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.

In this issue:
• CMS’ Oncology Care Model
• ASCO comments on healthcare worker safety, molecular pathology, and clinical trials registration and data submission
• Stanford & UCSF clinical trials

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 March 20th. 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.

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

Congress has until March 31st to repeal the Sustainable Growth Rate (SGR), the fundamentally flawed system currently used to set Medicare physician payments. If it is not repealed by the end of the month, Congress will be forced to pass the 18th payment patch since this system was put into place; and eventually, lawmakers will be forced to consider further patches that would cost billions more. Please contact your legislators (at cqsengage.com/asco/app/write-a-letter?0&engagementId=78733) and urge them to work with their colleagues to permanently repeal the SGR formula and replace it with a real reform to the Medicare physician payment system.

The CMS Innovation Center plans to test a new Oncology Care Model (OCM) intended to address the spiraling costs of cancer care and improve quality for beneficiaries. As part of a broader Federal effort to push to reward hospitals and physicians for value rather than the volume of services they provide, CMS is inviting oncology practices to join a five-year test set to begin in the Spring of 2016. Learn more about CMS’s oncology payment model at innovation.cms.gov/initiatives/Oncology-Care/ or www.communityoncology.org/site/blog/detail/2015/02/12/cms-cmmi-releases-oncology-payment-reform-model.html; read ASCO’s early response to CMS’ Oncology Care Model at www.asco.org/advocacy/new-cms-oncology-care-model-relies-broken-fee-service-system. ACCC believes this new initiative is a promising step in the right direction; however, as with the launch of any new model, the details are critical—and many questions remain. Read ACCC’s statement at www.accc-cancer.org/mediaroom/


A summary of CMS’s Oncology Care Model (OCM) has been prepared by Bobbi Buell, as follows:

You will be paid two incentives on a PER episode basis—a six-month renewable episode of care from the day that chemotherapy (oral or IV) begins. There will be two forms of payment that will include: 1) a monthly $160 per-beneficiary care management payment for Medicare FFS beneficiaries for 6 months ($960); 2) a performance-based payment for OCM episodes. The potential for a performance-based payment will incentivize participating practices to improve care for beneficiaries and lower the total cost of care over the 6-month episode period. The performance-based payment will be determined based on the practice’s achievement and improvement on quality measures listed in the Request for Applications. Participants will receive regular Medicare FFS payments during the model. Performance-based payments will be calculated retrospectively following the completion of a 6-month episode.

The incentive: For the first two years, you can only get upside. But, this is a five-year program, so the last three years you can elect to have downside (for a higher target price). Anyway, Medicare will look at your own 6-month target price, which will be risk-adjusted) and reduce it by 4.0% or 2.75% (if you elect downside in the last three years). So, initially, if your adjusted expenditures are $10,000 for 6 months, your target will be $9,600. If your 6-month expenditures come in at $9,000, you theoretically keep $600 for that case. BUT, that is ONLY IF you meet all the quality measures that CMMI will have in this program for each quarter. This target price includes all expenditures—inpatient, outpatient, office, Part D, everything—unless the patient goes to hospice.

Here’s what you need to do to qualify:

• Provide and attest to 24 hours a day, 7 days a week patient access to an appropriate clinician who has real-time access to the practice’s medical records
• Attestation and use of ONC-certified electronic health records (EHRs)
• Utilize data for continuous quality improvement
• Provide core functions of patient navigation
• Document a care plan that contains the 13 components in the Institute of Medicine (IOM) Care Management Plan
• Treat patients with therapies consistent with nationally recognized clinical guidelines (right now, that’s NCCN)

If you have more questions about the OCM and/or the logistics of applying, there is a really great FAQ at innovation.cms.gov/Files/x/ocmfaqs.pdf?utm_source=Copy+of+E-Reimbursement+25th+Year+Bonanza+01-21-2015&utm_campaign=ICD-10&utm_medium=email. Here are some questions I have about the initiative that maybe you want to think about:

Why are you compared with yourself? Why isn’t each practice compared to an average target payment from all office-based practices by tumor type? Here’s why this is an issue—say you have done everything right and you are the most efficient you can be—how can you improve on this for five years without compromising patient care?

