (CCI) tables on October 1<sup>st</sup> as the Column 1 code, with G0351 as the Column 2 code. Modifier -59 would be needed to reflect that these are two separately identifiable services and the medical record must support their unbundling.

On October 1st, ICD-9-CM codes for chronic kidney/renal disease changed, requiring a fourth digit. In implementing these changes, NHIC/Medicare inadvertently added the entire range of codes to the edits requiring use of hematocrit levels when submitting claims for EPO and Arenesp resulting in incorrect denials of claims. The HCT levels are only required for chronic renal failure patients on dialysis, identified by ICD-9-CM code 585.6. NHIC/Medicare's edits were corrected on November 4<sup>th</sup> and they are processing mass adjustments for the incorrectly denied services. The claim correction numbers are 9605312000010 to 9605312014980.

Effective October 1<sup>st</sup>, ICD-9-CM encounter code V58.1 was expanded and is now defined as an encounter for antineoplastic chemotherapy and immunotherapy. V58.11 should be used for an encounter for antineoplastic chemotherapy, and V58.12 should be used to report an encounter for antineoplastic immunotherapy. There is no longer a grace period to use the old codes so practices should ensure that the new codes are being reported.

Visit www.medicarenhic.com/whats\_new/ whats\_new.shtml to learn **the latest information** (updated weekly) **from NHIC/Medicare**. Weekly updates are also posted on ANCO's WebLog (at www.anco-online.org/news/ index.html; under *California News*).

# **EDUCATION**

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

#### Move the Ball!

The National Coalition for Cancer Survivorship's (NCCS) first annual Move the Ball! Golf Tournament at Pebble Beach Golf Links takes place on Thursday, December 15th. NCCS's objective is to foster collaboration among the oncology community, biotech, pharmaceutical, health care venture capitalists, and other industry thought leaders by engaging in an expert panel discussion following the golf event to explore ways in which NCCS can help "move the ball" in the research, innovation, and treatment of cancer as they pursue their advocacy efforts. NCCS is a non-profit cancer advocacy group based in Washington, D.C. It is the oldest survivor-led cancer advocacy organization in the country focused on empowering cancer survivors and representing an authentic voice at the Federal level, advocating for quality cancer care for all Americans. Non-golfers are strongly encouraged to attend the dinner and the panel discussion. A banquet-only fee has been included to accommodate anyone interested in attending the dinner and discussion. Please feel free to contact Kym Martin, NCCS Manager of Development, with any questions at (301) 562-2775 or kmartin@canceradvocacy.org.

#### SAVE THE DATE San Antonio Breast Cancer Symposium Highlights 2005

ANCO's annual San Antonio Breast Cancer Cancer Symposium Highlights 2005 will take place on Wednesday evening, January 18<sup>th</sup>, 2006 at the Hotel Nikko in San Francisco. Faculty from Stanford (Robert W. Carlson, M.D.), UC Davis (Janice Ryu, M.D.), and UC San Francisco (Laura J. Esserman, M.D.) will review the clinically most important research results presented at December's Symposium. This meeting will be moderated by Helen K. Chew, M.D., UC Davis, and accredited by ASCO. Watch for a meeting announcement and registration form in December.

#### ASCO's Prostate Cancer Symposium: A Multidisciplinary Approach

ASCO's Prostate Cancer Symposium: A Multidisciplinary Approach will be held February 24-26<sup>th</sup>, 2006, in San Francisco. This three-day Symposium is co-sponsored by ASCO, the American Society for Therapeutic Radiology and Oncology (ASTRO), the Prostate Cancer Foundation, and the Society of Urologic Oncology (SUO) and is designed for individuals with clinical or research interests in the evaluation and management of prostate cancer. The deadline for early registration and housing reservations is Tuesday, January 31<sup>st</sup>, 2006. Visit www.asco.org/asco/downloads/ Prostate\_Program\_Announcement\_FINAL.pdf for more information and to register.

#### Emerging Therapies for Blood Cancer Patients—A Patient Education Program

ANCO is joining the Leukemia & Lymphoma Society (among others) to bring this year's ground-breaking information from the American Society of Hematology (ASH) 2005 Annual Meeting to patients and their caregivers. This free program at the Renaissance Parc 55 Hotel in San Francisco takes place on Saturday, January 28<sup>th</sup>, 2006, and includes breakfast and lunch. The faculty includes experts from University of California, San Francisco, Stanford University, Alta Bates Comprehensive Cancer Center, and California Cancer Care. For more information please contact Jeremiah Larsen at (866) 450-0669 or visit www.LLS.org/sf/ash. Please note that this is a patient education program and that ANCO's ASH Highlights 2005 for healthcare professionals will take place in February 2006.