How are all services going to be under your control? Let’s say you have a former breast cancer patient that is on an aromatase inhibitor (these trigger a six-month episode, if you see the patient) and doing well at home. That patient gets a terrible case of the flu and develops pneumonia unrelated to chemo or cancer. They call their Primary Care and go to the hospital for two days. That will theoretically be counted against the case rate—as I see it.

What will be bundled into the $160? Right now, it is has been explicitly stated that you will not be able to bill Transitional Care Management and Chronic Care Management, if the patient is on the model. They do not say these are the only you cannot bill and these do not add up to $160, so I expect there may be more bundling within this payment—as we know with drug administration, more bundling and more rules may be introduced over time.

Will this be reporting nightmare? Practices are expected to report quality measures quarterly—here’s what they say: “Practices are required to report data on OCM-FFS beneficiaries to CMS on a quarterly basis. To the extent possible, CMS will use existing data and reporting systems as part of its monitoring efforts, to minimize the reporting burden on practices, providers, and patients.” Imagine PQRS on a quarterly basis. This will cost you more for sure.

Will this be an accounting nightmare? Maybe not—if you want to take CMS’ word for it. But, imagine tracking every chemo patient as to whether you should be paid for them—and a few chemos or tumor types won’t be included—even the $160 can be a burden...what about the incentive? Do you have the systems to pick up hospital costs, random prescriptions, etc.? How do you know when you get paid (and that not defined), that the amount is correct?

Do you have to reveal a lot of practice information in the application? You have to tell whomever reads the application what your number of patients and revenues are from every payer. Why is this CMS’ business if other payers are not participating in OCM?

Details for submitting a Letter of Intent are at innovation.cms.gov/Files/x/ocmfaqs.pdf?utm_source=Copy+of+E-Reimbursement+25th+Year+Bonanza+01-21-2015&utm_campaign=ICD-10&utm_medium=email. Along with the application and lots of other stuff.

ASCO, the Hematology/Oncology Pharmacy Association (HOPA), and the Oncology Nursing Society (ONS) issued a joint position statement on improving the safety of healthcare workers who handle dangerous drugs (HDs) and other hazardous materials across various healthcare settings. The statement offers seven recommendations for organizations in which HDs are present, including establishing evidence-based policies and procedures for safe handling of HDs that comply with regulatory requirements, providing and maintaining engineering controls and appropriate personal protective equipment to reduce worker exposure to HDs, disposing of HD waste according to regulatory guidelines and in a manner that protects staff and the environment, and protecting the right of staff who are trying to conceive, pregnant, or nursing to engage in alternative duties that do not require HD handling. The statement also recommends that organizations provide education and training about safe handling to staff members who could potentially be exposed to HDs that are specific to each worker’s role, as well as to patients who receive these drugs, and their caregivers, to minimize unintended exposure. Read the statement at www.asco.org/sites/www.asco.org/files/safe_handling_final_022015.pdf.

ASCO has submitted comments to CMS regarding an upcoming assessment of molecular pathology testing for Medicare coverage. Read ASCO’s comments at www.asco.org/sites/www.asco.org/files/asco_comments_molecular_pathology_testing.pdf. The Medicare Evidence Development and Coverage Advisory Committee (MEDCAC) panel will convene in March to evaluate the evidence of selected molecular pathology tests and biomarkers to
estimate prognosis in cancer, specifically adenocarcinoma of the colon and rectum, invasive breast cancer, and non-small cell lung cancer. It its comments to CMS, ASCO expressed its strong support for Medicare coverage of biomarker testing “where evidence demonstrates that the biomarker has clinical validity and utility.”

CMA, MOASC, and State Legislative & Regulatory Issues

CMA is interested in hearing from practices that have experienced difficulties using the new Prescription Drug Authorization Form that became effective October 1st. If your practice has run into any problems with the form itself, integration into your EHR, submission of the form to the payor, multiple requests for medical records from the payor, delays in processing by the payor, etc., please contact CMA at (916) 551-2061 or economicservices@cmanet.org to share your experience. For information on the new form and accompanying regulations, visit www.cmanet.org/resource-library/detail/?item=sb-866-guide.

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 to subscribe.