#### Additional Education Meetings

Other meetings of possible interest to ANCO member practices are:

December 9<sup>th</sup> Glioblastoma: Current Treatments and Hope for the Future CancerCare (and others) Telephone Education Workshop (www.cancercare.org) December 10-13<sup>th</sup> 47<sup>th</sup> Annual Meeting American Society of Hematology Atlanta, GA

December 14<sup>th</sup>

The Latest Developments Reported at the 28<sup>th</sup> Annual San Antonio Breast Cancer Symposium Cancer Care (and others) Telephone Education Workshop (www.cancercare.org)

December 14<sup>th</sup> Update on Lymphoma Treatment from the 2005 American Society of Hematology (ASH) Annual Meeting CancerCare (and others) Telephone Education Workshop (www.cancercare.org)

January 18<sup>th</sup>-23<sup>rd</sup>, 2006 Advances in the Understanding and Treatment of Melanoma Keystone Symposia Santa Fe, NM

January 29<sup>th</sup>-February 4<sup>th</sup>, 2006 *MindBodySpirit Medicine: The Professional Training Program* Center for Mind-Body Medicine & University of Minnesota Berkeley

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

# **MEMBERSHIP BENEFITS**

[Editor's Note: All ANCO members are eligible for benefits from the California Oncology Consortium (COC).]

# ANCO On-Line

ANCO's independent website at **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 MMA resources).

• clinical and professional education meeting announcements and distributed materials.

- survey reports, publications, and WebLog.
- clinical trials information.
- links to affiliated organizations; and, updated physician, nurse, manager, and patient resources.

The WebLog (ANCO News On-Line) posts and archives important news for oncology practices on an almost daily basis. Among the additional news topics covered at www.ancoonline.org/news/index.html are:

- ACCC Alerts
- ANCO Meeting Announcements
- ASCO's e-News and Medicare & Quality Care Alerts
- CMS/Medicare Website Updates
- NHIC/Medicare Website Updates

ANCO urges its members to bookmark www.anco-online.org/news/index.html (or subscribe to www.anco-online.org/news/ rss.xml using your favorite news reader software; e.g., RssReader for Windows or NetNewsWire for Macintosh) and refer to it often.

#### California Oncology Consortium (COC)

The COC is a cooperative venture of ANCO and MOASC. The *Consortium* maintains two ListServs for the exchange of general/administrative and clinical information and has a group purchasing organization (GPO).

# Hematology Oncology Leadership Network (HOLN)

ANCO has withdrawn from the *Hematology Oncology Leadership Network* (HOLN) effective December 31<sup>st</sup>. The number of available contracts with suitably discounted pricing available through HOLN has diminished to almost nothing. Discount pricing for HOLN contracted products will no longer be available to ANCO members as of January 1<sup>st</sup>, 2006. ANCO is investigating alternative group purchasing and discounted pricing arrangements and will make an announcement in early 2006.

# **ASSOCIATION NEWS**

#### Letter from Peter Paul Yu, M.D., ANCO President

The following letter to ANCO members from Peter Paul Yu, M.D., ANCO *President*, was FAXed to all member practices on November 30<sup>th</sup>:

The American Society of Clinical Oncology (ASCO) represents 22,000 members and is supported by a full-time staff in Alexandria, Virginia. ASCO leadership derives from three sources-the rotating, one-year ASCO Presidency, the full-time office of the Executive Vice President, and the Board of Directors. The twelve Board members each serve three-year terms and three of the *Board* positions are reserved for community oncologists. One of the most important issues facing the current *Board* is the selection of a new *Executive* Vice President who will be responsible for implementing ASCO's strategic plan and supervising the full-time staff. Since the office of the Executive Vice President is a full-time position responsible for the dayto-day operations and without a term limit, he or she provides much stability for ASCO.

The *Clinical Practice Committee* proposed and the Nominating Committee accepted past ANCO President Jack Keech as one of the two candidates on this year's ballot for the community oncologist ASCO *Board* position. Jack served as *Chair* of the Clinical Practice Committee during Margaret Tempero's term as ASCO President and is well known to ASCO leadership. I believe that Jack possesses a combination of detailed knowledge of ASCO operations and credibility among its current leadership that will allow him to be the most effective candidate to represent our interests. Jack continues to be Northern California oncology's representative to and provides important guidance to NHIC/Medicare in implementing the Medicare program. He

richly deserves our support and I ask that all ASCO members give him their highest consideration.

#### 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* meeting will take place in January 2006. Please call José Luis González, *ANCO Executive Director*, at (415) 472-3960 if you wish to participate in a future meeting.

#### Individual Member News

ANCO has sent a donation of \$8,375 to the ASCO *Foundation Hurricane Relief Fund*. This amount represents \$5,000 from ANCO's accumulated assets together with an additional \$3,375 in ANCO funds matching member contributions of \$13,500.

John A. Keech, Jr., D.O., ANCO *Board Member*, and past ANCO *President* and past *Chair*, ASCO *Clinical Practice Committee*, has been nominated to the ASCO *Board of Directors*. ANCO urges you to vote for Dr. Keech during the ASCO *Board* election.

#### Corporate Member News

ANCO thanks the following **Corporate Members** for their generous support that enables ANCO to grow and expand its services for the 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:

> AMGEN • APP/Abraxis Oncology Bayer Oncology/Onyx Pharmaceuticals Berlex Laboratories • biogenIDEC Bristol-Myers Squibb Oncology Cephalon • Chiron Corporation Enzon Pharmaceuticals Genentech BioOncology Genitope Corporation • Genomic Health GlaxoSmithKline

International Oncology Network Lash Group Healthcare Consultants Lilly Oncology • Matrix Oncology MedImmune Oncology • MGI Pharma Millennium • National Oncology Alliance Novartis Oncology • Oncology Supply Oncology Therapeutics Network • Onmark Ortho Biotech/Tibotec Therapeutics OSI Pharmaceuticals • Pfizer Oncology Roche Oncology • Sanofi Aventis Oncology Schering-Plough Oncology • SuperGen US Oncology • Wyeth Oncology

We especially wish to thank and welcome *Enzon Pharmaceuticals* and *Onmark* as new Corporate Members in 2005. *AstraZeneca, Ligand Pharmaceuticals,* and *Oncotech* have not renewed their Corporate Membership for 2005.

Practices may be experiencing supply problems with fluorouracil (injection), in part due to a recall on 10ml vials by *American Pharmaceutical Partners* (APP). APP has posted information about the recall at www.appdrugs.com. It plans to release 20ml vials in early December but has not issued any release information for other vial sizes. *Sicor Pharmaceuticals* has released its fluorouracil product Adrucil in 100ml, 50ml, and 10ml vials this month to fill some backorders but continues to operate on backorder. *Valeant Pharmaceuticals* has the drug on backorder with no release date.

*biogenIDEC* reports that USP-DI/Thomson Micromedex recently published its acceptance of a new indication for Rituxan on October 20<sup>th</sup>. The USP-DI monograph for this drug has been revised to include off-label uses for chronic lymphocytic leukemia, in combination for firstline treatment. Rituximab has demonstrated activity in combination with fludarabine and with fludarabine and cyclophosphamide in the firstline treatment of chronic lymphocytic leukemia.

#### Institutional Member News

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

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

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

- cancer.stanfordhospital.com/ newsEvents/events/default
- www.ucdmc.ucdavis.edu/cme/ Confrnce/Confrnce.htm
  www.cme.ucsf.edu/cme/ index.aspx?Display=Date

UCSF's 5th Annual Clinical Cancer Update takes place at Lake Tahoe on January 13-15<sup>th</sup>, 2006. Visit www.cme.ucsf.edu/cme/ CourseDetail.aspx?coursenumber=MSU06003 for more information.

The 8<sup>th</sup> Annual Northern California Tumor Board at Silverado will be presented by the Stanford University School of Medicine from March 10-12<sup>th</sup>, 2006. Tumor boards on breast, gastrointestinal, genitourinary, gynecologic, and thoracic cancers; hematological malignancies and lymphoma; and, supportive and palliative care will be presented by faculty from Stanford, UC Davis, and UC San Francisco, and the community. Registration and case submission materials can be obtained from ANCO or from Jennifer Schafer at (650) 724-2288 or schafer@stanford.edu.

#### Membership Dues for 2005

Membership renewal notices for 2006 will be mailed next week. Watch for this mailing, pay your membership dues promptly, and be sure to add any physicians in your practice that are not members.

#### A larger ANCO is a stronger ANCO!