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. Recent updates include:

- MLN Connects Provider eNews:
  - National Provider Calls—Physician Quality Reporting Programs: Reporting Once in 2015: Registration Now Open
  - 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.

For the upcoming Noridian/JEMAC workshops include:

- Outpatient Therapy Services (March 10th)
- Compliance (March 11th)
- Modifier 59 Clarification and Changes (March 17th)
- Advance Beneficiary Notice of Noncoverage (March 18th)
- Correct Coding Initiative (CCI) and Medically Unlikely Edits (MUEs) (March 19th)
- Top 10 Claims Submission Errors and How to Avoid Them (March 25th)
- Oncology Reimbursement (March 26th)

Visit med.noridianmedicare.com/web/jeb/education/training-events for more information and to register.

Noridian/JEMAC is requiring physicians to revalidate their Medicare enrollment and will continue reaching out to physicians notifying them of the need to revalidate through March 23rd. Physicians who receive a request for revalidation must respond within 60 days or face the possibility of being deactivated. Do not do anything until you get a letter instructing you to revalidate. To find out whether you have been mailed a revalidation notice, go to the revalidation page on the CMS website at www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Revalidations.html.

Announcements—New Affordable Care Act Initiative to Encourage Better Oncology Care; Two New ICD-10 Videos; Physician Groups that Demonstrate High Quality Care Receive Increases to Their Medicare Payments;

Educational Products—Chronic Care Management Services Fact Sheet
- EHR Attestation Deadline for Eligible Professionals: March 20, 2015

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If you are listed and have not received the request, then contact Noridian/JEMAC at (855) 609-9960.

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), enter an e-mail address and a ZIP code, and customize your subscription by selecting the specific subject areas you are interested in. For more information about MCSS, visit the MCSS Help page at files.medi-cal.ca.gov/pubsdoco/mcss/mcss_help.asp.

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.

As a result of ANCO’s advocacy efforts, DHCS/MediCal will delete the current maximum daily dose (i.e., 1 unit or 5mcg) criteria for GraniX (J1446). This incorrect maximum daily dose was an improper implementation of their coverage policy. It will take up to sixty (60) days for the error to be corrected. DHCS/MediCal advises providers to wait for a Bulletin announcement of the correction and then submit a claim for the amount of drug that was denied, all the while paying attention to the timeliness of their claims and appeals.

Anthem (formerly Wellpoint) is offering California oncologists a monetary incentive for each patient who receives treatment for breast, colorectal, and lung cancers, and some hematological malignancies as specified by one of the insurer’s recommended regimens. Learn more about the Anthem program at 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. ANCO’s comments on the Program and Anthem’s response are available online at www.anco-online.org/index.html.

UnitedHealthcare’s Network Bulletin (March 2015) is now available online at unitedhealthcareonline.com > Quick Links > Network Bulletin and includes prior authorization updates.

EDUCATION

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

ASCO Annual Meeting

Registration and housing for the 2015 ASCO Annual Meeting, May 29th - June 2nd, at McCormick Place in Chicago is now open. Reserve your room and register at am.asco.org/.

ASCO’s Best of ASCO

ASCO’s Best of ASCO takes place in San Francisco on August 7-8th. Visit boa.asco.org for more information. An ANCO event at ASCO’s Best of ASCO is being organized on August 6th in lieu of ANCO’s ASCO Highlights.

Additional Education Meetings

Other meetings of possible interest to ANCO member practices are:

March 7th
The Challenges of Breast Cancer: 14th Annual Allison Taylor Holbrooks and Barbara Jo Johnson Breast Cancer Conference
Cancer Prevention Institute of California
San Francisco (www.cpic.org)

March 10th
Advances in the Treatment of Lung Cancer
CancerCare
Connect Education Workshop

March 13th
Understanding Clinical Trials: What’s New CancerCare
Connect Education Workshop

March 16-18th
CancerScape—Policy, Value, & Quality: ACCC 41st Annual Meeting
ACCC
March 18th
Living with Chronic Myelogenous Leukemia (CML)
CancerCare
Connect Education Workshop

March 25th
Advances in the Treatment of Colorectal Cancer
CancerCare
Connect Education Workshop

April 2nd
Progress in the Treatment of Multiple Myeloma
CancerCare
Connect Education Workshop

April 13th
Healthy Eating Tips and Managing Weight Changes During Cancer Treatment
CancerCare
Connect Education Workshop

April 15th
Emerging Therapies in Hodgkin and T-Cell Lymphomas
CancerCare
Connect Education Workshop

April 21st
Precision Medicine: Implications for the Treatment of Prostate Cancer
CancerCare
Connect Education Workshop

April 28th
Medical Update on Ovarian Cancer
CancerCare
Connect Education Workshop

May 1st
New Perspectives in the Treatment of Advanced Skin Cancer: Basal Cell & Squamous Cell Cancers (Part I of Living with Advanced Skin Cancer)
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 February 24th to discuss and/or act upon the following issues:

- California legislative positions
- Anthem’s Cancer Care Quality Program

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 will take place on April 15th. 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 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 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, Diablo Valley Oncology &
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

UC San Francisco’s Orthopaedic Oncology Review takes place on March 29th in Las Vegas. For more information, please visit www.ucsfcme.com/2015/MMC15020/info.html.

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:

Agenda • Alexion Pharmaceuticals • AMGEN
AMAG Pharmaceuticals • Astellas Oncology
Axess Oncology
Bayer Healthcare/Onyx Pharmaceuticals
Boehringer Ingelheim Pharmaceuticals
Bristol-Myers Squibb Oncology
Cardinal Health Specialty Solutions
Celgene • Daiichi Sankyo • Dendreon • Eisai Foundation Medicine
Genoptix Medical Laboratory
Genentech BioOncology • Genomic Health
Genzyme • Gilead Sciences • Helsinn Oncology
Incyte • Innovax • Ipsen Pharmaceuticals
Janssen Biotech • Lilly Oncology
McKesson Specialty Health
MedImmune,
Specialty Care Division of AstraZeneca
Medivation • Merck • NanoString
Novartis Oncology • Oncology Supply/ION

Onyx Pharmaceuticals • Pfizer Oncology
Pharmacyclics
Prometheus Therapeutics & Diagnostics
Sanofi Oncology
Sargas Pharmaceutical Adherence & Compliance (SPAC) International
Seattle Genetics • Spectrum Pharmaceuticals
Takeda Oncology • TEVA Oncology

We especially wish to thank and welcome Ipsen Pharmaceuticals and Prometheus Therapeutics & Diagnostics as new Corporate Members for 2015. Please visit 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.

Bristol-Myers Squibb Oncology informs ANCO that the United States Food and Drug Administration has expanded the approved use of Opdivo to treat patients with advanced (metastatic) squamous non-small cell lung cancer (NSCLC) with progression on or after platinum-based chemotherapy.

Celgene informs ANCO that the United States Food and Drug Administration has expanded the authorized use of Revlimid to include newly diagnosed patients with multiple myeloma.

Dendreon informs ANCO that it was acquired by Valeant Pharmaceuticals on February 23rd. Provenge will remain commercially available and patients will receive treatments with no disruption moving forward.

Novartis Oncology informs ANCO that the United States Food and Drug Administration has approved Farydak in combination with bortezomib and dexamethasone for the treatment of patients with multiple myeloma who have received at least two prior regimens, including bortezomib and an immunomodulatory agent.

Sargas Pharmaceutical Adherence & Compliance (SPAC) International has a special promotional offer for ANCO members who enroll in their chronic care management services program before March 31st. The annual subscription fee of $600 per physician is waived and a reduced $8.95 per patient per month rate for the first 1,000 patients enrolled per practice will be offered. Additional
tiered discounts for more than 1,000 patients will be available. SPAC’s chronic care management services include: regularly updated comprehensive patient-centered plan of care (to be provided by the physician); continuity of care through access to an established care team for successive routine appointments; scheduled preventive service and mediation monitoring by a trained staff with a patent pending mobile health application for each patient customized to your practice; monthly reports as required by Medicare for billing; access to a proprietary beneficiary consent form that can be uploaded to an EHR as required by Medicare; patient access to their care team 24 hours per day and patient care team access to each patient’s care plan via SPAC’s portals 24 hours per day. Sign up at www.spacinternational.com/sign-up-physician.php.

**Clinical Trial News**

ASCO recently submitted comments to the National Institutes of Health (NIH) on its proposed rule and draft policy on clinical trials registration and results submission in clinicaltrials.gov. Read ASCO’s comments at www.asco.org/sites/www.asco.org/files/ascos_comments_to.nih_on_clinical_trial_data_policy.pdf. ASCO’s comments expressed support for the draft policy, commending NIH’s effort to improve and provide clarity for clinical trial registration and data submission. ASCO specifically supported establishing new requirements for the structure and frequency of trial registration and results submission; requiring reporting of all applicable trials, not just for those studying drugs/devices that are FDA approved, licensed, or cleared; recognizing single-arm trials as applicable trials; and, requiring sponsors to include information if a drug studied is available through an expanded access program. In addition, ASCO proposed that sponsors be required to submit the following additional information—attribute of adverse events; the full protocol from all applicable trials; and, the investigational new drug number to make it easier to determined whether a trial qualifies for insurance coverage under the Affordable Care Act.

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

- A Phase 1 Study of Temsirolimus (CCI-779, IND#61010) in Combination with Intensive Re-Induction Therapy for Children with Relapsed Lymphoblastic Leukemia and Non-Hodgkin Lymphoma (1 to 21 years of age) [COGADVL1114; clinicaltrials.gov/ct2/show/NCT01403415].
  Principal Investigator: Neyssa Marina, MD; Contact: Alyson Falwell, (650) 736-4281, falwell@stanford.edu
- Phase 2 study of MK-3475 in Patients with Microsatellite Unstable (MSI) Tumors [VAR0107; clinicaltrials.gov/ct2/show/NCT01876511].
  Principal Investigator: George Fisher, MD; Contact: Donna Williams, (650) 498-6608, donnacw@stanford.edu
- A Phase 2b, Randomized, Double-Blind, Placebo-Controlled Multi-Center Study Evaluating Antiviral Effects, Pharmacokinetics, Safety, and Tolerability of GS-5806 in Hematopoietic Cell Transplant (HCT) Recipients with Respiratory Syncytial Virus (RSV) Infection of the Upper Respiratory Tract [VAR00117; clinicaltrials.gov/ct2/show/NCT02254408].
  Principal Investigator: Dora Ho, MD; Contacts: Deborah Slamowitz, (650) 723-2804, dlam@stanford.edu; Aruna Subramanian, (650) 497-3492, asubram2@stanford.edu
- A Phase 2b, Randomized, Double-Blind, Placebo-Controlled Multi-Center Study Evaluating Antiviral Effects, Pharmacokinetics, Safety, and Tolerability of GS-5806 in Hematopoietic Cell Transplant (HCT) Recipients with Respiratory Syncytial Virus (RSV) Infection of the Lower Respiratory Tract [VAR00118; clinicaltrials.gov/ct2/show/NCT02254421].
  Principal Investigator: Dora Ho, MD; Contacts: Deborah Slamowitz, (650) 723-2804, dlam@stanford.edu; Aruna Subramanian, (650) 497-3492, asubram2@stanford.edu
- A Multi-center Phase II Trial Randomizing Novel Approaches for Graft-versus-Host Disease Prevention Compared to Contemporary Controls [BMT260; clinicaltrials.gov/ct2/show/NCT02208037].
  Principal Investigator: Sally Arai, MD; Contact: Physician Referrals, (650) 723-0822
- 18F FDOPA PET/CT or PET/MRI in Patients with Gliomas [BRN0024; clinicaltrials.gov/ct2/show/NCT02175745].
  Principal Investigator: Andrei Iagaru, MD; Contact: Andrei Iagaru, (650) 736-2859, aiagaru@stanford.edu
- Brief Behavioral Intervention for Insomnia during Chemotherapy [BR50042; clinicaltrials.gov/ct2/show/NCT02165839].
  Principal Investigator: Oxana Palesh, MD;
Contact: Oxana Palesh, (650) 725-7011, opalesh@stanford.edu

• A Randomized, Double-Blind, Placebo-Controlled, Phase 3 Study of Fulvestrant with or without LY2835219, a CDK4/6 Inhibitor, for Women with Hormone Receptor Positive, HER2 Negative Locally Advanced or Metastatic Breast Cancer [BRS0044; clinicaltrials.gov/ct2/show/NCT02107703]. Principal Investigator: George Sledge, MD; Contact: Annabel Castaneda, (650) 498-7977, annabelc@stanford.edu

• A Multicenter, Phase 1/1b, Open-Label, Dose-Escalation Study of ABT-165, a Dual Variable Domain Immunoglobulin in Subjects with Advanced Solid Tumors [VAR0105; clinicaltrials.gov/ct2/show/NCT01946074]. Principal Investigator: George Sledge, MD; Contact: Karen Lau, (650) 723-0658, kkwla@stanford.edu

• Prospective Randomized Phase II Trial of Pazopanib [ECOGA021202; clinicaltrials.gov/ct2/show/NCT01841736]. Principal Investigator: Pamela Kunz, MD; Contact: Benjamin Priestley, (650) 723-2990, ben.priestley@stanford.edu

• A Phase 1 Pharmacokinetic and Safety Study of Paclitaxel Injection Concentrate for Nano-dispersion (PICN) alone and in Combination with Carboplatin in Subjects with Advanced Solid Tumors [PANC0017; clinicaltrials.gov/ct2/show/NCT01304303]. Principal Investigator: George Fisher, MD; Contact: Flordeliza Mendoza, (650) 724-2056, flormend@stanford.edu

• A Phase 1b Dose Escalation Study of OMP-54F28 in Combination with Paclitaxel and Carboplatin in Patients with Recurrent Platinum-Sensitive Ovarian Cancer [GYNOVA0030; clinicaltrials.gov/ct2/show/NCT02092363]. Principal Investigator: Nelson Teng, MD; Contact: Sharanaya Ramsaubramanian, (650) 723-0622, sharanaya@stanford.edu

• A Phase 3 Open-Label Randomized Study of Quizartinib (AC220) Monotherapy versus Salvage Chemotherapy in Subjects with FLT-ITD Positive Acute Myeloid Leukemia (AML) Refractory to or Relapsed after First-Line Treatment with or without Hematopoietic Stem Cell Transplantation [HEMAML0032; clinicaltrials.gov/ct2/show/NCT02039726]. Principal Investigator: Bruno Medeiros, MD; Contact: Jack Taw, (650) 723-2781, jtaw@stanford.edu

• Feasibility of a Computerized Neurocognitive Intervention Program in the Early Post-Transplant Setting (2 to 21 Years of Age) [PEDSHEM0004; clinicaltrials.gov/ct2/show/NCT02300961]. Principal Investigator: Sarah Donaldson, MD; Contact: Susan Hiniker, shiniker@stanford.edu

• A Phase II, Single Arm, Multicenter Trial to Determine the Efficacy and Safety of CTL019 in Pediatric Patients with Relapsed and Refractory B-cell Acute Lymphoblastic Leukemia (2 to 21 years of age) [PDSHEMALL0004; clinicaltrials.gov/ct2/show/NCT02228096]. Principal Investigator: Krysta Schlis, MD; Contact: Alyson Falwell, (650) 736-4281, falwell@stanford.edu

• A Phase 2 Study of Etrinonic Pegol (NKTR-102) in Patients with Advanced Lung Cancer and Refractory Brain Metastases [LUN0067; clinicaltrials.gov/ct2/show/NCT02312622]. Principal Investigator: Joel Neal, MD; Contact: Sophie Bertrand, (650) 723-4467, sophieb@stanford.edu

• A Randomized Phase 2 Study to Evaluate Three Treatment Regimens of SHAPE, a Histone Deacetylase Inhibitor, in Patients with Stage IA, IB, or IIA Cutaneous T-Cell Lymphoma [LYMNHL0121; clinicaltrials.gov/ct2/show/NCT02213861]. Principal Investigator: Youn Kim, MD; Contact: Illisha Rajasansi, (650) 421-1397, illisha@stanford.edu

• A Phase 1/2, Non-randomized, Open-label, Multicenter, Dose Escalation and Expansion Study of Intratumoral Injections of SD-101 in Combination with Localized Low-dose Radiation in Patients with Untreated Low-grade B-cell Lymphoma [LYMNHL0120; clinicaltrials.gov/ct2/show/NCT02266147]. Principal Investigator: Ronald Levy, MD; Contact: Kathleen McDonald, (650) 725-8589, kmcdonal@stanford.edu

• A Phase I/II Study of Intratumoral Injection of SD-101, an Immunostimulatory CpG, and Intratumoral Injection of Ipilimumab, an Anti-CTLA4 Monoclonal Antibody, in Combination with Local Radiation in Low-Grade B-cell Lymphomas [LYMNHL0119; clinicaltrials.gov/ct2/show/NCT02254772]. Principal Investigator: Ronald Levy, MD; Contact: Kathleen McDonald, (650) 725-8589, kmcdonal@stanford.edu

• A Phase 2 Study to Investigate the Safety and Activity of Fosbretabulin Temozolomide (CA4P) in the Treatment of Well-Differentiated, Low-to-Intermediate-Grade Unresectable, Recurrent or Metastatic Gastrointestinal Neuroendocrine Tumors/Carcinoid (GI-NET) with Elevated Biomarkers [NET0020; clinicaltrials.gov/ct2/show/CNTO2132468]. Principal Investigator: Pamela Kunz, MD; Contact: Ben Priestley, (650) 723-2990, ben.priestley@stanford.edu
Tumor Genomic Profiling: A Personalized Medicine Approach [VAR0014; clinicaltrials.gov/ct2/show/NCT02215928]. Principal Investigator: James Ford, MD; Contact: Anish Konde, (650) 736-9464, akonde@stanford.edu

A Phase III Trial Evaluating the Addition of Trastuzumab to Trimodality Treatment of HER2-Overexpressing Esophageal Adenocarcinoma [RT0G1010]. Principal Investigator: Daniel Chang, MD; Contact: Polly Young, (650) 497-7499, polly.young@stanford.edu

A Phase II Study of Capecitabine, Temozolomide and Bevacizumab for Metastatic or Unresectable Pancreatic Neuroendocrine Tumors [NET0012]. Principal Investigator: Pamela Kunz, MD; Contact: Ben Priestley, (650) 723-2990, ben.priestley@stanford.edu

A Multicenter, Stratified, Open, Randomized, Comparator-Controlled, Parallel-Group Phase III Study Comparing Treatment with 177Lu-DOTATATE Tyr-3-Octreotate to Octreotide in Patients with Inoperable, Progressive, Somatostatin Receptor Positive Midgut Carcinoid Tumors [NET0014]. Principal Investigators: Erik Mittra, MD, Pamela Kunz, MD; Contact: Flordeliza Mendoza, (650) 724-2056, flormend@stanford.edu

Pancreatic Cancer Radiotherapy Study Group (PanCRS) Trial: A Randomized Phase III Study Evaluating Modified FOLFINOX (mFFX) with or without Stereotactic Body Radiotherapy (SBRT) in the Treatment of Locally Advanced Pancreatic Cancer [PANC0015]. Principal Investigator: Albert Koong, MD; Contact: Amanda Simmons, (650) 724-4606, amandalsa@stanford.edu

A Phase 3, Randomized, Placebo-controlled, Parallel-group, Multicenter, Double-blind Study to Evaluate the Efficacy and Safety of Telotristat Etiprate (LX1606) in Patients with Carcinoid Syndrome (non-diarrhea predominant symptoms) [NET0018]. Principal Investigator: Pamela Kunz, MD; Contact: Hema Vairamuthu, (650) 723-0186, hemav@stanford.edu

A Multicenter Long Term Extension Study to Further Evaluate the Safety and Tolerability of Telotristat Etiprate (LX1606; to allow patients from NET0016 and NET0018 to stay on treatment) [NET0019EXT]. Principal Investigator: Pamela Kunz, MD; Contact: Hema Vairamuthu, (650) 723-0186, hemav@stanford.edu

POLO Trial: A Phase III, Randomized, Double Blind, Placebo Controlled, Multicentre Study of Maintenance Olaparib Monotherapy in Patients with gBRCA Mutated Metastatic Pancreatic Cancer Whose Disease Has Not Progressed on First Line Platinum Based Chemotherapy [D081FC00001]. Principal Investigator: James Ford, MD; Contact: Anish Konde, (650) 736-9464, akonde@stanford.edu

My Pathway: An Open-Label Phase IIA Study Evaluating Trastuzumab/Pertuzumab, Erlotinib, Vemurafenib, and Vismodegib in Patients who have Advanced Solid Tumors with Mutations or Gene Expression Abnormalities Predictive of Response to One of these Agents [ML2889/PRO002]. Principal Investigator: James Ford, MD; Contact: Anish Konde, (650) 736-9464, akonde@stanford.edu

JACOB Trial: A Double-Blind, Placebo-Controlled, Randomized, Multicenter Phase III Study Evaluating the Efficacy and Safety of Pertuzumab in Combination with Trastuzumab and Chemotherapy in Patients with HER2-Positive Metastatic Gastroesophageal Junction and Gastric Cancer [NCT0146057]. Principal Investigator: James Ford, MD; Contact: Anish Konde, (650) 736-9464, akonde@stanford.edu

Esanex Trial: A Phase 1, Open-label, Dose-escalation Study of SNX-5422 and Everolimus in Subjects with Neuroendocrine Tumors. Principal Investigator: Pamela Kunz, MD; Contact: Hema Vairamuthu, (650) 723-0186, hemav@stanford.edu

Further information is available at cancer.stanford.edu/trials/.

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

A Phase 1, Open-Label, Dose-Escalation and Dose Expansion Study Evaluating the Safety, Pharmacokinetics, and Pharmacodynamics and Clinical Effects of Orally Administered CB-5083 in Patients with Advanced Solid Tumors (CC#149511). Contact: Kamran Abri Lavasani, (415) 353-7084, kamran.abrilavasani@ucsf.edu

Further information is available at cancer.ucsf.edu/clinical-trials. To subscribe to a monthly listing of all UCSF Helen Diller Family Comprehensive Cancer Center open for accrual clinical trials, please e-mail your name and e-mail address to UCSFClinicalTrialsList@ucsfmedctr.org.

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

CMS has approved ASCO’s Quality Oncology Practice Initiative (QOPI) as a pathway for oncologists to meet the agency’s 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-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. ASCO has announced that QOPI’s spring data collection will begin on March 19th and run through May 14th. For more information or to register, go to qopi.asco.org.

ACCC’s 2015 Innovator Awards is now accepting applications. Has your cancer program created solutions that improve the access to, the quality of, and/or the cost-effectiveness of the care you are delivering? ACCC’s Innovator Awards honor a select group of cancer program members that demonstrate significant achievements in enhancing oncology care. Visit www.accc-cancer.org/about/Innovators-2015.asp for more information and to apply before the March 23rd deadline.

ACCC has launched a new online Oncology Drug Database providing quick access to information on oncology drug coding, billing, and reimbursement at www.accc-cancer.org/drugdatabase/.

ACCC has unveiled a newly revised and enhanced set of Financial Advocacy Network resources at 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 2015 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 2015 Guide features a list of pharmaceutical and non-pharmaceutical patient assistance programs (PAPs), including directions on how to apply and links to enrollment forms. In the 2015 Guide, you will also find a patient assistance flow chart, a PAP Quick Reference Guide, sample forms and tools, and more. Visit www.accc-cancer.org/publications/PatientAssistanceGuide.asp to access this resource. ASH also has a webpage (at 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) you can select a cancer diagnosis or supportive care indication and learn about reimbursement help and services available to you.

NCCN has updated their Clinical Practice Guidelines in Oncology and/or Drugs & Biologics Compendium for breast cancer.

**Individual Membership Dues for 2015**

Membership renewal notices for 2015 were mailed to all members in early December. Second notices of membership renewal for 2014 were mailed to all members in early February. If you have not yet done so, then please return your 2015 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 30th 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.

ANCO seeks new members. All members of a practice should join ANCO. And, ANCO seeks to enroll radiation oncologists as members, so please send us contact information for the radiation oncologists within your practice and/or to whom you refer patients.

Remember, a larger ANCO is a stronger ANCO!